

# Functional Fitness Testing

Date: \_\_\_\_\_

First three letters of first name					
First three letters of last name					
Two digit month of your birth					
Two digit day of your birth					
First four letters of your county					
State Abbreviation					
Pre Program		Post Program		6 Month	
Instructor					
Person completing assessment					
Exercise		Scoring			
<b>Balance Station</b> 1. Mountain Pose 2. Tandem Stand 3. One-Legged Stand 4. Tandem Stand w/ eyes closed 5. Tandem Stand w/ eyes closed & head turning 6. One-Legged Stand w. eyes closed		<b>Out of 10</b> 1. Seconds _____ 2. Seconds _____ 3. Seconds _____ 4. Seconds _____ 5. Seconds _____ 6. Seconds _____			
30-Second Chair Stand		Trial 1:		Trial 2:	
Biceps Curl Arm (L) or (R): _____		Trial 1:		Trial 2:	
2 Minute Step Test		Height of each step:		Number of steps:	
Chair-Sit-and-Reach Leg (L) or (R): _____		Trial 1: + _____ - _____		Trial 2: + _____ - _____	
Back Scratch Top arm Leg (L) or (R): _____		Trial 1: + _____ - _____		Trial 2: + _____ - _____	
8 Foot Up-and-Go		Trial 1:		Trial 2:	
Notes/modifications/injuries					