Balance Lab Scoring sheet

Name: _____   Date: _____

Five Times Sit to Stand Test (TUG)

Able to complete test?

☐ Completed

☐ Unable to complete

Time (seconds): _____

Risk for Falls:

☐ High Risk (>13.5 seconds): _____

☐ None / low / moderate: (<13.5 seconds):_____

Timed Up and Go Test (TUG)

Time (seconds): _____

Assistive Device Used:

☐ none:

☐ cane:

☐ walker:

☐ other: _____

Observations:

☐ stopped to rest

☐ impaired cognition

Risk for Falls:

☐ High Risk (>13.5 seconds): _____

☐ None/low/moderate: (<13.5 seconds):_____