

# Timed Walking and Hand Grip Assessments

**MACSID**

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**Visit #**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Date**

Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

DAY	YEAR
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

**Time Began**

HR	MIN	
00	00	
01	10	AM
02	20	1
03	30	3
04	40	4
05	50	5
06	00	PM
07	10	2
08	20	
09	30	

**Examiner's Code**

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

## MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the circle completely.
- Erase cleanly any marks you wish to change.

- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

### CORRECT MARK



### INCORRECT MARKS



## Section A: Measured Walk

Refused

**A1. Does the participant use an assistive device for walking?**

- No **Go to A2**  Yes

**a. What type of device? (Select all that apply)**

- Standard cane .....
- Quad cane .....
- Walker .....
- Wheelchair .....
- White cane .....
- Crutches (1 or 2) .....
- Other .....

Specify:

**A2. Is the participant wearing a lower extremity orthosis (plastic or metal leg brace at or above the ankle)?**

- No  Yes

**A3. Is the participant missing any limbs?**

- No **Go to A5**  Yes

**Which limb(s)?**

- |                    | No                    | Yes                   |
|--------------------|-----------------------|-----------------------|
| a. Left arm .....  | <input type="radio"/> | <input type="radio"/> |
| b. Right arm ..... | <input type="radio"/> | <input type="radio"/> |
| c. Left leg .....  | <input type="radio"/> | <input type="radio"/> |
| d. Right leg ..... | <input type="radio"/> | <input type="radio"/> |

**A4. Is the participant wearing a prosthesis (artificial limb)?**

- No **Go to A5**  Yes

**Which limb(s)?**

- |                    | No                    | Yes                   |
|--------------------|-----------------------|-----------------------|
| a. Left arm .....  | <input type="radio"/> | <input type="radio"/> |
| b. Right arm ..... | <input type="radio"/> | <input type="radio"/> |
| c. Left leg .....  | <input type="radio"/> | <input type="radio"/> |
| d. Right leg ..... | <input type="radio"/> | <input type="radio"/> |

**A5. Does the participant have paralysis of an extremity or side of the body?**

- No **Go to A6**  Yes

**Which side of the body?**

- |                | No                    | Yes                   |
|----------------|-----------------------|-----------------------|
| a. Left .....  | <input type="radio"/> | <input type="radio"/> |
| b. Right ..... | <input type="radio"/> | <input type="radio"/> |

**A6. Was the measured walk test attempted?**

- No  Yes **Go to PROMPT**

**a. If NO, was it due to:**

- Physical impairment .....
- Cognitive impairment .....
- Other reason .....

**Go to Section B**

Specify:

**Please continue.**

PLEASE DO NOT WRITE IN THIS AREA



**SERIAL #**

**MEASURED WALK ATTEMPT #1:**

**PROMPT: Read to Participant:**

In this test, I would like you to walk at your usual pace starting at this line and crossing the line at the end of the hall. Do you think you could do that? Good. Can you see the tape? Good. Let me demonstrate what I want you to do. (DEMONSTRATE.)

To do this test, place your feet with your toes behind, but touching, the line where we start. I will time you. When I say “**Ready, go!**” walk at your usual pace and cross the line at the end of the hall. I will walk with you.

WHEN THE PARTICIPANT IS PROPERLY AT THE LINE, SAY “**Ready, go!**” AND BEGIN TIMING.

**A7. Did the participant complete the measured walk?**

- No .....  **Go to A7.a**
- Yes .....  **Go to A7.b**
- Attempted, but unable physically .....  **Go to A10**

Explain:

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**a. If NO, was it due to:**

- Cognitive impairment .....  **Go to A10**
- Other reason .....

Specify:

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**b. If YES, did the participant use an assistive device on the walk?**

- No
- Yes

**A8. What length course did the participant walk?**

- 3 meters .....
- 4 meters .....

**A9. Time in seconds to walk course:** seconds

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**MEASURED WALK ATTEMPT #2:**

**PROMPT: Read to Participant:**

Now, I'd like you to try this test a second time. When I say “**Ready, go!**” walk at your usual pace and cross the line at the end of the hall. I will walk with you.

WHEN THE PARTICIPANT IS PROPERLY AT THE LINE, SAY “**Ready, go!**” AND BEGIN TIMING.

**A10. Did the participant complete the measured walk?**

- No .....  **Go to A10.a**
- Yes .....  **Go to A10.b**
- Attempted, but unable physically .....  **Go to Section B**

Explain:

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**a. If NO, was it due to:**

- Cognitive impairment .....  **Go to Section B**
- Other reason .....

Specify:

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**b. If YES, did the participant use an assistive device on walk?**

- No
- Yes

**A11. Time in seconds to walk course:** seconds

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**Section B: Grip Strength**  Refused

**PROMPT: Read to Participant:**

In this exercise, I am going to use this instrument to measure the strength in your dominant hand.

**B1. Have you had any recent pain in your wrist or any acute flare-up of your hand or wrist from conditions like arthritis, tendonitis, or carpal tunnel syndrome?**

- No **Go to B2**
- Yes

**a. Left wrist?**

- No
- Yes

**b. Right wrist?**

- No
- Yes

**B2. Have you had any surgery on your hands or arms during the last 13 weeks?**

No **Go to B3**  Yes

**a. Left arm?**

No  Yes

**b. Right arm?**

No  Yes

**B3. Which hand is your dominant hand?**

Left .....

Right .....

**B4. Do you think you could safely squeeze this instrument as hard as you can with your dominant hand?**

No  Yes

**Do not do Grip Strength test and go to B5.**

**If the participant's dominant hand is affected by one or more of the conditions listed on page 5 of the guidelines, DO NOT TEST and complete only B5.**

**B5. Did participant attempt to perform the grip strength assessment?**

No  Yes **Go to PROMPT**

**a. If NO, was it due to:**

Physical impairment .....

Cognitive impairment .....

Other reason .....

**Go to B10**

Specify: \_\_\_\_\_  
\_\_\_\_\_

**PROMPT: Read to Participant:**

I'd like you to take your dominant arm, bend your elbow at a 90 degree angle, press your arm against your side, and grab the two pieces of metal together like this.

(EXAMINER SHOULD DEMONSTRATE AT THIS POINT.)

When I say "squeeze," squeeze as hard as you can until I say "stop". The two pieces of metal will not move but I will be able to read the force of your grip on the dial. I will ask you to do this three times. If you feel any pain or discomfort, tell me and we will stop.

(DEMONSTRATE TO PARTICIPANT.)

Now you should bend your elbow at a 90 degree angle, press your arm against your side, and grip the two pieces of metal with your dominant hand. Your wrist should be straight. Ready? Go!

(BE SURE TO COACH: "Squeeze, squeeze, squeeze!" ALSO BE SURE TO TELL THE PARTICIPANT WHEN TO "Stop!") DO DOMINANT HAND ONLY.

**B6. Was grip strength test done?**

No .....

**Go to B6.a**

Yes .....

**Go to B7**

Attempted, but unable

physically .....

**Go to B10**

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**a. If NO, was it due to:**

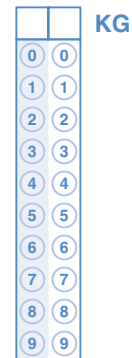
Cognitive impairment .....

Other reason .....

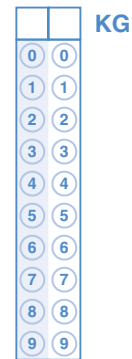
**Go to B10**

Specify: \_\_\_\_\_  
\_\_\_\_\_

**B7. First try:**



**B8. Second try:**



**B9. Third try:**



