

Patient Name

DOB:

MR #

UW Health uwhealth.org
 (University of Wisconsin Hospitals and Clinics Authority)
ACTIVITIES SPECIFIC BALANCE CONFIDENCE SCALE

Index to Questionnaire – Health\Encounter

Date: _____

Instructions to Participants

For each of the following, please indicate your level of confidence in doing the activity without losing your balance or becoming unsteady by 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 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.** If you have any questions about answering any of these items, please ask the Therapist.

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 a pick 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 throughout the mall? ____%
- 14..... step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? ____%
- 15..... step onto or off an escalator while holding onto the railing? ____%
- 16..... walk outside on icy sidewalks? ____%

For Therapist Use Only Total = _____ Average (Total ÷ 16) = _____

If you have dizziness, please fill out the Dizziness Handicap Inventory (DHI) Form

Signature of Patient/Representative _____ Date: _____ Time: _____ AM/PM

If signed by person other than the patient, print name and state relationship and authority to do so.

Print Name: _____ Relationship: _____

- Patient is: Minor Incompetent / Incapacitated
 Legal Authority: Legal Guardian Parent of Minor
 Health Care Agent Other _____

Reviewed by: _____ Date: _____ Time: _____ AM/PM

Powell LE & Myers AM. The Activities-Specific Balance Confidence (ABC) Scale. Journal of Gerontology Med Sci 1995; 50(1): M28-34