## Core Measure: Activities-Specific Balance Confidence Scale

<table>
<thead>
<tr>
<th>Overview</th>
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<tr>
<td>• Subjective (self-report) measure of balance confidence in performing various activities without losing balance or experiencing a sense of unsteadiness.</td>
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<table>
<thead>
<tr>
<th>Number of Test Items</th>
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<tr>
<td>• 16 items</td>
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<table>
<thead>
<tr>
<th>Scoring</th>
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</table>
| • Rate from 0% to 100%  
• 0% = no confidence  
• 100% = complete confidence |

<table>
<thead>
<tr>
<th>Equipment</th>
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<tbody>
<tr>
<td>• None</td>
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<table>
<thead>
<tr>
<th>Time (new clinician)</th>
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<tbody>
<tr>
<td>• Approximately 10 minutes (Raad, 2013)</td>
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<table>
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<tr>
<th>Time (experienced clinician)</th>
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<tr>
<td>• Approximately 10 minutes (Raad, 2013)</td>
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<thead>
<tr>
<th>Cost</th>
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<tbody>
<tr>
<td>• Free</td>
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<thead>
<tr>
<th>Logistics-Setup</th>
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<tbody>
<tr>
<td>• Paper Survey</td>
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<tr>
<th>Logistics-Administration</th>
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| • Administration by face-to-face interview is recommended. (Powell, 1995)  
• The ABC can be self-administered via a paper copy. (Powell, 1995)  
• Instructions (also on the paper copy): 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...”  
• Item 1:  
  o ... walk around the house? ____%  
• Item 2:  
  o ... walk up or down stairs? ____%  
• Item 3:  
  o ... bend over and pick up a slipper from front of a closet floor? ____%  
• Item 4:  
  o ... reach for a small can off a shelf at eye level? ____%  
• Item 5:  
  o ... stand on tip toes and reach for something above your head? ____% |
Item 6:  
- stand on a chair and reach for something? ___%

Item 7:  
- sweep the floor? ___%

Item 8:  
- walk outside the house to a car parked in the driveway? ___%

Item 9:  
- get into or out of a car? ___%

Item 10:  
- walk across a parking lot to the mall? ___%

Item 11:  
- walk up or down a ramp? ___%

Item 12:  
- walk in a crowded mall where people rapidly walk past you? ___%

Item 13:  
- are bumped into by people as you walk through the mall? ___%

Item 14:  
- step onto or off of an escalator while you are holding onto a railing? ___%

Item 15:  
- step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? ___%

Item 16:  
- walk outside on icy sidewalks? ___%

Logistics - Scoring
- Ratings for each item should be whole numbers (0-100).
- Total the ratings (possible range = 0-1600) and divide by 16 (number of items) to get the individual’s ABC score or overall percentage of balance confidence. (Powell, 1995)

Scoring: Total ÷ 16 = _____ % of self-confidence (ABC score)

- 100% is indicative of the highest level of confidence.
- 80% indicative of high level of physical functioning
- 50-80% indicative of low level physical functioning (Myers, 1998)
- < 67% older adults at risk for falling; predictive of future falls (LaJoie, 2004)

Additional Recommendations
- To track change, it is recommended that this measure is administered a minimum of two times (admission and discharge), and when feasible, between these periods, under the same test conditions for the patient.
Common Questions and Variations

1. “What if the patient doesn’t complete one of the tasks on the ABC?”
   a. The patient should rate how confident they would be if they had to perform the activity, even if they do not currently do the activity. (Myers, 1998)

2. “What if the patient typically uses an assistive device when they complete the activity in question? Should they rate their confidence with or without the assistive device?”
   a. The patient should rate their confidence with the device they are using. (Myers, 1998)
   b. Recommendations would be to document the assistive device and keep the assistive device consistent between trials and reassessments.
   c. It is likely, however that the type of assistive device may change over time. This is ok, just be sure to document which type of device is used.

3. “What if the patient qualifies their responses with different rating for "up" versus "down" or "onto" versus "off" (i.e. items 2, 9, 11, 14, or 15)?”
   a. It is suggested to solicit separate ratings and use the lowest confidence of the two ratings, as this will limit the entire activity. For example, if on item 2 (...walk up or down stairs? _____%), the patient says they are 80% confident walking up the stairs and 60% confident walking down the stairs, their score for this item is 60%. (Myers, 1998)

4. “Can a score still be computed if an individual does not complete all of the items?”
   a. Yes. An ABC score can still be determined by summing the ratings and diving by the number of items answered if an individual answers at least 75% (12/16) of the questions. Most commonly omitted is the last item (...walk outside on icy sidewalks? _____%) in warmer climates. (Myers, 1998)

5. “What if my patient is unable to read the instructions/questions (b/c of cognition, speech/language, vision deficits, etc)? Can I read it to them?”
   a. Yes, the measure can be administered by personal or telephone interview, if needed.

6. “What if my patient does not speak English. Is the ABC available in other languages?”
   a. Yes. The ABC has been translated into a variety of other languages. However, the reliability and validity of these translations should be understood when administering a translated version of the ABC. Languages available: Spanish (Montilla-Ibáñez, 2017), German (Schoot, 2008), Chinese (Mak, 2007), French-Canadian (Salbach, 2006), Korean (Jang, 2003), Dutch (Van Heuvelen, 2005), Persian (Hassan, 2015), Brazilian-Portuguese (Marques, 2013), Arabic (Alghwiri, 2015), Hindi (Moiz, 2016), Turkish (Karapolat, 2010).

7. “What if my patient has a decline in the ABC score, percent of balance confidence, but as a clinician I believe it is due to improved awareness and insight, not regression?”
   a. If this happens it may be helpful for the clinician to look across other objective measures to provide support and rationale for the clinician’s conclusions.
References


4. Lajoie Y, Gallagher SP. Predicting falls within the elderly community: comparison of postural sway, reaction time, the Berg balance scale and ABC scale for comparing fallers and non-fallers. *Arch Gerontol Geriatr.* 2004; 38:11-26


