

Participant ID: _____

Year of Initial Visit to CHAMP: _____

Height: [1st visit] _____ft _____in.

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
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? (also note if >20 bpm increase in pulse from supine to standing)					
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?					

Participant ID: _____

CHAMP Visit #		1	2	3	4	5
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 without UEs					
	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 ≥ 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

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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., recommend slow transitions). Also note if participant has heart rate increase of more than 20 bpm with transition to standing.

*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. _____