

Participant ID: _____

Year of Initial Visit to CHAMP: _____ Height: [1st visit] _____ft _____in.

Total Number of Previous CHAMP Visits: _____

| CHAMP Visit # | 1 | 2 | 3 | 4 | 5 |
|--|---------|---------|---------|---------|---------|
| Risk Factor | Date: | Date: | Date: | Date: | Date: |
| ABC Scale score (<67%) | % | % | % | % | % |
| Mini Mental Status Exam Score Cognitive impairment if ≤24 | | | | | |
| Geriatric Depression Scale - long form or short form (circle) | | | | | |
| RAPA 1 score | | | | | |
| RAPA 2 score | | | | | |
| Weight | # | # | # | # | # |
| Blood Pressure and Pulse [Circle any pulse that is irregular] | | | | | |
| Supine 5 minutes | / mm Hg | / mm Hg | / mm Hg | / mm Hg | / mm Hg |
| Pulse | bpm | bpm | bpm | bpm | bpm |
| Sitting 1 minute | / mm Hg | / mm Hg | / mm Hg | / mm Hg | / mm Hg |
| Pulse | bpm | bpm | bpm | bpm | bpm |
| Initial standing | / mm Hg | / mm Hg | / mm Hg | / mm Hg | / mm Hg |
| Pulse | bpm | bpm | bpm | bpm | bpm |
| Standing 3 minutes | / mm Hg | / mm Hg | / mm Hg | / mm Hg | / mm Hg |
| Pulse | bpm | bpm | bpm | bpm | bpm |
| Oxygen saturation | % | % | % | % | % |
| Postural hypotension? | | | | | |
| Dizziness with positional change? | | | | | |
| Medication Concerns | | | | | |
| 4+ medications? | | | | | |
| High-risk medications? | | | | | |
| Difficulty purchasing medications? | | | | | |
| Other medication concerns? (e.g., reports problems swallowing meds?) | | | | | |
| Vision Concerns | | | | | |
| Date of last eye exam _____ Wears glasses? Multifocal lenses? | | | | | |
| Difficulty reading small print? | | | | | |
| Reports other vision problems? | | | | | |

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|---|---|---|---|---|---|---|
| Risk Factor | | Date: | Date: | Date: | Date: | Date: |
| Balance Concerns | | | | | | |
| Four Stage Balance Test - record times to nearest 0.1 sec | | | | | | |
| Feet together to 10 sec max | | _____ sec | _____ sec | _____ sec | _____ sec | _____ sec |
| Semi-tandem to 10 sec max | | _____ sec | _____ sec | _____ sec | _____ sec | _____ sec |
| Tandem to 10 sec max | | _____ sec | _____ sec | _____ sec | _____ sec | _____ sec |
| *At risk if less than 6.5 sec. One leg stand to 30 sec max | | _____ sec | _____ sec | _____ sec | _____ sec | _____ sec |
| Strength Concerns | | | | | | |
| Grip Strength in lbs. (mean of 3 trials) - optional after 1 st visit | | R: | R: | R: | R: | R: |
| | | R: | R: | R: | R: | R: |
| | | R: | R: | R: | R: | R: |
| | | Mean: | Mean: | Mean: | Mean: | Mean: |
| | | L: | L: | L: | L: | L: |
| | | L: | L: | L: | L: | L: |
| | | L: | L: | L: | L: | L: |
| | | Mean: | Mean: | Mean: | Mean: | Mean: |
| Chair Stands | Number completed in 30 sec | | | | | |
| | Modification needed? Describe, and enter number of stands | | | | | |
| Mobility Concerns | | | | | | |
| Timed Up and Go (TUG) [allow 1 practice trial, then 2 test trials] | | 1: 2: MEAN: | 1: 2: MEAN: | 1: 2: MEAN: | 1: 2: MEAN: | 1: 2: MEAN: |
| Instability during TUG? | | | | | | |
| *Risk of Fall? (mean \geq 12 sec, or instability noted) | | | | | | |
| List any assistive device(s) | | | | | | |
| Is participant wearing appropriate footwear? Difficulty purchasing? | | | | | | |
| Follow Up | | | | | | |
| Since your most recent visit to CHAMP, rate your performance in following exercise recommendations: 1 Poor 2 Borderline 3 Satisfactory 4 Good 5 Outstanding | | | | | | |
| In the past 7 days, how many days have you done your exercises? (0-7) (Review falls/exercise calendar) | | | | | | |
| Have you had a fall since your most recent visit to CHAMP? How many? Were you hurt? Did you call EMS or go to the hospital Emergency Department? Other information? (Review falls/exercise calendar) | | # Falls ____ Injury Y/N EMS, ED Y/N | # Falls ____ Injury Y/N EMS, ED Y/N | # Falls ____ Injury Y/N EMS, ED Y/N | # Falls ____ Injury Y/N EMS, ED Y/N | # Falls ____ Injury Y/N EMS, ED Y/N |

Participant ID: _____

Classification of Blood Pressure for Adults Aged 18 and Older (2017 ACSM guidelines – Whelton, PK et al)

| BP Category | SBP | | DBP |
|---------------------|---------------|-----|-------------|
| Normal | <120 mm Hg | and | <80 mm Hg |
| Elevated | 120–129 mm Hg | and | <80 mm Hg |
| Hypertension | | | |
| Stage 1 | 130–139 mm Hg | or | 80–89 mm Hg |
| Stage 2 | ≥140 mm Hg | or | ≥90 mm Hg |

*Individuals with SBP and DBP in 2 categories should be designated to the higher BP category.

Postural hypotension: For evaluation of postural hypotension, **subtract BP in supine from BP in standing after 3 minutes.** Postural hypotension is "a systolic blood pressure decrease of at least 20 mm Hg or a diastolic blood pressure decrease of at least 10 mm Hg within three minutes of standing".* If participant has drop in BP that resolves within 3 minutes, this is **not** considered postural hypotension, but should be addressed (e.g., with recommendations for slow transitions).

*Consensus statement on the definition of orthostatic hypotension, pure autonomic failure, and multiple system atrophy. The Consensus Committee of the American Autonomic Society and the American Academy of Neurology. Neurology 1996;46:1470.

VISIT #1 Date:

Summary of today's assessment:

Does participant need to be followed? Yes No (circle)

Participant should be followed for any of the following: one leg stand < 6.5 sec; TUG mean ≥ 12 sec or instability on the TUG; history of any fall in past year; participant limits activity because of fear of falling (consider MOB).

Return date: _____ If followed, **participant should receive exercise/falls calendar** and should be reminded that he/she will receive follow-up phone call that may be from 919 or other area code.

Check here if exercise/falls calendar was given. **Screener signatures:** _____

Check here if exercises were given. _____

VISIT #2 Date:

Summary of today's assessment:

Return date: _____

Check here if exercises were given. **Screener signatures:** _____

Check here if exercises were modified. _____

Check here if exercise/falls calendar was reviewed. _____

Participant ID: _____

Visit #3 Date:
Summary of today's assessment:

Return date: _____

Check here if exercises were given. Screener signatures: _____

Check here if exercises were modified. _____

Check here if exercise/falls calendar was reviewed. _____

Visit #4 Date:
Summary of today's assessment:

Return date: _____

Check here if exercises were given. Screener signatures: _____

Check here if exercises were modified. _____

Check here if exercise/falls calendar was reviewed. _____

Visit #5 Date:
Summary of today's assessment:

Return date: _____

Check here if exercises were given. Screener signatures: _____

Check here if exercises were modified. _____

Check here if exercise/falls calendar was reviewed. _____