Department of Rehabilitation Services
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 confidence completely confident

How confident are you that you will not lose your balance or become unsteady 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 tiptoes 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 an escalator while you are 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? ____%