

WIHSID:

A4. WAS THE **SEMI-TANDEM** STAND ATTEMPTED?

- YES 1
- YES, BUT UNABLE TO HOLD \geq 1 SECOND..... 2 (**SECTION B**)
- NO; PARTICIPANT REFUSED 3 (**SECTION B**)
- NOT ATTEMPTED, UNABLE 4 (**SECTION B**)
- OTHER..... 5

SPECIFY: _____ (**SECTION B**)

A5. HOW LONG WAS PARTICIPANT ABLE TO HOLD **SEMI-TANDEM** SECONDS
POSITION (MAXIMUM **30** SECONDS)?

A6. DID PARTICIPANT HOLD **SEMI-TANDEM** POSITION FOR 30 SECONDS?

- YES 1
- NO 2 (**SECTION B**)

A7. WAS THE **TANDEM** STAND ATTEMPTED?

- YES 1
- YES, BUT UNABLE TO HOLD \geq 1 SECOND..... 2 (**SECTION B**)
- NO; PARTICIPANT REFUSED 3 (**SECTION B**)
- NOT ATTEMPTED, UNABLE 4 (**SECTION B**)
- OTHER..... 5

SPECIFY: _____ (**SECTION B**)

A8. HOW LONG WAS PARTICIPANT ABLE TO HOLD **TANDEM** SECONDS
POSITION (MAXIMUM **30** SECONDS)?

A9. DID PARTICIPANT HOLD **TANDEM** POSITION FOR 30 SECONDS?

- YES 1
- NO 2 (**SECTION B**)

A10. WAS THE **SINGLE-LEG** STAND ATTEMPTED?

- YES 1
- YES, BUT UNABLE TO HOLD \geq 1 SECOND..... 2 (**SECTION B**)
- NO; PARTICIPANT REFUSED 3 (**SECTION B**)
- NOT ATTEMPTED, UNABLE 4 (**SECTION B**)
- OTHER..... 5

SPECIFY: _____ (**SECTION B**)

A11. HOW LONG WAS PARTICIPANT ABLE TO HOLD **SINGLE-LEG** SECONDS
POSITION (MAXIMUM **30** SECONDS)?

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SECTION B. FUNCTIONAL REACH TEST

Script: Reach forward as far as you can at the level of the yardstick by shifting your weight forward on your feet. Hold your endpoint until I tell you to stop. Do not step forward and keep your heels on the floor. You may not touch the yardstick. Keep the other arm at your side. I will stay close to you to prevent you from falling. We will practice twice, and then perform the reach test three times.

DEMONSTRATE TO PARTICIPANT AND PROVIDE FEEDBACK TO PARTICIPANT DURING PRACTICE TRIALS.

B1. WAS THE **FUNCTIONAL REACH TEST** ATTEMPTED?

YES 1
NO; PARTICIPANT REFUSED 2 (SECTION C)
NOT ATTEMPTED, UNABLE 3 (SECTION C)
OTHER 4

SPECIFY: _____ (SECTION C)

B2. WHAT WAS THE STARTING AND ENDING POINT OF THE **FIRST TRIAL**?

STARTING POINT |__|__|__| . |__|__| cm

ENDING POINT |__|__|__| . |__|__| cm

B3. DID PARTICIPANT ATTEMPT A **SECOND TRIAL**?

YES 1
NO 2 (SECTION C)

B4. WHAT WAS THE STARTING AND ENDING POINT OF THE **SECOND TRIAL**?

STARTING POINT |__|__|__| . |__|__| cm

ENDING POINT |__|__|__| . |__|__| cm

B5. DID PARTICIPANT ATTEMPT A **THIRD TRIAL**?

YES 1
NO 2 (SECTION C)

B6. WHAT WAS THE STARTING AND ENDING POINT OF THE **THIRD TRIAL**?

STARTING POINT |__|__|__| . |__|__| cm

ENDING POINT |__|__|__| . |__|__| cm

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SECTION C. REPEATED CHAIR STANDS

Script: In this test, I want you to stand up ten times as quickly as you can, keeping your arms folded across your chest. When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time.

DEMONSTRATE TO PARTICIPANT.

Script: When I say “GO” stand ten times in a row, as quickly as you can, without stopping. Stand all the way up and sit all the way down each time.

DEMONSTRATE TO PARTICIPANT. COUNT AS PARTICIPANT STANDS UP EACH TIME, AND RECORD TIMES FOR WHEN PARTICIPANT STANDS UP FOR **FIFTH** AND **TENTH** TIME.

C1. WAS THE **REPEATED CHAIR STANDS TEST** ATTEMPTED?

- YES 1
- YES, BUT UNABLE TO COMPLETE 5 STANDS
WITHOUT USING ARMS 2 (C4)
- YES, COMPLETED 5, BUT UNABLE TO COMPLETE
10 STANDS WITHOUT USING ARMS 3 (C5)
- NO; PARTICIPANT REFUSED 4 (SECTION D)
- NOT ATTEMPTED, UNABLE 5 (SECTION D)
- OTHER 6

SPECIFY: _____ (SECTION D)

C2. HOW LONG DID PARTICIPANT TAKE TO COMPLETE 5 CHAIR STANDS? |_|_|_|_| . |_|_|_|
SECONDS

C3. HOW LONG DID PARTICIPANT TAKE TO COMPLETE 10 CHAIR STANDS? |_|_|_|_| . |_|_|_|
SECONDS

C4. IF PARTICIPANT WAS UNABLE TO COMPLETE 5 CHAIR STANDS, HOW MANY DID SHE COMPLETE (MAXIMUM 4)? |_|_|
PROMPT: IF PT. COMPLETED 5 CHAIR STANDS, ENTER “-1.”

C5. IF PARTICIPANT WAS UNABLE TO COMPLETE 10 CHAIR STANDS, HOW MANY DID SHE COMPLETE (MAXIMUM 9)? |_|_|
PROMPT: IF PT. COMPLETED 10 CHAIR STANDS, ENTER “-1.”

WIHSID:

SECTION D: GRIP STRENGTH

Script: In this exercise, I am going to use this instrument to measure the strength in your **dominant** hand. I will ask you a few questions first.

D1. Have you had a recent worsening of pain in your wrist or any acute flare ups in your dominant hand?

YES 1 (SECTION E)
NO 2

D2. Do you think you could safely squeeze this as hard as you can with your dominant hand?

YES 1
NO 2 (SECTION E)

D3. Have you had surgery on your dominant hand or arms during the last 13 weeks?

YES 1 (SECTION E)
NO 2

Script: I'd like you to take your dominant arm, bend your elbow at a 90° angle, press your arm against your side, and grab the two pieces of metal together like this.

EXAMINER SHOULD DEMONSTRATE AT THIS POINT.

Script: 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.

Script: Now you should bend your elbow at a 90° angle and press your arm against your side. 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!**”

D4. DID PARTICIPANT ATTEMPT TO PERFORM GRIP STRENGTH ASSESSMENT?

YES 1
NO; PARTICIPANT REFUSED 5 (SECTION E)
NOT ATTEMPTED, UNABLE 6 (SECTION E)
OTHER..... 4

SPECIFY: _____ (SECTION E)

D5. WHICH HAND WAS TESTED (DOMINANT HAND)?

LEFT 1
RIGHT 2

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D6. FIRST ATTEMPT: |_|_| . |_| Kg

D7. SECOND ATTEMPT: |_|_| . |_| Kg

D8. THIRD ATTEMPT: |_|_| . |_| Kg

SECTION E. 4-METER WALK

Script: In this test, I would like you to walk **at your usual pace** from this cone to the line at the end. Do you think you could do that? Good. Can you see the tape? Good. To do this test, place your feet with your toes behind, but touching, the cone where we start. I will time you. We will do this two times. Let me demonstrate what I want you to do.

DEMONSTRATE.

Script: When I say **“Ready, go!”** walk at your usual pace to the line. I will walk with you.

WHEN THE PARTICIPANT IS PROPERLY AT THE LINE, SAY **“Ready, go!”** AND BEGIN TIMING. STOP THE STOPWATCH WHEN THE PARTICIPANT’S FIRST FOOT IS COMPLETELY ACROSS THE FINISH LINE.

E1. WAS THE **4-METER WALK TEST** ATTEMPTED?

YES 1
NO; PARTICIPANT REFUSED 5 (**PROMPT AFTER E3**)
NOT ATTEMPTED, UNABLE 6 (**PROMPT AFTER E3**)
OTHER..... 4

SPECIFY: _____ (**PROMPT AFTER E3**)

E2. HOW LONG DID PARTICIPANT TAKE TO COMPLETE THE **FIRST TRIAL**? |_|_| . |_|_|
SECONDS

E3. HOW LONG DID PARTICIPANT TAKE TO COMPLETE THE **SECOND TRIAL**? |_|_| . |_|_|
SECONDS

PROMPT:

- **IF COMPLETING FORM AS PART OF FRAILTY STUDY, SKIP TO QUESTION G1.**
- **IF COMPLETING FORM AS PART OF MSK SUBSTUDY, PROCEED TO SECTION F.**

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SECTION F. 400-METER WALK

Script: In this test, I would like you to walk 400 meters (about ¼ mile) **as quickly as possible** as a measure of physical function. You will circle both cones 20 times. You should not do this test if you have had any of the following medical conditions or surgical conditions within the last **3 months**:

1. Hospitalization for myocardial infarction or heart attack.
2. Had angioplasty, heart surgery, major thoracic (chest) surgery, abdominal or joint surgery.
3. Seen a health professional or thought about seeing a health professional for new or worsening symptoms of angina or chest pain.
4. Have a systolic blood pressure greater than 200 mmHg or a diastolic blood pressure greater than 110 mmHg.

If, at any time during the test, you feel chest pain, tightness or pressure in your chest, become short of breath, dizzy or have leg pain, please tell me. If you feel any of these symptoms, you may slow down or rest. You may also choose to stop the walk. I will demonstrate one lap.

DEMONSTRATE.

Script: When I say **“Ready, go!”** start walking as quickly as possible.

WHEN THE PARTICIPANT IS PROPERLY AT THE CONE, SAY “Ready, go!” AND BEGIN STOPWATCH WITH PARTICIPANT’S FIRST FOOTFALL. RECORD TIME FOR EACH LAP. STOP THE STOPWATCH WHEN THE PARTICIPANT’S FIRST FOOT IS COMPLETELY ACROSS THE CONE AFTER 20 LAPS.

F1. WAS THE 400-METER WALK TEST ATTEMPTED?

- YES 1
- NO; EXCLUSIONARY MED/SURG CONDITION 2 **(G1)**
- NO; PARTICIPANT REFUSED 3 **(G1)**
- NOT ATTEMPTED, UNABLE 4 **(G1)**
- OTHER..... 5

SPECIFY: _____ **(G1)**

WIHSID: _____

TIME TO COMPLETE LAP IN SECONDS:						
F2.	LAP 1	_ _ _ . _ _		F12.	LAP 11	_ _ _ . _ _
F3.	LAP 2	_ _ _ . _ _		F13.	LAP 12	_ _ _ . _ _
F4.	LAP 3	_ _ _ . _ _		F14.	LAP 13	_ _ _ . _ _
F5.	LAP 4	_ _ _ . _ _		F15.	LAP 14	_ _ _ . _ _
F6.	LAP 5	_ _ _ . _ _		F16.	LAP 15	_ _ _ . _ _
F7.	LAP 6	_ _ _ . _ _		F17.	LAP 16	_ _ _ . _ _
F8.	LAP 7	_ _ _ . _ _		F18.	LAP 17	_ _ _ . _ _
F9.	LAP 8	_ _ _ . _ _		F19.	LAP 18	_ _ _ . _ _
F10.	LAP 9	_ _ _ . _ _		F20.	LAP 19	_ _ _ . _ _
F11.	LAP 10	_ _ _ . _ _		F21.	LAP 20	_ _ _ . _ _

F22. DID THE PARTICIPANT COMPLETE 400 METERS (20 LAPS)?

- YES 1 (F23)
- NO; PARTICIPANT STOPPED BECAUSE OF FATIGUE ... 2 (G1)
- NO; PARTICIPANT STOPPED BECAUSE OF THE BELOW SYMPTOMS: 3

a. SPECIFY SYMPTOMS: _____ (G1)

F23. HOW LONG DID IT TAKE THE PARTICIPANT TO COMPLETE 400 METERS (20 LAPS)?

|_|_|_| MINUTES AND |_|_|_| . |_|_| SECONDS

G1. TIME MODULE ENDED: |_|_|_| : |_|_|_| AM.....1
PM2