1. Date of exam: ______-____-____ (M/D/Y)

2. Performed by: ______

3. Contact type:
   - [ ] Visit
   - [ ] Other

4. Visit type:
   - [ ] Screening
   - [ ] Semi-Annual
   - [ ] Annual
   - [ ] Non-Routine

Performance Measures

5. Grip strength:
   5.1. Side tested:
       - [ ] Right
       - [ ] Left
       - [ ] Attempted, unable to complete on either side
       - [ ] Refused
       - [ ] Not attempted for safety or health reasons
   5.2. Dominance of hand used:
       - [ ] Dominant
       - [ ] Non-dominant
   5.3. Measurement #1: ______ kg
   5.4. Measurement #2: ______ kg

6. Single chair stand:
   - [ ] Test completed, arises without using her arms
   - [ ] Test completed, arises using her arms
   - [ ] Attempted, unable to rise from chair
   - [ ] Refused
   - [ ] Not attempted for safety or health reasons

   Repeated chair stands in 15 seconds:
   6.1. ______ stands
   6.2. ______ stands

7. Timed walk:
   - [ ] Test completed or partially completed
   - [ ] Attempted, unable to complete one trial
   - [ ] Refused
   - [ ] Not attempted for safety or health reasons

   7.1. Time: ______ seconds
   7.2. Time: ______ seconds
   7.3. Assistive device used?
       - [ ] No
       - [ ] Yes