PULMONARY AIDS CLINICAL STUDY
FORM X - PHYSICAL EXAMINATION

Physical examination will be conducted in a standard examining room which affords privacy, good lighting, and a quiet environment. Standard equipment necessary for a physical examination will be readily available. This will include a balance, a device for measuring height, thermometer, blood pressure cuff, flashlight, tongue depressor, and stethoscope.

Version Date: The version date of the form, located in the upper right corner of the form, should be checked by the interviewer to insure that the correct version of the form is being used.

1. **Patient ID**: The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.

2. **Clinic**: Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a 'Ø1' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with 'Ø1' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.

3. **Date of Examination**: Enter the date the examination was performed. Use the date format described earlier in this manual. This must be a complete date.

4. a. **Age**: Enter the patients age in whole years of life lived.

   b. **Gender**: Check the box corresponding to the patients gender.

5. For all parts to Question 5, be sure to use leading zeroes where necessary and all boxes should contain a response. Use the rounding conventions stated in Section VII of this manual if necessary.

Height: Enter the patients height in centimeters. Use the formula's (1 foot = 30.48 cm and 1 inch = 2.54 cm) to compute height in centimeters.

Weight: Enter the patients weight in kilograms. Use the formula's (1 pound = .45 kilograms) to compute weight in kilograms.

Pulse: Pulse should be taken at the radial artery and reported in beats per minute.

Respiration: The respiratory rate will be recorded after one full minute of counting.

Temperature: Temperature will be taken orally and recorded in degrees centigrade to the nearest 0.1.

Blood Pressure: The blood pressure should be taken at the brachial artery and recorded in mm of mercury.

6. **Skin Lesions:** The entire integument will be examined for raised purplish lesions (presumed KS lesions). If found, they will be counted and recorded according to the numerical categories provided on the form. Seborrheic lesions should be recorded if found in any location. The mouth and genitalia will be examined for herpes lesions. Any other skin lesions of significance will be identified and recorded with a descriptive phrase on the form.

7. **Lymph Node Examination:** The head, neck, supraclavicular, axillary, and the inguinal/femoral areas will be carefully palpated for any enlarged lymph nodes. Lymph nodes > 2.0 cm will be considered abnormal and recorded as such on the form into the location as specified above.

8. **Oral Examination:** The mouth will be carefully inspected for candida lesions, hairy leukoplakia and presumed KS lesions.

9. **Lung Examination**: The anterior and posterior chest will be percussed and dullness recorded, if found, according to left or right sides. A stethoscope will be used to auscultate the chest both anteriorly and posteriorly, listening carefully for crackles, wheezes, and rubs. If found, these abnormalities will be recorded as present and specified as left or right sides.

10. **Heart Examination**: A stethoscope will be used to listen to the cardiac rhythm recorded as regular or not. Murmurs, gallops, and rubs will be recorded as present or absent in the appropriate entries on the form.

11. **Liver**: If the liver is enlarged, the vertical span should be measured at the mid clavicular line and be determined by percussion technique. The size should be recorded in centimeters.

12. **Spleen**: The spleen will be examined and determined to be normal or enlarged with entries in the appropriate boxes on the form.

13. **Abdominal Mass**: The abdomen will be palpated carefully and checked for the presence of an abdominal mass.

14. **Neurological Examination**: The speech will be assessed and determined as normal, slurred, or decremental (Progressively slowing). Gait will be observed and judged as normal or abnormal.

15. **Karnofsky Score**: The examiner should determine the patient's Karnofsky score enter it using the codes as defined in the Karnofsky table. Be sure to use leading zeroes where they apply.

16. ***Visit Type:*** *Indicate the visit type by checking the appropriate box. If* ***Baseline*** *or* ***Scheduled Follow-up*** *visit, skip to Question 18.*

17. ***Qualify as Scheduled Visit:*** *Indicate Yes or No if the symptom generated or one month follow-up visit qualifies by protocol definition as a scheduled visit. If the visit does not qualify as a scheduled visit, skip to Question 19.*

18. ***Scheduled Follow-up Month:*** *If baseline visit, enter 00 in the boxes provided. Otherwise, indicate which scheduled follow-up visit the form is being completed for. For routine patients, these should be the 06, 12, 18, 24, 30, 36, 42 and 48 month visits. For intense patients, these should be the 03, 06, 09, 12, 15, 18, etc. month visits.*

19. ***Date of Associated Intake, Interval, or Hospital Form:*** *Indicate the date of the Intake, Interval, or Hospital form that was completed at the visit in which this form is also being completed. If no Interval, Intake or Hospital form is associated with this form, the date should be left blank and keyed as a -1 in the Day boxes.*

Physical Examiner: The name of the individual that examined the patient should be recorded in the space provided.

Form Reviewer/Date: The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

Form Keyer/Date: The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

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PULMONARY COMPLICATIONS OF HIV INFECTION
PHYSICAL EXAMINATION

1. Patient ID Number .... [ ][ ][ ][ ][ ]

2. Clinic .... [ ][ ]

3. Present Date .... Day [ ][ ] Month [ ][ ][ ] Year [ ][ ]

4. A. Age .... [ ][ ] years

   B. Gender .... [ ] male 01 [ ] female 02

PHYSICAL EXAM:

5. Height .... [ ][ ][ ] cm

   Weight .... [ ][ ][ ] • [ ] kg

   Pulse .... [ ][ ][ ] /min

   Respiration .... [ ][ ] /min

   Temperature .... [ ][ ] • [ ] °C

   Blood Pressure .... [ ][ ][ ] / [ ][ ][ ] mm Hg

6. Skin Lesions:

   A. Are there presumed KS lesions? .... Yes [ ] y No [ ] n

   If YES, how many?

   [ ] 1-5 01 [ ] 6-25 02 [ ] 26-50 03 [ ] >50 04

   B. Seborrhea .... Yes [ ] y No [ ] n

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	Yes	No	Not Examined
C. Herpes (Genital/Rectal)	☐ y	☐ n	☐ u
Herpes (Labial)	☐ y	☐ n	☐ u

	Yes	No
D. Other (specify) ______________________________ ..	☐ y	☐ n
7. Lymph Node Examination Completed	☐ y	☐ n

If YES,	RIGHT <2.0 cm	RIGHT >2.0 cm	LEFT <2.0 cm	LEFT >2.0 cm
A. Nodes of Head and Neck	☐ 01	☐ 02	☐ 01	☐ 02
B. Supraclavicular	☐ 01	☐ 02	☐ 01	☐ 02
C. Axillary	☐ 01	☐ 02	☐ 01	☐ 02
D. Inguinal/Femoral	☐ 01	☐ 02	☐ 01	☐ 02

	Yes	No
8. Oral Examination Completed	☐ y	☐ n
If YES,		
A. Candida (presumed)	☐ y	☐ n
B. Hairy leukoplakia	☐ y	☐ n
C. KS Lesions (presumed)	☐ y	☐ n

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	Yes	No
9. Lung Examination Completed	☐ y	☐ n

If YES,

	RIGHT Yes	RIGHT No	LEFT Yes	LEFT No
A. Dullness to Percussion	☐ y	☐ n	☐ y	☐ n
B. Crackles	☐ y	☐ n	☐ y	☐ n
C. Wheezes	☐ y	☐ n	☐ y	☐ n
D. Rubs	☐ y	☐ n	☐ y	☐ n

	Yes	No
10. Heart Examination Completed	☐ y	☐ n
If YES,		
A. Rhythm regular	☐ y	☐ n
B. Murmur	☐ y	☐ n
C. Gallop	☐ y	☐ n
D. Rubs	☐ y	☐ n

	Normal	Enlarged	Not Tested
11. Liver	☐ 01	☐ 02	☐ 09

Specify size: ☐☐ cm

	Normal	Enlarged	Not Tested
12. Spleen	☐ 01	☐ 02	☐ 09

	Yes	No
13. Abdominal Mass	☐ y	☐ n

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14. Neurological Examination:

A. Speech: ☐ Normal 01 ☐ Slurred 02 ☐ Decremental 03 ☐ Not Tested 09

B. Gait: ☐ Normal 01 ☐ Abnormal 02 ☐ Not Tested 09

15. Karnofsky Score .... ☐☐☐

Enter the appropriate Karnofsky score as defined below:

Able to carry on normal activity; no special care is needed.	100	Normal; no complaints; no evidence of disease
	090	Able to carry on normal activity; minor signs or symptoms of disease
	080	Normal activity with effort; some signs or symptoms of disease
Unable to work; able to live at home and care for most personal needs; a varying amount of assistance is needed.	070	Cares for self; unable to carry on normal activity or to do active work
	060	Requires occasional assistance and frequent medical care
	050	Requires considerable assistance and frequent medical care
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	040	Disabled; requires special care and assistance
	030	Severely disabled; hospitalization is indicated although death is not imminent
	020	Very sick; hospitalization necessary; active supportive treatment is necessary
	010	Moribund; fatal processes progressing rapidly
	000	Dead

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16. Visit Type: [ ]₀ Baseline* [ ]₁ Scheduled Follow-up* [ ]₂ Symptom Generated

[ ]₃ One Month Follow-up [ ]₄ Hospital

*** If Baseline or Scheduled Follow-up, skip to 18.**

17. Does this visit qualify as a scheduled visit? .... Yes [ ] y No [ ] n

If No, skip to 19.

18. For which scheduled follow-up visit does this qualify? .... [ ][ ] month
(00=Baseline; 03 month, 06 month, 09 month, etc.)

19. Date of Intake, Interval, or Hospital Form associated with this form:

Day [ ][ ] Month [ ][ ][ ] Year [ ][ ]

Examiner: ____________________

Form Reviewed By: ____________________ (please print) Date ____________

Form Keyed By: ____________________ (please print) Date: ____________