

Participant Summary Form

Name/Identifier: _____ Date: _____

Participant Age at Session 1: _____ Participant Age at Session 24: _____

Site: _____ Total Sessions Attended: _____

Balance Test: <i>Record # of Seconds</i>	Session 1	Session 24
Right Foot		
Left Foot		
30-Second Chair Stand Test	Session 1	Session 24
Number of Times Stood Up in 30 Seconds		
Timed Up and Go (TUG) Test	Session 1	Session 24
Time to Rise, Complete Walk, and Sit Again		
Strength Exercises: <i>Record Weight</i>	Session 5	Session 24
Seated Leg Lift		
Side Leg Lift		
Back Leg Lift		
Arm Curl		
Shoulder Rotation		
Shoulders Back		
Arms Forward and Back		
3-Day Calcium Challenge Diary	Session 4	Session 24
Average Daily Calcium from Food		
Average Daily Calcium from Supplements		
Falls Data	Sessions 1-12	Sessions 13-24
Number of Falls, Falls with Injury, and Falls Resulting in a Hospital Visit		

Notes: