

**HERTFORDSHIRE 31-39  
CHAIR RISES & FLAMINGO STANDS**

Name \_\_\_\_\_ Serial No  /

**CHAIR RISES**

Able to perform test Yes ☐ No ☐

*If NO, reason*

*Balance difficulties* ☐ *Other* ☐

*Specify* \_\_\_\_\_

Test performed with walking aid Yes ☐ No ☐

*If YES, Type*

*Stick* ☐ *Frame* ☐

*Other* ☐ *Specify* \_\_\_\_\_

5 sit/stand rises completed? Yes ☐ No ☐

*If NO, how many completed?*  *Sit/stand rises*

Time taken for sit/stand rises  •

seconds

Observer

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**FLAMINGO STANDS**

Able to perform test Yes ☐ No ☐

*If NO, reason*

*Balance difficulties* ☐ *Other* ☐

*Specify* \_\_\_\_\_

Timed one-legged stand  
(max. 30 seconds)  •

seconds

Observer