Timed Walking and Hand Grip Assessments

Section A: Measured Walk

A1. Does the participant use an assistive device for walking?  
  ○ No  [Go to A2]  ○ Yes  [ADEVPB_46]
  
  a. What type of device?  
    Standard cane  [TYPDPB_46]  ○  
    Quad cane  [TYPDPB_46]  ○  
    Walker  [TYPDPB_46]  ○  
    Wheelchair  [TYPDPB_46]  ○  
    White cane  [TYPDPB_46]  ○  
    Crutches (1 or 2)  [TYPDPB_46]  ○  
    Other  [TYPDPB_46]  ○  
    Specify:  [SPDPBP_46]

A2. Is the participant wearing a lower extremity orthosis (plastic or metal leg brace at or above the ankle)?  
  ○ No  [Go to A5]  ○ Yes  [ORTHPB_46]

A3. Is the participant missing any limbs?  
  ○ No  [Go to A5]  ○ Yes  [LIMBPB_46]
  
  Which limb(s)?  
    No  [LARMPB_46]  ○  
    Yes  [LARMPB_46]  ○  
    Left arm  [LARMPB_46]  ○  
    Right arm  [LARMPB_46]  ○  
    Left leg  [LARMPB_46]  ○  
    Right leg  [LARMPB_46]  ○  

A4. Is the participant wearing a prosthesis (artificial limb)?  
  ○ No  [Go to A5]  ○ Yes  [PROSPB_46]
  
  Which limb(s)?  
    No  [PLARPB_46]  ○  
    Yes  [PLARPB_46]  ○  
    Left arm  [PLARPB_46]  ○  
    Right arm  [PLARPB_46]  ○  
    Left leg  [PLARPB_46]  ○  
    Right leg  [PLARPB_46]  ○  

A5. Does the participant have paralysis of an extremity or side of the body?  
  ○ No  [Go to A5]  ○ Yes  [PARAPB_46]
  
  Which side of the body?  
    No  [PLEFPB_46]  ○  
    Yes  [PLEFPB_46]  ○  
    Left  [PLEFPB_46]  ○  
    Right  [PLEFPB_46]  ○  

A6. Was the measured walk test attempted?  
  ○ No  [Go to A5]  ○ Yes  [ATWK_46]
  
  a. If NO, was it due to:  
    Physical impairment  [ATWKN_46]  ○  
    Cognitive impairment  [ATWKN_46]  ○  
    Other reason  [ATWKN_46]  ○  
    Specify:  [SRWKPBPB_46]  ○  

Please continue.
A7. Did the participant complete the measured walk?
- No .................................... ○ Go to A7.a
- Yes ...................................... ○ Go to A7.b
- Attempted, but unable physically ...................................... ○ Go to A9

Explain: ____________________________________________________________

a. If NO, was it due to:
- Cognitive impairment ................................ ○ Go to A9.a
- Other reason ................................................ ○ Go to A9.b

Specify: SPW2PB_46

b. If YES, did the participant use an assistive device on walk?
- No ○ No
- Yes ○ Yes

A8. Time in seconds to walk course:
- SCNDPB_46

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 continue walking past the line at the end of the hall until I tell you to stop.

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

A9. Did the participant complete the measured walk?
- No .................................... ○ WAK2_46 Go to A9.a
- Yes ...................................... ○ Go to A9.b
- Attempted, but unable physically ...................................... ○ Go to Section B

Explain: ____________________________________________________________

a. If NO, was it due to:
- Cognitive impairment ................................ ○ WAK2N_46 Go to Section B
- Other reason ................................................ ○ SPW2PB_46

Specify: SPW2PB_46

b. If YES, did the participant use an assistive device on walk?
- No ○ No
- Yes ○ Yes

A10. Time in seconds to walk course:
- TISCPB_46

Section B: Grip Strength

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, tendinitis, or carpal tunnel syndrome?
- No ○ No
- Yes ○ Yes

a. Left wrist?
- No ○ No
- Yes ○ Yes LWRST_46

b. Right wrist?
- No ○ No
- Yes ○ Yes RWRST_46
**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 TO “Stop!” WHEN THE ARROW STARTS GOING DOWN.) DO DOMINANT HAND ONLY.

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**B2. Have you had any surgery on your hands or arms during the last 13 weeks?**
- No [Go to B3]
- Yes SURGPB_46

  - a. Left arm?
    - No LSURG_46
    - Yes

  - b. Right arm?
    - No RSURG_46
    - Yes

**B3. Which hand is your dominant hand?**
- Left GHNDPB_46
- Right

**B4. Do you think you could safely squeeze this instrument as hard as you can with your dominant hand?**
- No SQUEZPB_46
- Yes

If the participant's dominant hand is affected by one or more of the conditions listed on page 6 of the guidelines, DO NOT TEST and complete only B5.

**Summary of conditions:**
- acute flare up wrist/hand (e.g., arthritis, tendinitis, carpal tunnel)
- surgery for fusion, arthroplasty, tendon repair, or synovectomy of upper extremity in past 13 weeks
- current symptoms from heart problems that may be exacerbated by hand grip test

**B5. Did participant attempt to perform the grip strength assessment?**
- No ATGR_46
- Yes Go to PROMPT

  - a. If NO, was it due to:
    - Physical impairment
    - Cognitive impairment
    - Other reason

**B6. Was grip strength test done?**
- No Go to B6.a
- Yes GRIP_46
  - Attempted, but unable physically

  - a. If NO, was it due to:
    - Cognitive impairment
    - Other reason

  - Specify: SGRTPB_46

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<th>B7. First try:</th>
<th>KG</th>
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