MHCS-II Follow Up Physical Exam /Current Health Status (Form 61)

Subject ID# (preprinted)
Visit # : 2

Physician: ______________________________________

Date : ____ / ____ / 20________
(Month/ Day / Year)

BASIC MEASUREMENTS

1. Height — |___| feet |___|___| inches
   OR
   |___|___|___| centimeters

2. Weight — ❒ Pounds (lbs.) OR ❒ Kilograms (kg) → |___|___|___|. |___|

3. Temperature — ❒ Celsius (°C) OR ❒ Farenheit → |___|___|___|. |___|

4. Blood Pressure — |___|___|___| Systolic
   |___|___|___| Diastolic

DIPSTICK URINALYSIS *Value levels correspond to colors on stick.* **Test not done** ◻

5. Blood
   - ❒ Negative
   - ❒ ca. 5-10
   - ❒ ca. 50
   - ❒ ca. 250

6. Protein
   - ❒ Negative
   - ❒ 30
   - ❒ 100
   - ❒ 500

7. Nitrite
   - ❒ Negative
   - ❒ Positive

8. Ascorbic Acid
   - ❒ Negative
   - ❒+
   - ❒++

9. Glucose
   - ❒ Negative
   - ❒ Normal
   - ❒ 50
   - ❒ 150
   - ❒ 500
   - ❒>=1000

10. pH
    - ❒ 5
    - ❒ 6
    - ❒ 7
    - ❒ 8
    - ❒ 9

PHYSICAL EXAM RESULTS *Remainder of form must be completed by examining physician.*

11. Hemophilic arthropathy
    (Deformity and limitation of motion)
    CHECK UP TO 2 RESPONSES
    - ❒ None
    - ❒ Has joint replacement
    - ❒ 1 joint affected now
    - ❒ 2 or more joints affected now

12. Karnofsky Performance
    - ❒ Asymptomatic, no complaints
    - ❒ Normal activity with effort, some signs of disease
    - ❒ Unable to do normal activity/work but able to care for most needs
    - ❒ Requires considerable assistance and medical care
    - ❒ Severely disabled, hospitalization necessary

13. Is Karnofsky Performance affected by hemophilic arthropathy?
    - ❒ No
    - ❒ Yes

14. Fatigue Level
    - ❒ None
    - ❒ Mild (tired at end of day)
    - ❒ Moderate (only completes daily activities)
    - ❒ Severe (limits daily activities)

15. Ascites

❒ None
❒ Possible
❒ Mild (controlled by furosemide <40 mg/day and/or aldactone <100 mg/day)
❒ Moderate (controlled by higher doses of diuretics)
❒ Severe (required large volume paracentesis)
❒ Refractory (required TIPS/intrahepatic shunt)
❒ Untreated → Specify reason: ___________________________________

16. Hepatomegaly

(Defined as more than 3cm below costal margin or more than 14cm in span by percussion with respect to the midclavicular line.)
❒ No
❒ Yes

17. Splenomegaly

❒ No
❒ Yes → specify size: _________cm. below costal margin
❒ Palpable/not measurable
❒ Post-Splenectomy

18. Herpes Zoster (Shingles)

❒ None
❒ Resolved
❒ Active Sores

19. Lymphadenopathy

❒ None
❒ Cervical → # sites |___|___| or Shotty ❒
❒ Other extrainguinal → # sites |___|___| or Shotty ❒

19a. What is the diameter of the largest node? |___|___| cm

20. *Indicate if the condition is **present currently** by placing a ✓ on the line.*

___ Peripheral Neuropathy
___ Other neurological abnormalities
If yes, specify: ____________________
___ Persistent fever (>101 °F For more than 2 weeks)
___ Unexplained weight loss (>10% Body Weight)
___ Memory or concentration problems
___ Chronic depression
___ Asterixis
___ Arthralgias/Arthritis (excluding hemophilic joint disease)
___ Palpable Purpura
___ Raynaud's Syndrome
___ Nausea
___ Right upper quadrant abdominal or liver tenderness
___ Jaundice

___ Temporal muscle atrophy
___ Other muscle atrophy
___ Spider Angiomata
___ Palmar Erythema
___ Lower extremity edema
___ Testicular atrophy
___ Gynecomastia
___ Oral Candidiasis (Thrush)
___ Oral Hairy Leukoplakia
___ Oro-Labial Herpes Simplex
___ Genital warts
___ Other STD specify: ____________________
___ Icteric sclera
___ Other current diagnoses
Specify: ____________________
Specify: ____________________

REMEMBER	KEY DATA ON-LINE AT http://mhcs-ii.rti.org AND PUT FORM IN SUBJECTS FILE.