THE ACTIVITIES-SPECIFIC BALANCE CONFIDENCE SCALE (ABC)

NAME: _____ DATE: _____

For each of the following, please indicate your level of confidence in doing the following activities 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 do the activity. If you normally use walking aid to do the activity or hold onto someone, rate your confidence as if you were using these supports. If you have any questions about answering any of the following, 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 something off the 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. Sweep the floor?

____ % 7. Walk outside the house to a parked car in the driveway?

____ % 8. Stand on a chair and reach for something?

____ % 9. Get in or out of a car?

____ % 10. Walk across a large parking lot?

____ % 11. Walk up or down a ramp?

____ % 12. Walk in a crowded place where people rapidly walk past you?

____ % 13. When you are bumped into by people when you are walking?

____ % 14. Step on or off an escalator while holding the rail?

____ % 15. Step on or off an escalator while holding items so that you cannot hold the railing?

____ % 16. Walk outside on icy or slippery sidewalks?

_____ : **TOTAL SCORE**