Activities-Specific Balance Confidence (ABC) Scale

Date_



TOTAL ____

Patient Name			
Date			

INSTRUCTIONS: 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 numbers on the scale from 0-10. If you do not currently do the activity in question, try to 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 if you were using these supports. If you have any questions about answering any of these items, please ask your PT.

How confident are you that you will NOT lose your balance or become unsteady when you:		Not Confident									Completely Confident	
		0	1	2	3	4	5	6	7	8	9	10
1	Walk around the house	0	0	0	0	0	0	О	0	0	0	0
2	Walk up or down stairs	0	0	0	0	0	0	0	0	0	0	0
3	Bend over and pick up a slipper from the floor	0	0	О	О	О	О	О	О	О	О	0
4	Reach for a can off a shelf at eye level	0	0	О	О	О	О	О	О	О	О	0
5	Stand on your tip toes to reach something above your head	0	0	О	О	О	О	О	О	О	О	0
6	Stand on a chair and reach for something	0	0	О	О	О	0	О	О	О	О	0
7	Sweep the floor	0	0	0	0	0	0	0	0	0	0	0
8	Walk outside the house to a car parked in the driveway	0	0	0	0	0	0	0	0	0	0	0
9	Get into or out of the car	0	0	0	0	0	О	0	0	0	0	0
10	Walk across a mall parking lot	0	О	0	0	0	О	0	0	0	0	0
11	Walk up or down a ramp	0	0	0	0	0	0	0	0	0	0	0
12	Walk in a crowded mall where people rapidly walk past you	0	0	0	0	0	0	0	0	0	0	0
13	Are bumped into by people as you walk through the mall	0	0	0	0	0	0	0	0	0	0	0
14	Step onto or off of an escalator while holding onto a railing	0	0	0	0	0	0	0	0	0	0	0
15	Step onto or off of an escalator while holding packages so that you cannot hold onto the railing	0	0	0	0	0	0	0	0	0	0	О
16	Walk outside on icy sidewalks	0	0	0	0	0	О	О	0	0	0	0
For	Administrator Use Only											