

**WOMEN'S INTERAGENCY HIV STUDY
PERFORMANCE-BASED MEASUREMENTS (PBM)**

AFFIX ID LABEL HERE →

PARTICIPANT ID: - - -

WIHS STUDY VISIT #:

FORM VERSION: **04/01/05**

EXAMINER'S INITIALS:

DATE OF MEASUREMENTS: / /
M D Y

TIME MODULE BEGAN: : AM.....1
PM.....2

SECTION A. MEASURED WALK

- A1. WAS MEASURED WALK TEST ATTEMPTED?
- YES1
 - NO; PHYSICAL IMPAIRMENT.....2 **(SECTION B)**
 - NO; COGNITIVE IMPAIRMENT.....3 **(SECTION B)**
 - NO; OTHER REASON4

SPECIFY: _____ **(SECTION B)**

- A2. DOES THE PARTICIPANT USE AN ASSISTIVE DEVICE FOR WALKING?
- YES1
 - NO.....2 **(A3)**

- a. WHAT TYPE OF DEVICE?
- STANDARD CANE.....1
 - QUAD CANE.....2
 - WALKER3
 - WHEELCHAIR4
 - WHITE CANE.....5
 - CRUTCHES (1 OR 2)6
 - OTHER7

SPECIFY: _____

- A3. DOES THE PARTICIPANT USE A LOWER EXTREMITY ORTHOSIS (PLASTIC OR METAL LEG BRACE AT OR ABOVE THE ANKLE)?
- YES1
 - NO.....2

WIHSID:

A4. IS THE PARTICIPANT MISSING ANY LIMBS?

YES.....1
NO.....2 (A6)

WHICH LIMB(S)? YES NO

a. LEFT ARM.....1 2
b. RIGHT ARM1 2
c. LEFT LEG1 2
d. RIGHT LEG.....1 2

A5. DOES THE PARTICIPANT USE A PROSTHESIS (ARTIFICIAL LIMB)?

YES.....1
NO.....2 (A6)

WHICH LIMB(S)? YES NO

a. LEFT ARM.....1 2
b. RIGHT ARM1 2
c. LEFT LEG1 2
d. RIGHT LEG.....1 2

A6. DOES PARTICIPANT HAVE PARALYSIS OF AN EXTREMITY OR SIDE OF THE BODY?

YES.....1
NO.....2 (PROMPT)

WHICH SIDE OF THE BODY? YES NO

a. LEFT.....1 2
b. RIGHT1 2

MEASURED WALK ATTEMPT #1:

PROMPT: READ TO PARTICIPANT:

In this test, I would like you to walk at your usual pace from this line to the line at the end of the hall. 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 line where we start. I will time you. When I say **“Ready, go!”** walk at your usual pace to the line at the end of the hall. I will walk with you.

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

WIHSID:

A7. DID THE PARTICIPANT COMPLETE THE MEASURED WALK?

- YES1 (a)
- ATTEMPTED, BUT UNABLE PHYSICALLY2 (A11)
- NO; COGNITIVE IMPAIRMENT.....3 (A11)
- NO; OTHER REASON4

SPECIFY: _____ (A11)

a. DID THE PARTICIPANT USE AN ASSISTIVE DEVICE ON WALK?

- YES1
- NO.....2

A8. WHAT LENGTH COURSE DID THE PARTICIPANT WALK?

- 3 METERS1
- 4 METERS2

A9. TIME IN SECONDS TO WALK COURSE: _____ . _____ SECONDS

A10. NUMBER OF STEPS TAKEN: _____ STEPS

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 to the line at the end of the hall. I will walk with you.

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

A11. DID THE PARTICIPANT COMPLETE THE MEASURED WALK?

- YES1 (a)
- ATTEMPTED, BUT UNABLE PHYSICALLY2 (SECTION B)
- NO; COGNITIVE IMPAIRMENT.....3 (SECTION B)
- NO; OTHER REASON4

SPECIFY: _____ (SECTION B)

a. DID THE PARTICIPANT USE AN ASSISTIVE DEVICE ON WALK?

- YES1
- NO.....2

A12. WHAT LENGTH COURSE DID THE PARTICIPANT WALK?

- 3 METERS1
- 4 METERS2

A13. TIME IN SECONDS TO WALK COURSE: _____ . _____ SECONDS

A14. NUMBER OF STEPS TAKEN: _____ STEPS

SECTION B: GRIP STRENGTH

B1. DID PARTICIPANT ATTEMPT TO PERFORM GRIP STRENGTH ASSESSMENT?

- YES1
- NO; PHYSICAL IMPAIRMENT2 (B9)
- NO; COGNITIVE IMPAIRMENT.....3 (B9)
- NO; OTHER REASON4

SPECIFY: _____ (B9)

B2. CAN THE PARTICIPANT LIFT HER ARMS TO THE TABLE INDEPENDENTLY?

a. LEFT ARM?

- YES1
- NO.....2

b. RIGHT ARM?

- YES1
- NO.....2

PROMPT: READ TO PARTICIPANT:

In this exercise, I am going to use this instrument to measure the strength in your hands.

B3. Have you had a recent worsening of pain in your wrists?

- YES1
- NO.....2 (B4)

a. Do you think you could safely squeeze this as hard as you can?

- YES1
- NO.....2 (B5)

B4. Have you had any surgery on your hands or arms during the last 13 weeks?

- YES1 (B5)
- NO.....2

PROMPT: READ TO PARTICIPANT:

I'd like you to take your dominant arm, place your forearm on the table, 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. 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 place your arm on the table at right angles to your body. 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 WHEN TO "**Stop!**") DO DOMINANT HAND ONLY.

B5. WAS GRIP STRENGTH TEST DONE?

- YES1 (a)
- ATTEMPTED, BUT UNABLE PHYSICALLY2 (B9)
- NO; COGNITIVE IMPAIRMENT.....3 (B9)
- NO; OTHER REASON4

SPECIFY: _____ (B9)

a. WHICH HAND WAS TESTED (DOMINANT HAND)?

- LEFT1
- RIGHT2

B6. FIRST TRY: _____ KG

B7. SECOND TRY: _____ KG

B8. THIRD TRY: _____ KG

B9. TIME MODULE ENDED: _____ : _____ AM.....1
 PM.....2