Admit Date: ____________  
Site #______________
ID#______________

GCRC Staff

1. **Vital signs** (from GCRC flow sheet):
   a. Height _________ (centimeters to 1 decimal)
   b. Weight__________ (kilograms to 1 decimal)
   c. Temp ___________ (centigrade)
   d. Pulse _________ (60 second equivalent)
   e. Respiration rate_________
   f. BP (sitting): 1st _____/_____ 2nd _____/_____ 3rd _____/_____
   g. Average BP (2 most similar of above) _____/_____

GCRC or Project Staff

2. **Waist & Hip Measurement:**
   a. Waist _________ (centimeters to 1 decimal)
   b. Hip 1: Iliac crest ___________ (centimeters to 1 decimal)
   c. Hip 2: Maximum extension_______ (centimeters to 1 decimal)

Project Staff

2d. What is the tallest you’ve been measured in your life? ____________

3. **Functional Assessments**
   a. Dominant Hand (circle one): Right  Left
      Grip Strength:  R _____/_____/______ (kg/force)
                      L _____/_____/______ (kg/force)
      If unable, state reason:______________________________
3. Functional Assessments (cont.)

b. Visual acuity (uncorrected): R 20/____ L 20/____
   If unable, state reason: _____________________________________________

   Does R wear glasses/contacts (circle one)? YES NO (go to Q 3c)

   Visual acuity (corrected): R 20/____ L 20/____ Corrective lenses Not Available

c. Peak flow ___________L/min (circle one) Standing Sitting
   If unable, state reason: _____________________________________________

d. Is R in a wheelchair? NO (go to Q 3f) YES

e. Is R able to walk? NO (STOP here) YES

f. Does R use assistive device to walk? NO (go to Q 3h) YES

g. What device does R use?(circle one) Walker Crutches Cane Other

h. 50 foot walk time:
   If unable, state reason: ________________________________
   Trial #1 ___________(seconds)
   Trial #2 ___________(seconds)

i. Chair stands: ___________(seconds)
   If unable, state reason: ________________________________