

## Physiological Tests - Data collection template

Participant Name \_\_\_\_\_

Partnership area \_\_\_\_\_

Service Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

**Complete every 6-weeks**

**Grip Strength**

	Left Hand highest value (kg)			Right Hand highest value (kg)		
Date of test	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3

**Standing Balance Test**

Date of test	Length of balance Left Leg (mins: seconds)	Length of balance Right Leg (mins: seconds)

**Sit to Stand**

Date of test	Completed number of stands	Did they use their arms (circle)?	
		Yes	No

**Get up and go**

Date of test	Time to stand up, walk 3 metres, return and sit down (minutes & seconds)	Time to stand up, walk 3 metres, return and sit down (minutes & seconds)	Best overall score

**Falls**

Date	Number of falls in the last 6-weeks	Number of contacts with medical /health services because of falls in the last 6-weeks

**If you have any comments about how the CAPA programme is impacting this person, please write them into the below**