

**PARTICIPANT STRENGTH ASSESSMENT - DATA ENTRY**

Participant Last Name \_\_\_\_\_ First \_\_\_\_\_

Service Site: \_\_\_\_\_

Interval: \_\_\_ Pre \_\_\_ Mid \_\_\_ Post      Date of Administration: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_