

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### THE ACTIVITIES-SPECIFIC BALANCE CONFIDENCE SCALE (ABC)

For each of the following, please indicate your level of confidence in doing the activities without losing your balance or becoming unsteady by choosing one of the percentage points on the scale from 0% to 100%. If you do not currently do these activities in question, try to imagine how confident you would be if you had to do these activities. If you normally use a walking aid to do the activities or hold on to someone, rate your confidence as if you were using these supports. If you have any questions about answering any of these things, ask the administrator.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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 the stairs? \_\_\_\_\_%
3. Bend over and pick up a slipper from the front of a closet floor? \_\_\_\_\_%
4. Reach for a small can off the shelf at eye level? \_\_\_\_\_%
5. Stand on your tiptoes and reach for something above your head? \_\_\_\_\_%
6. Sweep the floor? \_\_\_\_\_%
7. Walk outside of the house to a parked car in the driveway? \_\_\_\_\_%
8. Stand on a chair and reach for something? \_\_\_\_\_%
9. Get in or out of a car? \_\_\_\_\_%
10. Walk across the 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 on or off an escalator while you are holding onto a rail? \_\_\_\_\_%
15. Step onto or off an escalator while holding onto parcels such that you cannot hold on to the railing? \_\_\_\_\_%
16. Walk outside on a wet or slippery sidewalk? \_\_\_\_\_%

SCORE: \_\_\_\_\_