



Grip Strength

Office Use Only					Acrostic					Staff ID#				
SOF ID#														

1 Has any pain or arthritis in your hands gotten worse recently?

Yes No → **Test both sides**

a. Which side? Left Right Both

Left → **Do not test left**

Right → **Do not test right**

Both → **Do not test either side**

b. If test not required, was data collected at participant's request? Yes No

2 Have you had a stroke or injury causing weakness?

Yes No **V8HWK**

GRIP STRENGTH

3 Right side

Trial 1 kg

Refused
 Unable, did not attempt

Trial 2 kg

Refused
 Unable, did not attempt

4 Left side

Trial 1 kg

Refused
 Unable, did not attempt

Trial 2 kg

Refused
 Unable, did not attempt

5 Was the participant standing or sitting for these measurements?

Standing Sitting

