Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_54) to a 3 digit suffix (i.e., VARIABLE_054) and affects ALL visit questionnaire variables from the first visit onward.

# Timed Walking and Hand Grip Assessments

**Form 43 – FRAILTY**

**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.

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

**INCORRECT MARKS**
- ✗
- ✓
- □

## Section A: Measured Walk

### A1. Does the participant use an assistive device for walking?
- No [□] Yes [ ]

- **ADEVPB_49**
- **TYPDPB_49**

  **a. What type of device?**
  - 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 [ ]

- **ORTHPB_49**

### A3. Is the participant missing any limbs?
- No [□] Yes [ ]

- **LIMBPB_49**

  **Which limb(s)?**
  - Left arm
  - Right arm
  - Left leg
  - Right leg

### A4. Is the participant wearing a prosthesis (artificial limb)?
- No [□] Yes [ ]

- **PROSPB_49**

  **Which limb(s)?**
  - Left arm
  - Right arm
  - Left leg
  - Right leg

### A5. Does the participant have paralysis of an extremity or side of the body?
- No [□] Yes [ ]

- **PARAPB_49**

  **Which side of the body?**
  - Left
  - Right

### A6. Was the measured walk test attempted?
- No [□] Yes [ ]

- **ATWK_49**

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

  Specify:

  **ATWKN_49**

Please continue.
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 continue walking past the line at the end of the hall until I tell you to stop. 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 start line where we start. I will time you. 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.

A7. Did the participant complete the measured walk?

No .....................................  WAK1_49
Yes .....................................  Go to A7.a
Attempted, but unable physically .....................................  Go to A7.b

Explain:


a. If NO, was it due to:

Cognitive impairment  ...........
Other reason  .....................  WAK1N_49

Specify:


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

No .....................................  DVW1PB_49
Yes .....................................  Go to A7.b

A8. Time in seconds to walk course:

SCNDBP_49

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_49
Yes .....................................  Go to A9.a
Attempted, but unable physically .....................................  Go to A9.b

Explain:


a. If NO, was it due to:

Cognitive impairment  ...........
Other reason  .....................  WAK2N_49

Specify:


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

No .....................................  DVW2PB_49
Yes .....................................  Go to A9.b

A10. Time in seconds to walk course:

TISPBP_49

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, tendonitis, or carpal tunnel syndrome?

No .....................................  WRSTPB_49
Yes .....................................  Go to B1.a

a. Left wrist?

No .....................................  LWRST_49
Yes .....................................  Go to B1.b

b. Right wrist?

No .....................................  RWRST_49
Yes .....................................  Go to B1.b
B2. Have you had any surgery on your hands or arms during the last 13 weeks?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to B3</td>
<td>SURGPB_49</td>
</tr>
</tbody>
</table>

a. Left arm?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSURG_49</td>
<td></td>
</tr>
</tbody>
</table>

b. Right arm?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSURG_49</td>
<td></td>
</tr>
</tbody>
</table>

B3. Which hand is your dominant hand?

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHNDPB_49</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SQEZPB_49</td>
<td></td>
</tr>
</tbody>
</table>

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, tendonitis, 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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to PROMPT</td>
<td>ATGR_49</td>
</tr>
</tbody>
</table>

a. If NO, was it due to:

<table>
<thead>
<tr>
<th>Physical impairment</th>
<th>Cognitive impairment</th>
<th>Other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>STOP TESTING</td>
<td>ATGRN_49</td>
<td></td>
</tr>
</tbody>
</table>

B6. Was grip strength test done?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to B6.a</td>
<td>Grip Strength test</td>
</tr>
</tbody>
</table>

Attempted, but unable physically

<table>
<thead>
<tr>
<th>STOP TESTING</th>
<th>EXPLAIN</th>
</tr>
</thead>
</table>

a. If NO, was it due to:

<table>
<thead>
<tr>
<th>Cognitive impairment</th>
<th>Other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>STOP TESTING</td>
<td>SGRTPB_49</td>
</tr>
</tbody>
</table>

Specify:

<table>
<thead>
<tr>
<th>STOP TESTING</th>
<th>EXPLAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B7. First try: TRY1PB_49

B8. Second try: TRY2PB_49

B9. Third try: TRY3PB_49