

- Affix label here-

Clinical Center/ID: \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

1. Date of exam: \_\_\_\_\_ (M/D/Y)

2. Performed by: \_\_\_\_\_

3. Contact type:

<sub>3</sub> Visit

<sub>8</sub> Other

4. Visit type:

<sub>1</sub> Screening # \_\_\_\_\_

<sub>2</sub> Semi-Annual # \_\_\_\_\_

<sub>3</sub> Annual # \_\_\_\_\_

<sub>4</sub> Non-Routine

**Performance Measures**

5. Grip strength:

5.1. Side tested:

<sub>1</sub> Right

<sub>2</sub> Left

<sub>3</sub> Attempted, unable to complete on either side

<sub>8</sub> Refused

<sub>9</sub> Not attempted for safety or health

reasons

5.2. Dominance of hand used:

<sub>1</sub> Dominant

<sub>2</sub> Non-dominant

5.3. Measurement #1: \_\_\_\_\_ kg

5.4. Measurement #2: \_\_\_\_\_ kg

6. Single chair stand:

<sub>1</sub> Test completed, arises without using her arms

<sub>2</sub> Test completed, arises using her arms

<sub>3</sub> Attempted, unable to rise from chair

<sub>8</sub> Refused

<sub>9</sub> Not attempted for safety or health reasons

Repeated chair stands in 15 seconds:

6.1. \_\_\_\_\_ stands

6.2. \_\_\_\_\_ stands

7. Timed walk:

<sub>1</sub> Test completed or partially completed

<sub>2</sub> Attempted, unable to complete one trial

<sub>8</sub> Refused

<sub>9</sub> Not attempted for safety or health reasons

7.1. Time: \_\_\_\_\_ seconds

7.2. Time: \_\_\_\_\_ seconds

7.3. Assistive device used?

<sub>0</sub> No

<sub>1</sub> Yes