

Activities-Specific Balance Confidence (ABC) Scale

Adapted from: Powell LE and Myers AM. The Activities-Specific Balance Confidence (ABC) Scale.

J Gerontol. A. Biol. Sci. Med. Sci. 1995; 50A:M 28-34

**Level of Confidence
(0-100%)**

- 1. Walking around the house _____
 - 2. Walking up and down stairs _____
 - 3. Picking up slippers/ something from the floor _____
 - 4. Reaching at your eye level _____
 - 5. Reaching while on your tiptoes _____
 - 6. Reaching while standing on a chair _____
 - 7. Sweeping the floor _____
 - 8. Walking outside to a nearby car _____
 - 9. Getting in/out of a car/transport _____
 - 10. Walking across a parking lot _____
 - 11. Walking up and down a ramp _____
 - 12. Walking in a crowded mall _____
 - 13. Being bumped while walking in a crowd _____
 - 14. Using an escalator while holding the railing _____
 - 15. Using an escalator without holding the railing _____
 - 16. Walking on slippery floors _____
- Total Score:** _____

Dizziness Handicap Inventory

Date: _____

Patient: _____

Date of Birth: _____

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. Please answer "Yes" or "No" or "sometimes" to each question. Answer each question as it pertains to your dizziness or unsteadiness only.

Item	Questions		Y	N	S
1	Does looking up increase your problem?	P			
2	Because of your problem, do you feel frustrated?	E			
3	Because of your problem, do you restrict your travel for business or recreation?	F			
4	Does walking down the aisle of a supermarket increase your problem?	P			
5	Because of your problem, do you have difficulty getting into or out of bed?	F			
6	Does your problem significantly restrict your participation in social activities such as going out to dinner, the movies, dancing, or to parties?	F			
7	Because of your problem, do you have difficulty reading?	F			
8	Does performing more ambitious activities such as sports or dancing or household chores such as sweeping or putting dishes away increase your problem?	P			
9	Because of your problem, are you afraid to leave your home without having someone accompany you?	E			
10	Because of your problem, are you embarrassed in front of others?	E			
11	Do quick movements of your head increase your problem?	P			
12	Because of your problem, do you avoid heights?	F			
13	Does turning over in bed increase your problem?	P			
14	Because of your problem, is it difficult for you to do strenuous housework or yardwork?	F			
15	Because of your problem, are you afraid people may think you are intoxicated?	E			
16	Because of your problem, is it difficult for you to walk by yourself?	F			
17	Does walking down a sidewalk increase your problem?	P			
18	Because of your problem, is it difficult for you to concentrate?	E			
19	Because of your problem, is it difficult for you to walk around your house in the dark?	F			
20	Because of your problem, are you afraid to stay at home alone?	E			
21	Because of your problem, do you feel handicapped?	E			
22	Has your problem placed stress on your relationships with members of your family or friends?	E			
23	Because of your problem, are you depressed?	E			
24	Does your problem interfere with your job or household responsibilities?	F			
25	Does bending over increase your problem?	P			
			x4	x0	x2
	=				
	Total				

Vestibular Rehabilitation Program Questionnaire

Section Instructions: (Symptom Explanation Form)

Please circle all the words that describe your symptoms/feelings:

Reeling	Whirling	Faint
Giddy	Undulating	Lightheaded
Ringing/Tinnitus	Ear pain/pressure	Visual disturbed
Warm	Anxious	Pain
Unable to concentrate	Floating	Drifting
Off balance/unsteady	Dazed	Falling
Clumsy	Fluttering	Sick
Vomiting	Swimmy-Head	Confused
Swaying	Disoriented	Heavy Headed
Headache	Weak	Spinning
Listing	Leaning	Lack of Memory
A rush	Fuzzy Headed	Shaky
Nauseated	Focus Problems	Being Pulled
Staggering	Spacey	Vertigo
Fatigued	Drunk	Blurry Vision

Other:

If you have symptoms other than those above, please indicate below:

Are your symptoms constant or intermittent?

If intermittent, how long are the symptoms lasting?