Patient Name:							Da	Date:			
	The Activities-specific Balance Confidence (ABC) Scale*										
Instructions to Participants: For each of the following activities, 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 from 0% to 100% If you do not currently do the activity in question, try and imagine how confident you would be if you had to do the activity. If you normally use a walking aid to do the activity or hold onto someone, rate your confidence as if you were using these supports.											
0% No Con	10 fidence	20	30	40	50	60	70	80	90 Comp	100% letely Confident	
How confident are you that you will <u>not</u> 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 tip toes 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?% walk in a crowded mall where people rapidly walk past you?% step onto or off of 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?											
*Powell LE & Myers AM. The Activities-specific Balance Confidence (ABC) Scale. Journal of Gerontology Med Sci 1995; 50(1):M28-34.											
Total ABC Scor	e:										
Scoring:Total A	ABC Scor			%	6 of self	confider	nce				
MEDICARE P 100% -				pairmer	nt						
Patient Signatu	re:							Date:			
Therapist Signature:								Date:			