

The Activities-specific Balance Confidence (ABC) Scale©

Instructions: For each of the following activities, please indicate your level of balance confidence by choosing one of the points on the scale below from 0% to 100%.

If you do **not currently do the activity**, 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. If you have any questions, please ask the administrator.

0%	10	20	30	40	50	60	70	80	90	100%
No Confidence										Completely Confident

"How confident are you that you can maintain your balance and remain steady 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 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 through the mall?_____%
14. step onto or off of an escalator while 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? _____%

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Acknowledgment: Dr. Myers must be acknowledged as the primary developer and copyright holder of the ABC Scale (using the statement above) in all publications, clinical manuals, or other materials reporting on the use and results of this scale. If you requested and received her permission to use or translate this scale, you should report this in your publications.

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Administration: The ABC Scale can be **self-completed** in about five minutes using the paper version, electronically (e.g, touch screen) or by interview. The full instructions must be given on the scale itself (as shown on page 1) or via a cover sheet or letter. A contact should be provided should respondents have questions. Individuals must be capable of understanding the instructions and should not be influenced by others (family, friends or clinicians).

It is important not to use the terms “falling” or “fear of falling” when administering the ABC. In the late 1990’s (Myers, 1999), we modified the rating directive from confidence in doing each activity “without losing your balance or becoming unsteady” **to confidence in “*maintaining your balance and remaining steady*”**. The latter is more positive, affirmative and action oriented (i.e., people may recover their balance from a trip, slip or change in position).

They should picture themselves doing each of the activities at home and in their community (not in a clinical setting) and in a bipedal, upright position (as opposed to sitting in a chair to bend over, e.g., item 3). If their home does not have stairs, they should consider places they visit (e.g., family, friends) with stairs. It is assumed most stairs have one or two hand railings.

Scoring: Total the ratings (possible range = 0 to 1600) and divide by 16 (or the number of items completed; minimum of 12) to get each person’s ABC score. If a person qualifies his/her response to items #2, #9, #11, #14, or #15 (e.g., "up" versus "down"), use the **lowest**

confidence rating of the two (as this will limit the entire activity). **Total scores can be computed if a person answers at least 12 of the 16 items** (Myers et al., 1998).

To examine **change**, the scale must be administered at least twice (e.g, pre/post therapy) and scores compared. Do not simply ask clients if their confidence has increased or decreased.

Please cite the following 3 references on the development of the English ABC Scale:

1. Powell LE & Myers AM. The Activities-specific Balance Confidence (ABC) Scale. *J Gerontol Med Sci* 1995; 50 (1):M28-34.
2. Myers AM, Powell LE, Maki BE et al. Psychological indicators of balance confidence: Relationship to actual and perceived abilities. *J Gerontol Med Sci* 1996; 51A: M37-43.
3. Myers AM, Fletcher PC, Myers AH & Sherk W. Discriminative and evaluative properties of the Activities-specific Balance Confidence (ABC) Scale. *J Gerontol Med Sci* 1998; 53A: M287-M294. **This article includes benchmarks for interpreting ABC scores in various populations (e.g., active older adults, home care clients, patients undergoing hip and knee replacement).*

Note: If you cannot obtain these articles, email amyers@uwaterloo.ca.

Book: Myers, AM. Program evaluation for exercise leaders. Human Kinetics, 1999. Contains outcome measures, including the ABC Scale with the modified rating directive.

Another key article is the one by Moore et al. (2018) which recommends the ABC Scale as a **core outcome measures** for adults with neurological conditions undergoing rehabilitation. *This article reviews the empirical evidence and suggested cut-off scores for the ABC Scale.*

Moore JL, Potter K, Blankshain K, Kaplan SL, O'Dwyer LC, Sullivan JE. A core set of outcome measures for adults with neurological conditions undergoing rehabilitation: A Clinical Practice Guideline. *J Neurologic Phys Ther.* 2018; 43(3): 174-220.

Target Audience:

The ABC Scale is intended for ambulatory (with or without use of walking aids and/or occasional personal assistance) community dwelling older adults (OAs), as well as persons with balance related disorders. It is not intended for residential living seniors (e.g., nursing homes). Another tool, the AFC scale, developed for this audience is referenced below.

Pearce NJ, Myers AM, Blanchard RA. Assessing subjective fall concerns in residential living seniors: Development of the Activities-specific Fall Caution Scale. *Arch Phys Med Rehabil.* 2007; 88: 724-731.

Blanchard RA, Myers AM, Pearce NJ. Reliability, construct validity, and clinical feasibility of the Activities-specific Fall Caution Scale for residential living seniors. *Arch Phys Med Rehabil.* 2007; 88: 732-739.

Additional notes:

In addition to client background (age, sex, education) and relevant clinical information, you should document use of walking aids, fall history (especially recurrent falls) and driving status.

The ABC Scale has been used to examine the effectiveness of various types of interventions (e.g., fall prevention programs, balance training, rehabilitation) with different populations. It has also been translated into dozens of languages. Search the published literature and use the information above to determine if the authors administered and scored the scale as intended.