

The Activities-specific Balance Confidence (ABC) Scale

Patient Name: _____ Age: _____ Date: _____

Patient Signature: _____

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

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 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 tip-toes and reach for something above your head? ____%
6. ...stand on a chair and reach for something? ____%
7. ...sweep the floor? ____%
8. ...walk outside of 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 of 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? ____%