



## COMMON QUESTIONS AND VARIATIONS

1. **“What if the patient doesn’t complete one of the tasks on the ABC? How do I score the measure when this occurs?”**
  - a. The clinician should always try to have the patient complete all items. If appropriate, have the patient rate how confident they would be if they *had* to perform the activity, even if they do not currently do the activity.<sup>3</sup>
  - b. If it is not appropriate or the patient does not complete an item, an ABC score can still be determined by summing the ratings and dividing by the number of items answered if an individual answers at least 12 of the 16 questions. Most commonly omitted is the last item (...walk outside on icy sidewalks? \_\_\_\_\_%) in warmer climates.<sup>3</sup>
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 using the assistive device?”**
  - a. The patient should rate their confidence in completing the task while using their current device.<sup>3</sup>
  - b. The assistive device considered by the patient should be documented and kept consistent between trials and reassessments.
  - c. It is likely, however that the type of assistive device may change over time. If the type of device “used” during rating of confidence has changed, the new type or condition of “no device” should be documented.
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%.<sup>3</sup>
4. **“What if my patient is unable to read the instructions/questions (due to impaired cognition, impaired 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.
  - b. Patients with lack of insight into impairments may have difficulty accurately answering the ABC questions. In these cases, clinicians should use their judgement to determine appropriateness of administering this test.
5. **“What if my patient is unable to correctly interpret the stem question (*How confident are you that you will not lose your balance or become unsteady when you...*)? Can you vary it?”**
  - a. Yes. While adhering to the scripted stem question is preferred for standardization, you can vary/explain the stem if this is a barrier to administering the assessment.
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 include: Spanish,<sup>4</sup> German,<sup>5</sup> Chinese,<sup>6</sup> French-Canadian,<sup>7</sup> Korean,<sup>8</sup> Dutch,<sup>9</sup> Persian,<sup>10</sup> Brazilian-Portuguese,<sup>11</sup> Arabic,<sup>12</sup> Hindi,<sup>13</sup> and Turkish.<sup>14</sup>
  - b. If the measure is administered in a different language, there is a risk of misinterpretation of items for those testers who are not fluent in the given language.
7. **“What if my patient has a decline in the ABC score, the 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.
  - b. Administration of both clinician-rated and patient-reported measures may provide a more comprehensive assessment of balance confidence than administering only a clinician-rated measure.
  - c. These data points may need to be excluded in aggregate analysis of change scores if the impression is that these do not reflect a true measure of balance confidence.
8. **“These questions are not appropriate for patients who are non-ambulatory. Should I utilize this measure?”**
  - a. Clinicians should use the ABC to assess adults with neurologic conditions who have goals and the capacity to change in this area. If you predict that your patient may ambulate further along in his or her recovery, it may be worthwhile to perform this measure.

## REFERENCES

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