

Functional fitness assessment scorecard



Share your results with your healthcare provider and let them know you're participating in the SilverSneakers® Well-Balanced program for fall prevention.

Name: _____

M: _____ F: _____ Age: _____

Pre-test

Date: _____

① 4-stance balance test (seconds):

Feet together stance Time: _____

Semi-tandem stance Time: _____

Tandem stance (heel-to-toe) Time: _____

Single-leg stance Time: _____

② 30-second chair stand:

Repetitions: _____

Post-test

Date: _____

① 4-stance balance test (seconds):

Feet together stance Time: _____

Semi-tandem stance Time: _____

Tandem stance (heel-to-toe) Time: _____

Single-leg stance Time: _____

② 30-second chair stand:

Repetitions: _____

Notes

Notes

Always talk to your doctor before starting an exercise program.

Source: Centers for Disease Control and Prevention (CDC). Original materials available for free at www.cdc.gov/steady. Adapted from the Centers for Disease Control and Prevention (CDC) STEADI Initiative. The CDC materials are in the public domain and have been modified for use by Tivity Health, Inc. as part of the Tivity Health Fall Prevention Program. The CDC and U.S. government do not endorse, certify, or recommend this program, organization, or services. This material is for general educational purposes only and is not a substitute for medical advice, diagnosis, or treatment. Participants should consult a licensed healthcare provider for personalized assessment or care.

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