

Physical Measures

Study ID #: - -

Are data collected for this assessment?

¹
 Yes ²
 No

Reason if data are not available

*if no, quit this form but enter the above information into the database
if yes, proceed with this form*

GRIP STRENGTH

1. Have you had a recent worsening of pain or of arthritis in your wrist, or do you have tendonitis?

¹
 Yes ²
 No ³
 Unknown

2. Have you had any surgery on your hands or arms during the last 13 weeks?

¹
 Yes ²
 No ³
 Unknown

3. Was a grip strength test done?

¹
 Yes ²
 No

if 'no', skip to Question 12

if 'yes', continue below

4. Circle which hand is being tested.

¹
 Right ²
 Left ³
 Unable/discontinued

(Begin with dominant hand.)

5. First try

 (XX kg)

6. Second try

 (XX kg)

7. Third try

 (XX kg)

Repeat for opposite hand.

8. Circle which hand is being tested.

¹
 Right ²
 Left ³
 Unable/discontinued

9. First try

 (XX kg)

10. Second try

 (XX kg)

11. Third try

 (XX kg)

MEASURED WALK

12. *OBSERVE:* Does this participant use an assistive device for walking?

¹
 Yes ²
 No ³
 Unknown

if 'no' or not assessed, skip to Question 13

12a. If 'yes', what type of device?

- ¹ Standard cane ² Wheelchair
- ³ Quad cane ⁴ White cane
- ⁵ Walker ⁶ Crutches (1 or 2)
- ⁷ Electric wheelchair/scooter
- ⁸ Cane & electric wheelchair/scooter
- ⁹ Cane & wheelchair ¹⁰ Wheelchair & walker
- ¹¹ Cane & walker ¹² Cane, wheelchair & walker

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13. Does the participant use a lower extremity orthosis? Yes No Unknown
(plastic or metal leg brace at or above the ankle)

14. Is participant missing any limb? Yes No Unknown

if 'no' or not assessed, skip to Question 15

if 'yes', continue below, indicating which limbs are missing

- a. Left arm Yes No Unknown
- b. Right arm Yes No Unknown
- c. Left leg Yes No Unknown
- d. Right leg Yes No Unknown

15. Does the participant use a prosthesis (artificial limb)? Yes No Unknown

if 'no' or not assessed, skip to Question 16

if 'yes', continue below, indicating which limbs have a prosthesis

- a. Left arm Yes No Unknown
- b. Right arm Yes No Unknown
- c. Left leg Yes No Unknown
- d. Right leg Yes No Unknown

16. Is the participant able to walk 15 feet? Yes No Unknown

if 'no' or not assessed, skip to Question 19

if 'yes', continue below with the 15-foot walk test

16a. Is the participant using an assistive device to perform this walk? Yes No Unknown

Unknown

Time, in seconds, to walk 15 feet:

17. First try (XX.XX) seconds

18. Second try (XX.XX) seconds

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19. Is the participant able to do a side-by-side stand (balance unaided for 10 seconds)?

Side-by-side-stand

- 1 Held for 10 sec
- 2 Not held for 10 sec
Number of seconds held if less than 10 sec: _____ (X.XX sec)
- 3 Not attempted

- If participant did not attempt test or failed, specify reason:*
- 1 Tried but unable
 - 2 Participant could not hold position unassisted
 - 3 Not attempted and you felt unsafe
 - 4 Not attempted and participant felt unsafe
 - 5 Participant unable to understand instructions
 - 6 Other, specify _____
 - 7 Participant refused

20. Semi-Tandem Stand

- 1 Held for 10 sec
- 2 Not held for 10 sec
Number of seconds held if less than 10 sec: _____ (X.XX sec)
- 3 Not attempted

- If participant did not attempt test or failed, specify reason:*
- 1 Tried but unable
 - 2 Participant could not hold position unassisted
 - 3 Not attempted and you felt unsafe
 - 4 Not attempted and participant felt unsafe
 - 5 Participant unable to understand instructions
 - 6 Other, specify _____
 - 7 Participant refused

21. Tandem Stand

- 1 Held for 10 sec
 - 2 Held for 3 to 9.99 sec
 - 3 Held for less than 3 sec
 - 4 Not attempted
- Number of seconds held if less than 10 sec: _____ (X.XX sec)

- If participant did not attempt test or failed, specify reason:*
- 1 Tried but unable
 - 2 Participant could not hold position unassisted
 - 3 Not attempted and you felt unsafe
 - 4 Not attempted and participant felt unsafe
 - 5 Participant unable to understand instructions
 - 6 Other, specify _____
 - 7 Participant refused

Physical Measures

Study ID #: --**22. CHAIR-STAND****1. Single Chair Stand Test**

A. Safe to stand without help

/ YES 2 NO*if 'no', end test, indicate reason at right and quit this form → specify reason:*

- 1 Tried but unable
 2 Participant could not hold position unassisted
 3 Not attempted and you felt unsafe
 4 Not attempted and participant felt unsafe
 5 Participant unable to understand instructions
 6 Other (specify below), specify
 7 Participant refused

if 'yes', continue below

Results:

- 1 Participant stood without using arms → Go to Repeated Chair Stand Test
 2 Participant used arms to stand → End Test
 3 Test not completed → End Test

If participant did not attempt test or failed, circle why:

- 1 Tried but unable
 2 Participant could not hold position unassisted
 3 Not attempted and you felt unsafe
 4 Not attempted and participant felt unsafe
 5 Participant unable to understand instructions
 6 Other (specify below), specify
 7 Participant refused

2. Repeated Chair Stand Test

A. Safe to stand five times

/ YES 2 NO*if 'no', end test, indicate reason at right and quit this form → specify reason:*

- 1 Tried but unable
 2 Participant could not hold position unassisted
 3 Not attempted and you felt unsafe
 4 Not attempted and participant felt unsafe
 5 Participant unable to understand instructions
 6 Other (specify below), specify
 7 Participant refused

*if 'yes', continue below. Ask the patient to stand five times and record the time this takes. Stop at 60 seconds.*If five stands done successfully, record time in seconds. (XX.XX sec)

If participant did not attempt test or failed, circle why:

- 1 Tried but unable
 2 Participant could not hold position unassisted
 3 Not attempted and you felt unsafe
 4 Not attempted and participant felt unsafe
 5 Participant unable to understand instructions
 6 Other (specify below), specify
 7 Participant refused