Asthma Clinical Research Network
BAGS
NIH/NHLBI

LONG PHYSICAL EXAM

LX

Patient ID: 1 ___ ___ ___ ___
Patient Initials: ___ ___ ___
Visit Number: ___ ___
Visit Date: ___ ___ / ___ ___ / ___ ___ (month / day / year)
Interviewer ID: ___ ___ ___ ___

(Clinic Coordinator completed)

PHYSICAL EXAMINATION

01 1. Height (*without shoes*) ___ ___ ___ . ___ cm

02 2. Weight (*without shoes or heavy clothing*) ___ ___ ___ . ___ kg

VITAL SIGNS

The patient should sit quietly for five minutes before blood pressure measurements are recorded and maintain this position while all vital signs are taken.

03A **03B** 3. Resting blood pressure ___ ___ ___ / ___ ___ ___ mm Hg (systolic / diastolic)

04 4. Pulse ___ ___ ___ beats/min

05 5. Respiration ___ ___ breaths/min

06 6. Body Temperature ___ ___ ___ . ___ ° F

PULMONARY AUSCULTATION

07 7. Indicate condition of patient. (*Check one box only*)

If applicable, describe sounds: _____

- ❑ 1 No wheezing
- ❑ 2 Wheeze on inspiration or expiration
- ❑ 3 Adventitious sounds other than wheezing

PREGNANCY TEST

08 8. Does the patient have a positive pregnancy test? ❑ 1 Yes ❑ 0 No ❑ 9 N/A

If Yes, please complete the Termination of Study Participation form (TERM).

LONG PHYSICAL EXAM

Please indicate current physical findings by checking the appropriate box(es) below and if ABNORMAL, please describe concisely:

		Not Done	Normal	Abnormal	
09	9. Hair and Skin	❑ 2	❑ 1	❑ 0	_____
10	10. Lymph nodes	❑ 2	❑ 1	❑ 0	_____
11	11. Eyes (excluding corrective lenses)	❑ 2	❑ 1	❑ 0	_____
12	12. Ears, Nose, and Throat	❑ 2	❑ 1	❑ 0	_____
13	13. Breasts *	❑ 2	❑ 1	❑ 0	_____
14	14. Respiratory (excluding asthma)	❑ 2	❑ 1	❑ 0	_____
15	15. Cardiovascular	❑ 2	❑ 1	❑ 0	_____
16	16. Urogenital *	❑ 2	❑ 1	❑ 0	_____
17	17. Pelvic *	❑ 2	❑ 1	❑ 0	_____
18	18. Gastrointestinal *	❑ 2	❑ 1	❑ 0	_____
19	19. Musculoskeletal	❑ 2	❑ 1	❑ 0	_____
20	20. Neurological	❑ 2	❑ 1	❑ 0	_____
21	21. Mental Status	❑ 2	❑ 1	❑ 0	_____

* Procedures done at the discretion of the examining physician.

INTRANASAL STEROIDS (*Visit 12 only*)

22 — 22. Is the patient on beclomethasone dipropionate at a dose ≤ 100 μg in each nostril BID? ❑ 1 Yes ❑ 0 No

ADVERSE EVENTS (*Visit 12 only*)

23 — 23. ***Ask the patient:*** Have you experienced nervousness, tremors, nausea, palpitations, headaches, or dizziness since the last clinic visit? ❑ 1 Yes ❑ 0 No

If Yes, please complete the Adverse Event form (ADVERSE).

24 — 24. ***Ask the patient:*** Have you had any other medical conditions since the last clinic visit? ❑ 1 Yes ❑ 0 No

If Yes, please complete the Adverse Event form (ADVERSE).