



**A MATTER OF
BALANCE**
MANAGING CONCERNS ABOUT FALLS

A Matter of Balance Attendance

Start Date: _____

End Date: _____

Training Location: _____

Session (Check the box of the sessions attended)

*TUG = Timed Up and Go score (optional)

Participant ID	TUG*	1	2	3	4	5	6	7	8	TUG*	Total sessions
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

OMB Control No. 0985-0039 Exp. Date 03/31/2021

Please return to UNC-Asheville via any of the following: a) healthyagingncinfo@gmail.com;
b) Fax: 828-255-7104; or c) NC Center for Health & Wellness, Attention: Janice Self,
UNC Asheville, 1 University Heights, CPO 4010, Asheville, NC 28804