

Participant ID: \_\_\_\_\_

Year of Initial Visit to CHAMP: \_\_\_\_\_ Height: [1<sup>st</sup> visit] \_\_\_\_\_ft \_\_\_\_\_in.

Total Number of Previous CHAMP Visits: \_\_\_\_\_

CHAMP Visit #	6	7	8	9	10
<b>Risk Factor</b>	Date:	Date:	Date:	Date:	Date:
ABC Scale score (<67%)	%	%	%	%	%
Weight	#	#	#	#	#
<b>Blood Pressure and Pulse</b> [Circle any pulse that is irregular]					
Sitting	/ mm Hg	/ mm Hg	/ mm Hg	/ mm Hg	/ mm Hg
Pulse	bpm	bpm	bpm	bpm	bpm
Oxygen saturation	%	%	%	%	%
Dizziness with positional change?					
<b>Medication Concerns</b>					
Any medication changes or other medication concerns?					
<b>Vision Concerns</b>					
Date of last eye exam _____ Any new concerns about vision?					
<b>Balance Concerns</b> 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
<b>Strength Concerns</b>					
Grip Strength in lbs. (mean of 3 trials) - optional after 1 <sup>st</sup> 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:
	Mean:	Mean:	Mean:	Mean:	Mean:
Chair Stands	Number completed in 30 sec				
	Modification needed? Describe, and enter number of stands				

Participant ID: \_\_\_\_\_

CHAMP Visit #	6	7	8	9	10
<b>Risk Factor</b>	Date:	Date:	Date:	Date:	Date:
<b>Mobility Concerns</b>					
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?					
<b>Follow Up</b>					
Since your most recent visit to CHAMP, rate your performance in following exercise recommendations: <small>1 Poor 2 Borderline 3 Satisfactory 4 Good 5 Outstanding</small>					
In the past 7 days, how many days have you done your exercises? (0-7)					
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?	# 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

**VISIT #6 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 falls/exercise calendar was reviewed.

**VISIT #7 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 falls/exercise calendar was reviewed.

Participant ID: \_\_\_\_\_

Visit #8 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 falls/exercise calendar was reviewed.

Visit #9 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 falls/exercise calendar was reviewed.

Visit #10 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 falls/exercise calendar was reviewed.