



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

A Matter of Balance Attendance

Program Start Date: _____

Program End Date: _____

Implementation Site Name: _____

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											
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OMB Control No. 0985-0039

Exp. Date 4/30/2024

Use additional pages if needed.

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