



# 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)?

Yes  No → **Test both sides**

a. Which side?  Left  Right  Both

**Do not test left**      **Do not test right**      **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 **V9HWK**

## 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

