

Timed Tests of Function Module

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|---|---|---|---|
| Study ID <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Initials <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Visit <input type="checkbox"/> S <input style="width: 20px;" type="text"/> <input type="checkbox"/> V <input style="width: 20px;" type="text"/> <input type="checkbox"/> X <input style="width: 20px;" type="text"/> |
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1. Was test performed? Yes No If No, put a line through the page, initial, and sign bottom of page
 2. Was scoring live or from video? Live Video If Video enter Re-Score date:
If child cannot do a timed item, put "U" in the Score/Time box. All testing requires use of a STOPWATCH

| Item | Time 0 | Time 1 | Time 2 | Comments | Score |
|---|--------|--------|--------|---|---|
| 1. *Time to walk/run 30 feet <input type="checkbox"/> Braces <input type="checkbox"/> No Braces <input type="checkbox"/> Shoes <input type="checkbox"/> No Shoes | | | | Assistive Equipment used? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> min sec |
| 2. *Time to climb 4 standard stairs beginning and ending with arms at sides <input type="checkbox"/> Braces <input type="checkbox"/> No Braces <input type="checkbox"/> Shoes <input type="checkbox"/> No Shoes | | | | <input type="checkbox"/> Uses rail <input type="checkbox"/> No rail <input type="checkbox"/> 1 rail <input type="checkbox"/> 2 rails <input type="checkbox"/> 2 hands on 1 rail | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> min sec |
| 3. *Time to rise from lying supine on floor to standing, beginning and ending with arms at sides <input type="checkbox"/> Braces <input type="checkbox"/> No Braces <input type="checkbox"/> Shoes <input type="checkbox"/> No Shoes | | | | <input type="checkbox"/> Gowers present <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Gowers absent | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> min sec |
| 4. *Time to remove 9 pegs from pegboard while seated at table Hand used: <input type="checkbox"/> R <input type="checkbox"/> L | | | | If failed, # of pegs removed _____ | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> min sec |

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| Total Time: | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> min sec |
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Coordinator's Signature: _____ Date: _____

Investigator's Signature: _____ Date: _____