

**Form 3.3****FallProof Program Report Card**

Name of participant: _____ Name of facility: _____ Date: _____

Test	Score	Rating	Comments
8-foot (2.4 m) up-and-go test (Best of two test trials)	____ Trial 1 ____ Trial 2		
Fullerton Advanced Balance (FAB) scale	____/40		
Berg Balance Scale (BBS) (Alternate balance scale for clients with CPF score <12 or other exclusionary criteria)	____/56		
30-foot (9 m) walk Preferred speed: Maximum speed:	____ # steps ____ Time ____ # steps ____ Time		
Walkie-talkie test Positive—stops to respond Negative—does not stop	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
30-second chair stand (Record single trial score)			

Test	Score	Rating	Comments
Arm curl <input type="checkbox"/> Left <input type="checkbox"/> Right (check one) (Record single trial score)			
Sit and reach (optional) <input type="checkbox"/> Left <input type="checkbox"/> Right (check one) (Record best of two trial scores)	____ Trial 1 ____ Trial 2		
Back scratch (optional) <input type="checkbox"/> Left <input type="checkbox"/> Right (check one) (Record best of two trial scores)	____ Trial 1 ____ Trial 2		
2-minute step in place (Record single trial score)	____ Steps		
Balance Efficacy Scale (BES) (Total score possible 100%)	____ %		

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