

Name: _____ DOB: _____ Date: _____

The Activities-specific Balance Confidence (ABC) Scale*

Instructions to Participants:

For each of the following, please indicate your level of confidence in doing the activity without losing your balance or becoming unsteady from 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 do the activity.
- If you normally use a walking aid to do the activity or hold onto someone, rate your confidence as it you were using these supports.
- If you have any questions about answering any of these items, please 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 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)...walking on a wet bathroom floor? _____%

Therapist tally score: _____