



Chair Stands

Office Use Only

SOF ID#

Acrostic

Staff ID#

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INTRODUCTION/SCREENING QUESTIONS

- 1 Ask the participant: **Do you use any walking aids, such as a cane?**
 No aids Cane or quad cane Walker, wheelchair, leg brace, crutches **V9AIDS**
- 2 Does the participant have any of the following? (Mark all that apply)
 Orthosis Missing limbs Prosthesis Paralysis of extremity or side of body
- 3 Ask the participant: **Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing straight up from a chair or walking quickly?**

V9PROB
 Yes →
 No

Tell the participant: "Before we do each test, I'll describe it to you. Please tell me if you think that you shouldn't attempt the test because of the problems you described."

SINGLE CHAIR STAND

- 4 Could the participant stand up one time unassisted?
 Yes → **Go on to Repeated Chair Stand**
 No → Why not? Unable to stand Used arms Did not attempt/refused
Do NOT perform Repeat Chair Stands. Go on to Six Meter Usual Pace

REPEAT CHAIR STANDS

- 5 Did the participant complete all 5 stands?
 Yes
 No
- Time to complete stands?

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seconds

Record arm use: Did not use arms
 Used arms part of the time Used arms all of the time

How many chair stands were completed?

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stands

Why weren't chair stands completed?
 Attempted, but unable to stand once without help
 Completed at least 1 stand, but unable to complete 5 without help
 Did not attempt/refused

- 6 Ask the participant: **Was this as fast as you can do it while still feeling safe?**
 Yes
 No
- REPEAT THE TEST:** Did the participant complete all 5 stands?
 Yes
 No

Time to complete stands?

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seconds

Record arm use: Did not use arms
 Used arms part of the time Used arms all of the time

How many chair stands were completed?

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stands

Why weren't chair stands completed?
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