

**SHORT PHYSICAL PERFORMANCE BATTERY
 – 4-METER GAIT SPEED ONLY –**

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: **SPB**
 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.

Note: Items 1 through 3 have been removed.

4) Normal pace 4-meter walk: Trial 1

Completed₁

4a) Enter time . seconds.hundredths

Not attempted, unable₂

Participant refused₃

5) Normal pace 4-meter walk: Trial 2

Completed₁

5a) Enter time . seconds.hundredths

Not attempted, unable₂

Participant refused₃ → **End Form**

Note: Items 6 and 7 have been removed.

END OF FORM