

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 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%
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No confidence

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Completely confident

**How confident are you that you will not lose your balance or become unsteady when you...**

...walk around the house? \_\_\_\_\_%

...walk up or down stairs? \_\_\_\_\_%

...bend over and pick up a slipper from the front of a closet floor \_\_\_\_\_%

...reach for a small can off a shelf at eye level? \_\_\_\_\_%

...stand on your tiptoes and reach for something above your head? \_\_\_\_\_%

...stand on a chair and reach for something? \_\_\_\_\_%

...sweep the floor? \_\_\_\_\_%

...walk outside the house to a car parked in the driveway? \_\_\_\_\_%

...get into or out of a car? \_\_\_\_\_%

...walk across a parking lot to the mall? \_\_\_\_\_%

...walk up or down a ramp? \_\_\_\_\_%

...walk in a crowded mall where people rapidly walk past you? \_\_\_\_\_%

...are bumped into by people as you walk through the mall? \_\_\_\_\_%

... step onto or off an escalator while you are holding onto a railing? \_\_\_\_\_%

... step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? \_\_\_\_\_%

...walk outside on icy sidewalks? \_\_\_\_\_%