



HAND GRIP STRENGTH

ID NUMBER:									
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FORM CODE: HGS
VERSION: 1.0 09/20/2017

Event: _____

0a) Date of Collection //

0b) Staff Code

Instructions: This form should be completed during the participant's clinic visit.

I am going to ask you to do a hand grip strength test. This device is used to measure the strength in your hand. Before starting, I will ask you a few questions to make sure it is safe for you to do this test.

1) Do you have any pain or arthritis in either hand or wrist?

No₀ → **Go to 2**

Yes₁

1a) In which hand or wrist is the pain or arthritis?

Right₁

Left₂

Both₃

1b) Has the pain or arthritis in your hand(s) or wrist(s) gotten worse recently?

No₀

Yes₁

1c) Will the pain or arthritis in your hand(s) or wrist(s) keep you from squeezing as hard as you can?

No₀

Yes₁

2) Have you had surgery on either hand or wrist in the past 3 months?

No₀ → **Go to 3**

Yes₁

2a) On which side was the surgery?

Right₁

Left₂

Both₃

If Right → Test left side only

If Left → Test right side only

If Both → Do not test

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3) Which hand is your preferred or best hand for maximum strength?

Right₁

Left₂

If Right → Test right side only

If Left → Test left side only

4) Hand being tested

Right₁

Left₂

I am going to begin the test.

4a) Hand grip measurement trial 1

. kg

Instructions: Allow 15 seconds before starting the second test trial.

4b) Hand grip measurement trial 2

. kg

5) Test completion status

1 trial₁

2 trials₂

Excluded₃

Unable to complete₄

END OF FORM