

# Timed Tests of Function Module

Study ID <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Initials <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Date <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Visit <input type="checkbox"/> S _____ <input type="checkbox"/> V _____ <input type="checkbox"/> X _____
--	--	--	---

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	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 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	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 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	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 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 _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> min    sec

	<b>Total Time:</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> min    sec
--	--

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_