



## INSTRUCTIONS FOR HAND GRIP STRENGTH FORM HGS, VERSION 1.0, QUESTION BY QUESTION (QxQ)

### I. GENERAL INSTRUCTIONS

The Hand Grip Strength Form is filled out by the study coordinator during the completed during the participant's clinic visit.

This form is to be completed at Visit 5.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 1. **Pain or Arthritis** Select only one option among the two possible choices.

- Select No if the subject does not report having any pain or arthritis in either hand or wrist. [GO TO Q2].
- Select Yes if the subject does report having any pain or arthritis in either hand or wrist.

Item 1a. **Which hand** Select only one option among the three possible choices. Choose the appropriate answer for the hand or hands where the pain is.

Item 1b. **Worse pain.** Select only one option among the two possible choices.

- Select No if the subject reports that the pain or arthritis in his/her hand(s) or wrist(s) will not keep him/her from squeezing as hard as s/he can.
- Select Yes if the subject reports that the pain or arthritis in his/her hand(s) or wrist(s) has gotten worse recently.

Item 1c. **Pain preventing squeezing** Select only one option among the two possible choices.

- Select No if the subject reports that the pain or arthritis in his/her hand(s) or wrist(s) has not gotten worse recently.
- Select Yes if the subject reports that the pain or arthritis in his/her hand(s) or wrist(s) has gotten worse recently.

Item 2. **Surgery in the in the past 3 months** Select only one option among the two possible choices.

- Select No if the subject does not report having had surgery on either hand or wrist in the past 3 months. [GO TO Q3].
- Select Yes if the subject does report having had surgery on either hand or wrist in the past 3 months.

**Note:** If the subject had surgery on the right side, test only the left side. If the subject had surgery on the left side, test only the right side. If the subject had surgery on the both sides, do not test.

Item 2a. **Which side** Select only one option among the three possible choices. Choose the appropriate answer for the side or sides where the subject had surgery.

Item 3. **Hand preference** Select only one option among the two possible choices.

- Select Right if the subject prefers the right hand be tested. Note: Test right side only
- Select Left if the subject prefers the left hand be tested. Note: Test left side only.

Item 4. **Hand being tested** Select only one option among the two possible choices.

- Select Right if the right hand is tested.
- Select Left if the left hand is tested.

Item 4a. **Hand grip measurement trial 1** Record the measurement for hand grip strength for trial 1.

Item 4b. **Hand grip measurement trial 2** Record the measurement for hand grip strength for trial 2.

Item 5. **Test completion status** Select only one option among the four possible choices.

- Select 1 trial if the subject completed one trial.
- Select 2 trials if the subject completed two trials.
- Select Excluded if the measurements ought to be excluded.
- Select Unable to complete if the subject was unable to complete any trials.

Save and close the form.