



Grip Strength

Office Use Only					Acrostic			Staff ID#		
SOF ID#										

1 Have you had a recent worsening of pain or arthritis in your hands, or have you had surgery in the hand or wrist in the past 3 months (12 weeks)?

V9GPAIN 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

V9GRPAVG
V9GRPRAV
V9GRPLAV
V9GRPMAV

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

