

# Epic Lift Capacity

Evaluator Certification Program

Follow-up Questionnaire

**Complete this before the retest.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Directions: These questions refer to the previous test session.  
If you can answer "Yes" to the question, put a circle around the Yes.  
If you have to answer "No" to the question, put a circle around the No.  
Answer all questions.

Did your evaluator carefully explain the test procedures to you? ..... YES NO

Did your evaluator have you sign the informed consent document? ..... YES NO

Did your evaluator carefully monitor your performance? ..... YES NO

Was the evaluation a fair measure of your safe and dependable lift capacity? .. YES NO

Did you complete the MTAP Online questionnaire? ..... YES NO

Did you have any symptoms after the test session? ..... YES NO

Did you require anything other than ice, aspirin, Tylenol or Ibuprofen? ..... YES NO

What did you do about the symptoms? \_\_\_\_\_

Are you symptom-free today? ..... YES NO

Would you recommend your evaluator to others? ..... YES NO

Do you have any additional comments? \_\_\_\_\_

Signature: \_\_\_\_\_

e-mail: \_\_\_\_\_