

The Activities-Specific Balance and Confidence (ABC) Scale

Name: _____

Date: _____

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 the stairs? _____%
3. ...bend over and pick up a slipper from the front of the closet floor? _____%
4. ...reach for a small can from 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 the 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 on or off an escalator while holding on to a railing? _____%
15. ...step on or off an escalator while holding parcels so that you cannot grasp the railing? _____%
16. ...walk outside on a wet sidewalk? _____%

Office will calculate: Total = _____% Overall confidence