

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: \_\_\_\_\_

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**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: \_\_\_\_\_