SUBJECT ID _____

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

PHYSICIAN INITIALS |__|__|__|

RESULT CODE |__|__|

LOCATION CODE |__|

PHYSICAL EXAMINATION DATA FORM

LEVEL 2

EVALUATION 2: to be completed after physical exam.

Study Physician _____

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

Referral
- ☐ Neurologist
- ☐ Oncologist/Hematologist
- ☐ Usual Care
- ☐ Other (Specify) _____
- ☐ Not indicated

A. DERMATOLOGIC EXAM

EXAMINE HANDS/ARMS, LEGS/FEET, TRUNK/BACK, HEAD/NECK FOR EVIDENCE OF LESIONS, NODULES, RASH, PUSTULES, VESICLES, OR ULCERS. IF PRESENT, COMPARE TO PHOTOS.

A-1. **Hands/Arms**: any lesion(s) suspicious for ATL?

☐ YES → Circle reference photo # 1, 2, 3, 4, 5, 6

Describe _____

_____

☐ NO

A-2. **Trunk/Back**: any lesion(s) suspicious for ATL?

☐ YES → Circle reference photo # 1, 2, 3, 4, 5, 6

Describe _____

_____

☐ NO

A-3. **Legs/Feet**: any lesion(s) suspicious for ATL?

☐ YES → Circle reference photo # 1, 2, 3, 4, 5, 6

Describe _____

_____

☐ NO

A-4. **Head/Neck**: any lesion(s) suspicious for ATL?

☐ YES → Circle reference photo # 1, 2, 3, 4, 5, 6

Describe _____

_____

☐ NO

A-5. (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?

☐ YES → If suspicious for ATL, circle reference photo #1, 2, 3, 4, 5, 6

Describe the location and lesion(s). _____

_____

☐ NO
☐ DK

A-6. (DO NOT ASK) Were needle tracks observed anywhere on the subject's body?

☐ YES
☐ NO

B. LYMPH NODE EXAM

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

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

	RIGHT		LEFT	
B-5. **Posterior Auricular node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2
	Optional desc. _____ _____	Solitary ..... 1 Multiple 2	Optional desc. _____ _____	Solitary ..... 1 Multiple 2
	Nonpalpable ..... 2 Not examined 0	B-6	Nonpalpable ..... 2 Not examined 0	B-6
B-6. **Occipital node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2
	Optional desc. _____ _____	Solitary ..... 1 Multiple 2	Optional desc. _____ _____	Solitary ..... 1 Multiple 2
	Nonpalpable ..... 2 Not examined 0	B-7	Nonpalpable ..... 2 Not examined 0	B-7
B-7. **Supraclavicular node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2
	Optional desc. _____ _____	Solitary ..... 1 Multiple 2	Optional desc. _____ _____	Solitary ..... 1 Multiple 2
	Nonpalpable ..... 2 Not examined 0	B-8	Nonpalpable ..... 2 Not examined 0	B-8
B-8. **Axillary nodes**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2
	Optional desc. _____ _____	Solitary ..... 1 Multiple 2	Optional desc. _____ _____	Solitary ..... 1 Multiple 2
	Nonpalpable ..... 2 Not examined 0	B-9	Nonpalpable ..... 2 Not examined 0	B-9
B-9. **Epitrochlear node**	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2	Palpable ..... 1 →	<1.0 cm ..... 1 ≥1.0 cm 2
	Optional desc. _____ _____	Solitary ..... 1 Multiple 2	Optional desc. _____ _____	Solitary ..... 1 Multiple 2
	Nonpalpable ..... 2 Not examined 0	B-10	Nonpalpable ..... 2 Not examined 0	B-10

B-10. **Other nodes:** _____

RIGHT		LEFT	
Palpable ..... 1 →	< 1.0 cm 1	Palpable ..... 1 →	< 1.0 cm 1
Optional desc.	≥ 1.0 cm 2	Optional desc.	≥ 1.0 cm 2
_____	Solitary 1	_____	Solitary 1
_____	Multiple 2	_____	Multiple 2
Nonpalpable ..... 2 Not examined ..... 0 }	C-1	Nonpalpable ..... 2 Not examined ..... 0 }	C-1

C. ABDOMEN

C-1. Spleen

Abnormal.....1 →	Enlarged? YES 1	_____
	NO.....2 →	Describe
Normal.....2 (C-2)		

C-2. Liver

Abnormal.....1 →	Enlarged? YES 1	_____
	NO.....2 →	Describe
Normal.....2 (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 IT 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-4)	Slight ..... 1 Moderate ..... 2 Extreme 3

MANEUVER	DEGREE OF IMPAIRMENT
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-5)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-5. **Walk backward toes-to-heels for 10 feet in a straight line.** (DEMO) Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-6)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-6. **Foot tapping, dominant foot.** (DEMO) Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-7)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-7. **Stand with feet together and arms extended forward (20-30 sec.)** Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-8)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-8. **Stand with feet together, arms at the side and eyes closed (20-30 sec.)** Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-9)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-9. **Rise from chair without using hands.** (DEMO) Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-10)	Slight ..... 1 Moderate ..... 2 Extreme 3

MANEUVER	DEGREE OF IMPAIRMENT
D-10. **Tapping index finger to thumb at crease, dominant hand.** (DEMO) Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-11)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-11. **Move right heel down left shin from knee to foot.** Impaired performance ..... 1 → Normal performance ..... 2 Unable to assess ..... 0 } (D-12)	Slight ..... 1 Moderate ..... 2 Extreme 3
D-12. **Feel tuning fork on great toe of dominant foot.** Impaired sensation ..... 1 Normal sensation ..... 2 Unable to assess 0	
D-13. **Sense position of great toe of dominant foot, in response to examiner's manipulations.** Impaired sensation ..... 1 Normal sensation ..... 2 Unable to assess 0	

D-14. **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-15. **Achilles reflex** in response to quick and direct strike 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-16. **Patellar reflex** in response to one brisk tap with pointed end of reflex hammer.

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

D-17. **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

D-18. **Triceps reflex** in response to direct strike with pointed end from behind triceps tendon.

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

D-19. **Brachioradialis reflex** in response to strike with flat end of reflex hammer, 1-2 inches above wrist.

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

E. MUSCLE EXAM

E-1. Thenar eminence bulk and shape.

Atrophy/Flattening 1
Full/convex 2

E-2. Hand grip power and strength.

Abnormal 1
Normal 2

E-3. Tone of arm biceps.

Abnormal ..... 1 → _____
Desc: hypotonic, flaccid, rigid, spastic, etc.

Normal 2

E-4. Biceps power and strength against gravity and resistance.

No movement 0
Trace of contraction with no movement 1
Movement present but cannot be sustained against gravity 2
Movement against gravity but not applied resistance 3
Movement against some degree of resistance 4
Full power 5

E-5. Quadriceps bulk and shape.

Atrophy/Flattening 1
Full/convex 2

E-6. Tone of quadriceps.

Abnormal ..... 1 → _____
Desc: hypotonic, flaccid, rigid, spastic, etc.

Normal 2

E-7. Calf bulk and shape.

Atrophy/Flattening 1
Full/convex 2

E-8. Quadriceps power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-9. Hamstrings power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-10. Iliopsoas (hip flexors) power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-11. Ankle flexors (dorsiflexion) power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-12. Ankle extensors (plantar flexion) power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-13. Toe fanning, dominant foot. (NO RESISTANCE)

Abnormal	1
Normal	2

F. PHYSICIAN EVALUATION

To be completed after physical exam by study physician.

F-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

F-2. REVIEW BY STUDY PHYSICIAN

Signature _____

Comments/Decision _____

_____

_____

_____

F-3. REFERRAL: CHECK HERE AND ON FRONT COVER

☐ Neurologist
☐ Oncologist/Hematologist
☐ Usual Care
☐ Other (Specify) _____
☐ Not indicated