

## HAND GRIP STRENGTH

ID NUMBER:																			
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FORM CODE: HGS  
VERSION: 1.0 11/19/2024

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?

No<sub>0</sub> → **Go to 2**

Yes<sub>1</sub>

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

Right<sub>1</sub>

Left<sub>2</sub>

Both<sub>3</sub>

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

No<sub>0</sub>

Yes<sub>1</sub>

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

No<sub>0</sub>

Yes<sub>1</sub>

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

No<sub>0</sub> → **Go to 3**

Yes<sub>1</sub>

2a) On which side was the surgery?

Right<sub>1</sub>

Left<sub>2</sub>

Both<sub>3</sub>

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?

Right<sub>1</sub>

Left<sub>2</sub>

If Right → Test right side only

If Left → Test left side only

4) Hand being tested

Right<sub>1</sub>

Left<sub>2</sub>

**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 trial<sub>1</sub>

2 trials<sub>2</sub>

Excluded<sub>3</sub>

Unable to complete<sub>4</sub>

**END OF FORM**