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- 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>4</sub> Home Visit
  - <sub>8</sub> Other
4. Visit type:
  - <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. Balance test

		Test completed or partially completed	Attempted, unable to complete	Refused	Not attempted
6.1. Side-by-side	<input type="checkbox"/> <sub>1</sub>	<input type="text"/> seconds	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
6.2. Semi-tandem	<input type="checkbox"/> <sub>1</sub>	<input type="text"/> seconds	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
6.3. Tandem stand	<input type="checkbox"/> <sub>1</sub>	<input type="text"/> seconds	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
6.4. One-leg stand	<input type="checkbox"/> <sub>1</sub>	<input type="text"/> seconds	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>



7. Timed walk

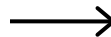
- <sub>1</sub> Test completed or partially completed
- <sub>2</sub> Attempted, unable to complete
- <sub>8</sub> Refused
- <sub>9</sub> Not attempted for safety or health reasons



7.1. Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> seconds
7.2. Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> seconds
7.3. Assistive device used? <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes

8. 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> Arises, 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:
8.1. <input type="text"/> stands
8.2. <input type="text"/> stands

**Spanish translation not needed; interviewer administered form  
Instructions to WHI Staff under development**