



Name: _____

Date: _____

Reason for visit: _____

The Activities-specific Balance Confidence (ABC) Scale

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										Completely
Confidence										Confident

"How confident are you that you can maintain your balance and remain steady 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 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 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 of an escalator while holding onto a railing?_____%
15. step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing?_____%
16. walk outside on icy sidewalks?_____%