

PATIENT NAME: _____

MR #: _____

DATE: _____

THE ACTIVITIES-SPECIFIC BALANCE CONFIDENCE (ABC) SCALE

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

0	1	2	3	4	5	6	7	8	9	10
no confidence										completely confident

“How confident are you that you will NOT 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? _____

- 80 = high level of physical functioning
- 50-80 = moderate level of physical functioning
- < 50 = low level of physical functioning
- < 67 = older adults at risk for falling;
predictive of future fall

ABC SCORE
IMPAIRMENT