

SUBJECT ID _____

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

EXAMINER INITIALS |__|_|_|

LOCATION CODE |__|

SELECTED FOR LEVEL 2 QC?
 Yes
 No

RESULT CODE |__|_|

PHASE TWO
PHYSICAL EXAMINATION DATA FORM
LEVEL 1

INTRODUCTION: I am now going to give you another 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. This exam is very similar to the one you had before. The information from this exam will be reviewed when results of your lab tests are available. We will want to talk with you after that review to discuss any findings.

DECISION: To be completed by study physician after reviewing lab test results, interview, and Level 1 exam form.

Study Physician _____

Date of Review |__|_| |__|_| |__|_|
 MO DA YR

Based on clinical findings, is Level 2 Physical Exam indicated?
 Yes
 No

B. DERMATOLOGIC EXAM

EXAMINE HANDS/FOREARMS, FEET, HEAD/NECK FOR LESIONS, NODULES, RASH, PUSTULES, VESICLES, OR ULCERS. IF PRESENT, CODE "YES" AND ANSWER SUBSEQUENT QUESTIONS. EXCLUDE FRECKLES, MOLES, CHERRY ANGIOMAS, PIMPLES, AND ACNE.

B-1. Are any lesions present?	B-2. Are lesions sufficiently unusual to require a physician's review?	B-3. Do lesions resemble any reference photos?	B-4. (ASK) How long have you had this skin condition?
<p>a. Hands/Forearms</p> <p>YES1 → NO2(B-1b)</p>	<p>YES 1 → NO 2 (B-1b)</p>	<p>YES 1 → NO 2 →</p>	<p style="text-align: center;"> _ _ _ NO.</p> <p>DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4</p>
<p>b. Feet</p> <p>YES1 → NO2(B-1c)</p>	<p>YES 1 → NO 2 (B-1c)</p>	<p>YES 1 → NO 2 →</p>	<p style="text-align: center;"> _ _ _ NO.</p> <p>DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4</p>
<p>c. Head/Neck</p> <p>YES1 → NO2(B-5)</p>	<p>YES 1 → NO 2 (B-5)</p>	<p>YES 1 → NO 2 →</p>	<p style="text-align: center;"> _ _ _ NO.</p> <p>DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4</p>

B-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..... 1 (ASK TO EXAMINE) NO 2 (B-9)	B-6. Are lesions sufficiently unusual to require a physician's review?	B-7. Do lesions resemble any reference photos?	B-8. (ASK) How long have you had this skin condition?
1ST AREA a. Chest 01 b. Back 02 c. Abdomen 03 d. Buttocks 04 e. Thighs 05 f. Lower legs..... 06 g. Other 96 (SPECIFY _____ _____ _____)	YES 1 → NO 2	YES 1 → NO 2	__ __ NO. DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4
2ND AREA a. Chest 01 b. Back 02 c. Abdomen 03 d. Buttocks 04 e. Thighs 05 f. Lower legs..... 06 g. Other 96 (SPECIFY _____ _____ _____)	YES 1 → NO 2	YES 1 → NO 2	__ __ NO. DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4
3RD AREA a. Chest 01 b. Back 02 c. Abdomen 03 d. Buttocks 04 e. Thighs 05 f. Lower legs..... 06 f. Other 96 (SPECIFY _____ _____ _____)	YES 1 → NO 2	YES 1 → NO 2	__ __ NO. DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4

B-9. (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.

C-1. Posterior Cervical nodes

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

C-2. Anterior Cervical nodes

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
	≥1.0 cm 2		≥1.0 cm 2
	Solitary 1		Solitary 1
	Multiple 2		Multiple 2
Nonpalpable 2	} C-3	Nonpalpable 2	} C-3
Not examined .. 0		Not examined 0	

C-3. Submandibular node

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
	≥1.0 cm 2		≥1.0 cm 2
	Solitary 1		Solitary 1
	Multiple 2		Multiple 2
Nonpalpable 2	} C-4	Nonpalpable 2	} C-4
Not examined .. 0		Not examined 0	

C-4. Submental node

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
	≥1.0 cm 2		≥1.0 cm 2
	Solitary 1		Solitary 1
	Multiple 2		Multiple 2
Nonpalpable 2	} C-5	Nonpalpable 2	} C-5
Not examined .. 0		Not examined 0	

C-5. **Posterior Auricular node**

RIGHT		LEFT	
Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
	≥1.0 cm 2		≥1.0 cm 2
	Solitary 1		Solitary 1
	Multiple 2		Multiple 2
Nonpalpable 2	} C-6	Nonpalpable 2	} C-6
Not examined .. 0		Not examined 0	

C-6. **Occipital node**

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
	≥1.0 cm 2		≥1.0 cm 2
	Solitary 1		Solitary 1
	Multiple 2		Multiple 2
Nonpalpable 2	} C-7	Nonpalpable 2	} C-7
Not examined .. 0		Not examined 0	

C-7. **Supraclavicular node**

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
	≥1.0 cm 2		≥1.0 cm 2
	Solitary 1		Solitary 1
	Multiple 2		Multiple 2
Nonpalpable 2	} C-8	Nonpalpable 2	} C-8
Not examined .. 0		Not examined 0	

C-8. **Axillary nodes**

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
	≥1.0 cm 2		≥1.0 cm 2
	Solitary 1		Solitary 1
	Multiple 2		Multiple 2
Nonpalpable 2	} C-9	Nonpalpable 2	} C-9
Not examined .. 0		Not examined 0	

C-9. **Epitrochlear node**

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
	≥1.0 cm 2		≥1.0 cm 2
	Solitary 1		Solitary 1
	Multiple 2		Multiple 2
Nonpalpable 2	} D-1	Nonpalpable 2	} D-1
Not examined .. 0		Not examined 0	

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
- Obesity 5
- Other (SPECIFY _____) 6

D-2. Which hand do you use to write? (USE FOR D-7.)

- Right 1
- Left 2

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

MANEUVER	DEGREE OF IMPAIRMENT
<p>D-3. Rise from chair without using hands.</p> <p style="margin-left: 40px;">Impaired performance 1 →</p> <p style="margin-left: 40px;">Normal performance 2</p> <p style="margin-left: 40px;">Unable to assess 0 } (D-4)</p>	<p style="margin-left: 40px;">Steadies body with hands 1</p> <p style="margin-left: 40px;">Uses hands to push up 2</p> <p style="margin-left: 40px;">Unable to perform..... 3</p>
<p>D-4. Walk on heels for 10 feet.</p> <p style="margin-left: 40px;">Impaired performance 1 →</p> <p style="margin-left: 40px;">Normal performance 2</p> <p style="margin-left: 40px;">Unable to assess 0 } (D-5)</p>	<p style="margin-left: 40px;">Walks 7 feet without abnormality or 10 feet with some abnormality in gait 1</p> <p style="margin-left: 40px;">Walks < 7 feet and/or noticeable abnormality in gait 2</p> <p style="margin-left: 40px;">Unable to perform..... 3</p>
<p>D-5. Walk on toes for 10 feet.</p> <p style="margin-left: 40px;">Impaired performance 1 →</p> <p style="margin-left: 40px;">Normal performance 2</p> <p style="margin-left: 40px;">Unable to assess 0 } (D-6)</p>	<p style="margin-left: 40px;">Walks 7 feet without abnormality or 10 feet with some abnormality in gait 1</p> <p style="margin-left: 40px;">Walks < 7 feet and/or noticeable abnormality in gait 2</p> <p style="margin-left: 40px;">Unable to perform..... 3</p>

MANEUVER	DEGREE OF IMPAIRMENT
<p>D-6. Walk forward heels-to-toes for 10 feet in a straight line.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-7)</p>	<p>Walks 7 feet without abnormality or 10 feet with some abnormality in gait 1</p> <p>Walks < 7 feet and/or noticeable abnormality in gait 2</p> <p>Unable to perform..... 3</p>
<p>D-7. Feel tuning fork on great toe of dominant foot.</p> <p>Subject does not feel vibrations..... 1</p> <p>Examiner felt vibrations ≥ 5 sec. longer than subject 2</p> <p>≤ 4 second gap 3</p> <p>Unable to assess 0</p>	

D-8. **Plantar reflex** in response to blunt object lightly moved from heel, up lateral aspect, curving medially across ball of foot to great toe.

	<u>RIGHT</u>	<u>LEFT</u>
Absent	0	0
Downward flexion present but diminished or weak	1	1
Normal downward flexion	2	2
Hyperactive (dorsiflexion of great toe and/or 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-9. **Patellar reflex** in response to one brisk tap with pointed end of reflex hammer.

Absent	0	0
Knee extension present but diminished or weak	1	1
Normal contraction of quadriceps and knee extension	2	2
Hyperactive, enhanced contraction and/or extension	3	3
Hyperactive with contractions and maintained stretch	4	4

D-10. **Biceps reflex** in response to strike with pointed end aimed through your finger or thumb directly toward the biceps tendon.

Absent	0	0
Elbow flexion present but diminished or weak	1	1
Normal contraction of biceps and elbow flexion	2	2
Hyperactive, enhanced contraction and/or extension	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

E-2. Is this a Level 2 QC subject according to the Level 1 Exam Verification Sheet? (CODE HERE AND RECORD ON FRONT COVER)

YES 1
NO 2

E-3. EXAMINER

Signature _____ Date _____

Comments/Recommendations _____

F. PHYSICIAN'S REVIEW

F-1. Complete Level 1 Section of the form **SUBJECT REVIEW & REFERRAL DECISION**. Photocopy the form and insert the original form in this booklet.

F-2. Record REFERRAL DECISION here and on front cover.

Is Level 2 exam indicated?

- YES
- NO

F-3. Signature _____ Date _____

Comments/Recommendations _____

