New York Balance & Vestibular Physical Therapy
1373-28 Veterans Memorial Highway
Hauppauge, NY 11788

Activity Specific Balance Confidence Scale

Name: _____ Date: _____

For each of the following activities, please indicate your level of self-confidence by choosing a corresponding number from the following rating scale:

Least confidence **0-----10--- 20--- 30--- 40--- 50--- 60--- 70--- 80--- 90--- 100** **Most confidence**

How confident are you that you will not 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 the 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 parked car 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 walk rapidly past you?	
…are bumped into by people as you walk through the mall?	
…step unto or off of an escalator while you are holding a railing?	
…step unto or off an escalator while holding parcels such that you cannot hold the railing?	
…walking outside on icy sidewalks?	
Mean Score (For department use only)	