SUBJECT ID _____

DATE OF EXAM |__|__| |__|__| |__|__|
MO DA YR

EXAMINER INITIALS |__|__|__|

RESULT CODE |__|__|

LOCATION CODE |__|

PHYSICAL EXAMINATION DATA FORM

LEVEL 1

INTRODUCTION: I am now going to give you a short physical exam. I'll be checking your skin, and how your nerves and muscles perform certain tasks. In addition, I'll be checking for swelling in your lymph nodes. Since this exam is for research purposes, some parts of it are different from your usual physical exam. It does not necessarily mean that anything is wrong; I'm just trying to get certain information as accurately as possible. The information from this exam will be reviewed when lab tests are available. We will want to talk with you after that review to discuss any findings.

EVALUATION 1: To be completed by study physician after reviewing lab test results, interview, and physical exam.

Study Physician _____

Date |__|__| |__|__| |__|__|
MO DA YR

Is Level 2 Physical Exam indicated?

☐ Yes

☐ No

A. GENERAL EXAMINATION

A-1. **Height** (without shoes) |__|__|__|.|__| cm. |__|__|__|.|__| inches

|__| ft. |__|__|.|__| inches

A-2. **Weight** (without shoes or outdoor garments) |__|__|__|.|__| kg. |__|__|__|.|__| lbs.

A-3. **Blood pressure** (seated, right arm) |__|__|__| / |__|__|__|
systolic / diastolic

A-4. **Radial pulse** (seated, right arm) |__|__|
beats per 15 sec.

If beats per 15 sec. $\leq$ 10 or $\geq$ 25, count for 60 seconds and record.

|__|__|__|
beats per 60 sec.

B. DERMATOLOGIC EXAM

EXAMINE HANDS/FOREARMS, FEET, FACE/NECK FOR EVIDENCE OF LESIONS, NODULES, RASH, PUSTULES, VESICLES, OR ULCERS. IF PRESENT, COMPARE TO PHOTOS.

B-1. **Hands/Forearms**: do any lesions resemble photos?

YES ..... 1 → Which photo(s)? 1
..... 2
..... 3
..... 4
..... 5
..... 6

NO 2

B-2. **Feet**: do any lesions resemble photos?

YES ..... 1 → Which photo(s)? 1
..... 2
..... 3
..... 4
..... 5
..... 6

NO 2

B-3. **Head/Neck**: do any lesions resemble photos?

YES ..... 1 → Which photo(s)? 1
..... 2
..... 3
..... 4
..... 5
..... 6

NO 2

B-4. (ASK) Other than the areas I've just examined, do you have any problems with your skin? For example, have you noticed any rashes, lumps, sores, itching, color changes or unusual bruises?

	Location		Photo #1	Photo #2	Photo #3	Photo #4	Photo #5	Photo #6
YES ..... 1 →	Chest	01	1	2	3	4	5	6
	Back	02	1	2	3	4	5	6
	Abdomen	03	1	2	3	4	5	6
	Buttocks	04	1	2	3	4	5	6
	Thighs	05	1	2	3	4	5	6
	Lower legs	06	1	2	3	4	5	6
	Other _____	96	1	2	3	4	5	6

NO 2
DK..... 8

B-5. (DO NOT ASK) Were needle tracks observed anywhere on the subject's body?

YES 1
NO 2

C. LYMPH NODE EXAM

PALPATE NODES. IF PALPABLE, CODE SIZE IN CENTIMETERS, AND CATEGORIZE AS SOLITARY OR MULTIPLE.

	RIGHT		LEFT	
C-1. **Posterior Cervical nodes**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
	Nonpalpable .... 2 Not examined .. 0	C-2	Nonpalpable ..... 2 Not examined 0	C-2
C-2. **Anterior Cervical nodes**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
	Nonpalpable .... 2 Not examined .. 0	C-3	Nonpalpable ..... 2 Not examined 0	C-3
C-3. **Submandibular node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
	Nonpalpable .... 2 Not examined .. 0	C-4	Nonpalpable ..... 2 Not examined 0	C-4
C-4. **Submental node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
	Nonpalpable .... 2 Not examined .. 0	C-5	Nonpalpable ..... 2 Not examined 0	C-5

		RIGHT		LEFT	
C-5.	**Posterior Auricular node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
		Nonpalpable .... 2 Not examined .. 0	C-6	Nonpalpable ..... 2 Not examined 0	C-6
C-6.	**Occipital node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
		Nonpalpable .... 2 Not examined .. 0	C-7	Nonpalpable ..... 2 Not examined 0	C-7
C-7.	**Supraclavicular node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
		Nonpalpable .... 2 Not examined .. 0	C-8	Nonpalpable ..... 2 Not examined 0	C-8
C-8.	**Axillary nodes**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
		Nonpalpable .... 2 Not examined .. 0	C-9	Nonpalpable ..... 2 Not examined 0	C-9
C-9.	**Epitrochlear node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm ..... 2 Solitary ..... 1 Multiple 2
		Nonpalpable .... 2 Not examined .. 0	D-1	Nonpalpable ..... 2 Not examined 0	D-1

D. NEUROMUSCULAR EXAM

D-1. (ASK): Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing up from a chair or walking?

No apparent restriction 1
Recent surgery 2
Injury 3
Physical handicap 4
Other (SPECIFY _____) 6

DEMONSTRATE EACH MANEUVER. ASK THE SUBJECT TO PERFORM EACH ONE AFTER YOU.

MANEUVER	DEGREE OF IMPAIRMENT
D-2. **Walk on heels for 10 feet.** (DEMO) Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-3)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-3. **Walk on toes for 10 feet.** (DEMO) Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-5)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-4. **Walk forward heels-to-toes for 10 feet in a straight line.** (DEMO) Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-4)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-5. **Rise from chair without using hands.** (DEMO) Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-6)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-6. **Feel tuning fork on great toe of dominant foot.** Impaired sensation ..... 1 Normal sensation ..... 2 Unable to assess 0	

D-7. **Plantar reflex** in response to blunt object lightly moved from heel, up lateral aspect, curving medially across ball of foot to great toe.

	RIGHT	LEFT
Absent	0	0
Flexion present but diminished	1	1
Normal flexion	2	2
Hyperactive (dorsiflexion of great toe, fanning of other toes)	3	3
Hyperactive (as above) with reflex flexion at hip and/or knee	4	4
Hyperactive with repetitive rhythmic contractions and sustained stretch	5	5

D-8. **Patellar reflex** in response to one brisk tap with pointed end of reflex hammer.

Absent	0	0
Present but diminished	1	1
Normal	2	2
Hyperactive	3	3
Hyperactive with contractions and maintained stretch	4	4

D-9. **Biceps reflex** in response to strike with pointed end aimed through your finger or thumb directly toward the biceps tendon.

Absent	0	0
Present but diminished	1	1
Normal	2	2
Hyperactive	3	3
Hyperactive with contractions and maintained stretch	4	4

E. POST- EXAM SUMMARY

To be completed by examiner after physical exam.

E-1. RESULTS OF EXAMINATION: CODE HERE, AND RECORD ON FRONT COVER.

EC = exam complete
PE = partial exam
RF = refusal
DE = deceased
IL = too ill
NL = not located
LP = language problem
OT = other nonresponse

E-2. REVIEW OF OBSERVATIONS

a. Dermatologic abnormalities? (Section B)

YES 1
NO 2

b. Lymph node abnormalities? (Section C)

YES 1
NO 2

c. Neuromuscular abnormalities? (Section D)

YES 1
NO 2

E-3. EXAMINER

Signature _____ Date _____

Comments/Recommendations _____

_____

_____