

Activities-Specific Balance Confidence Scale (ABC) Scoring Form

Instructions to Subject

For each of the following, please indicate your level of confidence in doing the activity 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 the activity in question**, try and imagine how confident you would be if you had to the activity. If you normally use a walking aid to do the activity or hold onto someone, rate your confidence as if you were using these supports. If you have questions about answering any of these items, please ask the administrator.

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

0% 10 20 30 40 50 60 70 80 90 100%
No CONFIDENCE $\xrightarrow{\hspace{15em}}$ 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 the 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 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 of an escalator while holding onto parcels such that you cannot hold the railing?
- ___ 16. ... walk outside on icy sidewalks?

Patient's Name _____ Date _____ DOB ____ / ____ / ____