Grip strength scorecard

One session per sheet. Record each squeeze in the unit shown on your device.

Date / time _____ **Device / model** _____

Dominant hand _____ **Starting hand** _____

Handle setting, left _____ **Handle setting, right** _____

Unit (kg or lb) _____ **Posture** _____

Before the first trial

Warm up, fit each hand, and practice gently with the hand you will test second.

Stand tall if able. Keep your wrist straight and the device clear of your thigh.

Alternate hands. Zero the device for each test. Exhale as you squeeze.

Rest for 60 seconds after each recorded trial before passing the device back.

Hand	Trial 1	Trial 2	Trial 3	Highest
Left				
Right				

Best left + best right _____ **Unit** _____

Leave the combined result blank if only one hand was tested.

Conditions or reason for a skipped trial

_____

_____