

The Activities-specific Balance Confidence (ABC) Scale*

Patient Name:
Date of Birth:

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 form 0% to 100%. If you do not currently do the activity in o do the it answering

	, rate your confidenc			tivity. If you normally use a walking aid to e supports. If you have any questions about	
The	e Activities-sp	ecific Bala	nce Co	nfidence (ABC) Scale*	
For <u>each</u> of the following number from the followin	-	e indicate you	r level of	self-confidence by choosing a corre	sponding
0% 10 20 no confidence	30 40	50 60	70	80 90 100 completely confident	
"How confident are you	that you will not	lose your bala	nce or be	ecome unsteady when you	
1walk around the hou 2walk up or down sta 3bend over and pick of 4reach for a small can 5stand on your tiptoe 6stand on a chair and 7sweep the floor? 8walk outside the hou 9get into or out of a constant of a c	up a slipper from n off a shelf at ey s and reach for someth where peoply people as you we rescalator while the railing?	e level?omething above a level?% d in the driver l?% le rapidly wally alk through the rolding onto process.	% way? k past you ne mall? _ ng onto a r parcels suc	ead?%% u?%% railing?%	
Print Name	Signature	e		Date: (YYYYY/MM/DD)	