## The Activities-specific Balance Confidence (ABC) Scale

Patient Name: DOB: Date:

For each of the following activities, please indicate your level of self-confidence by choosing a corresponding number from the following rating scale:

Note: If you are not currently performing the activity in question, try and IMAGINE how confident you would be if you HAD to perform the activity. Also, if you use an assistive device (walker, cane, etc), you may rate it as if you were using that device.

## 0% 40 10 20 30 50 60 70 80 90 100% -----> completely confident no confidence <------

"How confident are you that you will <u>not</u> lose your balance or become unsteady when you...

- 1. walk around the house? \_\_\_\_ %
- 2. walk up or down stairs? \_\_\_\_ %
- 3. bend over and pick up a slipper from the front of a closet floor %
- 4. reach for a small can off a shelf at eye level? %
- 5. stand on your tiptoes and reach for something above your head? %
- 6. stand on a chair and reach for something? \_\_\_\_ %
- 7. sweep the floor? \_\_\_\_ %
- 8. walk outside the house to a car parked in the driveway? %
- 9. get into or out of a car? \_\_\_\_%
- 10. walk across a parking lot to the mall? \_\_\_\_%
- 11. walk up or down a ramp? \_\_\_\_%
- 12. walk in a crowded mall where people rapidly walk past you? %
- 13. are bumped into by people as you walk through the mall? \_\_\_\_%
- 14. step onto or off an escalator while you are holding onto a railing? \_\_\_\_%
- 15. step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? %
- 16. walk outside on icy sidewalks? \_\_\_\_%

----- For Office Use Only ------

Instructions for Scoring:

The ABC is an 11-point scale and ratings should consist of whole numbers (0-100) for each item. Total the ratings (possible range = 0 - 1600) and divide by 16 to get each subject's ABC score.



Total Score: \_\_\_\_\_