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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:
 - ₄ Home Visit
 - ₈ Other
4. Visit type:
 - ₄ Non-Routine

Performance Measures

5. Grip strength:
 - 5.1. Side tested:
 - ₁ Right
 - ₂ Left
 - ₃ Attempted, unable to complete on either side
 - ₈ Refused
 - ₉ Not attempted for safety or health reasons
 - 5.2. Dominance of hand used:
 - ₁ Dominant
 - ₂ 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"/> ₁	<input type="text"/> seconds	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
6.2. Semi-tandem	<input type="checkbox"/> ₁	<input type="text"/> seconds	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
6.3. Tandem stand	<input type="checkbox"/> ₁	<input type="text"/> seconds	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
6.4. One-leg stand	<input type="checkbox"/> ₁	<input type="text"/> seconds	<input type="checkbox"/> ₂	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

7. Timed walk

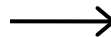
- ₁ Test completed or partially completed
- ₂ Attempted, unable to complete
- ₈ Refused
- ₉ Not attempted for safety or health reasons



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"/> ₀ No <input type="checkbox"/> ₁ Yes

8. Single chair stand:

- ₁ Test completed, arises without using her arms
- ₂ Test completed, arises using her arms
- ₃ Arises, unable to rise from chair
- ₈ Refused
- ₉ 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**