Community Health and Mobility Partnership (CHAMP)

Assessment Summary Form 2021-2022 for Follow-Up Visits (Visits #6 - #10)

Participant ID: _____

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

CHAMP Visit #		6	7	8	9	10
Risk Factor		**Date:**	**Date:**	**Date:**	**Date:**	**Date:**
ABC Scale score (<67%)		%	%	%	%	%
Weight		#	#	#	#	#
Blood Pressure and Pulse [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?						
Medication Concerns						
Any medication changes or other medication concerns?						
Vision Concerns						
Date of last eye exam_____ Any new concerns about vision?						
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 1st 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					

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Participant ID: _____

CHAMP Visit #	6	7	8	9	10
Risk Factor	**Date:**	**Date:**	**Date:**	**Date:**	**Date:**
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)					
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. ☐

Community Health and Mobility Partnership (CHAMP)

Assessment Summary Form 2021-2022 for Follow-Up Visits (Visits #6 - #10)

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. ☐