Anne Arundel Medical Center
Annapolis, MD 21401

The Activities-Specific Balance Confidence Scale (ABC)

PATIENT ID LABEL

For EACH of the following activities, please indicate your level of self-confidence by choosing a corresponding number from the following rating scale:

How confident are you that you will NOT lose your balance when you:

	No Confidence										Complete Confidence
1. Walk around the house?	0%	10	20	30	40	50	60	70	80	90	100%
2. Walk up and down the stairs?	0%	10	20	30	40	50	60	70	80	90	100%
3. Bend over and pick up a slipper from in front of a closet door?	0%	10	20	30	40	50	60	70	80	90	100%
4. Reach for a small can off a shelf at eye level?	0%	10	20	30	40	50	60	70	80	90	100%
5. Stand up on tip toes and reach for something above your head?	0%	10	20	30	40	50	60	70	80	90	100%
6. Stand on a chair and reach for something?	0%	10	20	30	40	50	60	70	80	90	100%
7. Sweep the floor?	0%	10	20	30	40	50	60	70	80	90	100%
8. Walk outside the house to a car parked in the driveway?	0%	10	20	30	40	50	60	70	80	90	100%
9. Get into or out of a car?	0%	10	20	30	40	50	60	70	80	90	100%
10. Walk across the parking lot to a mall?	0%	10	20	30	40	50	60	70	80	90	100%
11. Walk up or down a ramp?	0%	10	20	30	40	50	60	70	80	90	100%
12. Walk in a crowded mall where people rapidly walk past you?	0%	10	20	30	40	50	60	70	80	90	100%
13. Are bumped into by people as you walk though the mall?	0%	10	20	30	40	50	60	70	80	90	100%
14. Step onto or off of an escalator while you are holding onto a railing?	0%	10	20	30	40	50	60	70	80	90	100%
15. Step onto or off an escalator while you are holding onto parcels such that you cannot hold onto the railing?	0%	10	20	30	40	50	60	70	80	90	100%
16. Walk outside on icy sidewalks?	0%	10	20	30	40	50	60	70	80	90	100%

Patient Signature: _____ Date: _____ Time: _____

MD Signature / License #: _____ Date: _____ Time: _____

Therapist Signature / License #: _____ Date: _____ Time: _____

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REV. 2/21/13