

PATIENT NAME: \_\_\_\_\_ 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% 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 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? \_\_\_\_\_%