

## 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? \_\_\_\_%