

MSH Patients' Follow-Up
Form 43 - Medical Review and Examination

Instructions

- Pulse** Count over 30 seconds minimum. Convert to beats per minute.
- Blood pressure (diastolic)** Fourth Korotkoff sound (change in quality) or, if not heard, then the 5th Korotkoff sound (disappearance).
- Respiratory rate** Count over 30 seconds minimum. Convert to breaths per minute.
- Temperature** Oral. Report in Centigrade: °C = (°F - 32) x 0.56.
- Weight** Report in kilos: Kg = Lb / 2.20.
- Pack-years** (Average number of cigarettes/day) x 0.05 x (number of years smoked); e.g., 20 cigarettes/day for 15 years = 20 x 0.05 x 15 = 15 pack-years.
- Exposure** Important exposure to agents that are associated with a high risk of cancer, mutagenicity, clastogenicity or teratogenicity is based on clinical assessment of exposure to agents such as:

Acrilonitrile
Antimetabolites, alkylating agents, antitumor agents.
Arsenic
Asbestos
Aromatic amines
Aromatic hydrocarbons (gasoline, glue, solvents, pesticides).
Auramine
Benzene
Beryllium
Bis-ether
Busulfan
Cadmium
Chromium
Diethylstilbestrol
Hematite
Halogenated hydrocarbons
Herbicides
Isopropyl alcohol manufacture
Isoretinin
Lead
Mercury
Methotrexate
Nickel
Phenoxyacetic acids
Phorbol esters
Soots, tars and oils
Vinyl chloride

- Reproductive update** Determine how *many times the patient or partner has become pregnant*, whether the patient or partner *has resolved a pregnancy*, and if the patient or partner is *currently pregnant*. If yes to any of these, complete Items 16-19, one for each pregnancy. A pregnancy is identified by the month and year it began. At AV01, record all pregnancies since MSH Close-Out. Be sure to ask specifically about any previously resolved pregnancies (stillbirths or spontaneous or induced abortion), as well as live-births. The form is designed to record all progress with a pregnancy across Annual Visit windows. For instance, if a pregnancy begins in June 1996 and is in progress at the time of AV01, it is identified in column A of Item 11 as "JUN-1996" and reported as "in progress" in column C. The pregnancy results in a live birth in March 1997. On Form 43 at AV02 it is identified again as the "JUN-1996" pregnancy and reported as "Live Birth." Form 51 (Offspring Registration) should then be completed.

MSH PATIENTS' FOLLOW-UP MEDICAL REVIEW AND EXAMINATION <i>If patient has died, complete only at AV01, starting with item 7.</i>	Clinic	CLINIC								
	Patient ID	ID							-	
	Namecode	NAMECODE								
	Annual Visit	AV					A	V	0	
	Visit Date	VIS-DT			-					

MEDICAL EXAMINATION

- Vital signs:
 - A. Pulse (beats per minute) PULSE
 - B. Blood pressure (mm Hg)
 - Systolic SBP
 - Diastolic DBP
 - C. Respiratory rate, breaths per minute RESPRATE
- Weight WEIGHT kg
- Lymphadenopathy:

		Yes	No	N/R
A. Cervical	<u>LYMP-CER</u>	(1)	(2)	(3)
B. Axillary	<u>LYMP-ANC</u>	(1)	(2)	(3)
C. Groin	<u>LYMP-GRN</u>	(1)	(2)	(3)
D. Other	<u>LYMP-OTH</u>	(1)	(2)	(3)
- Lung fields clear LUNG CLR (1) (2) (3)
- Heart exam:

A. Sinus rhythm	<u>SINUS</u>	(1)	(2)	(3)
B. S3 gallop	<u>S3 GALOP</u>	(1)	(2)	(3)
C. Murmurs	<u>MURMURS</u>	(1)	(2)	(3)

If YES, answer: Flow (1)
 Murmtype Pathologic (2)
- Abdominal exam:
 - A. Liver span LIVER cm
 - B. Tenderness

	Yes	No	N/R
LIV-RUQ 1. Right Upper Quadrant	(1)	(2)	(3)
LIV-RLQ 2. Right Lower Quadrant	(1)	(2)	(3)
LIV-LUQ 3. Left Upper Quadrant	(1)	(2)	(3)
LIV-LLQ 4. Left Lower Quadrant	(1)	(2)	(3)

- L. Nail discoloration/abnormality NAIL HX (1) (2) (3)
- M. Hair loss HRLOS-HX (1) (2) (3)
- O. Serious GI disturbance GI DIS-HX (1) (2) (3)
- P. Bleeding tendency BLEED-HX (1) (2) (3)
- Q. Hematuria HEMAT-HX (1) (2) (3)
- R. Priapism PKIAP-HX (1) (2) (3)
- S. Impotence IMPOT-HX (1) (2) (3)
- T. Scleral icterus SCLERAL (1) (2) (3)
- U. Aplastic anemia APLAS-HX (1) (2) (3)
- V. HIV test HIV-TEST Pos. Neg. N/R (1)* (2) (3)
- 8. Has the patient ever had cancer or leukemia? CALEU-HX (1)* (2) (3)

- Does the patient have a family history of cancer or leukemia? FAMCA-HX (1)* (2) (3)
- * If YES to any of these, please attach documentation.

- Has patient ever been a regular tobacco user? TOBACCO (1) (2) (3)
- If YES, answer Items A. - E.
- A. Pipes PIPES (1) (2) (3)
 - B. Cigars CIGARS (1) (2) (3)
 - C. Cigarettes CIGRTS (1) (2) (3)
 - D. How old when began to use? TOB-AGE Years
 - E. Pack-years (cigarettes) PACK-YRS

- Current use of alcoholic beverages:

None	(1)
Light	(2)
Moderate	(3)
Heavy	(4)

ALC-CUR
- Highest level of use of alcoholic beverages ever:

None	(1)
Light	(2)
Moderate	(3)
Heavy	(4)

ALC-HIGH

- Total years of alcohol use (any level):

Never	(1)
<1	(2)
1-5	(3)
6-10	(4)
11-20	(5)
> 20	(6)

ALC-YRS

MEDICAL REVIEW

- Since the last MSH medical review:

	Yes	No	N/R
A. Chronic transfusion program	(1)	(2)	(3) <u>CHR-TR</u>
B. Immunosuppression	(1)	(2)	(3) <u>IMMUNO</u>
C. Serious infection	(1)	(2)	(3) <u>INFECT</u>
D. Chest syndrome	(1)	(2)	(3) <u>CHST-HX</u>
E. Stroke	(1)	(2)	(3) <u>STRK-HX</u>
F. Congestive heart failure	(1)	(2)	(3) <u>CHF-HX</u>
G. Chronic pulmonary failure	(1)	(2)	(3) <u>CPF-HX</u>
H. Cholecystectomy	(1)	(2)	(3) <u>CHOL-HX</u>
I. Skin/leg ulcers	(1)	(2)	(3) <u>SKINULCR</u>
J. Skin rash/eruption	(1)	(2)	(3) <u>SKIN-HX</u>
K. Other skin abnormality	(1)	(2)	(3) <u>OTH-HX</u>

Patient ID									
Annual Visit						A	V	0	

12. Does the patient have a history of exposure to agents that are associated with high risk of cancer, mutagenicity or teratogenicity? *CAEXPRSK* Yes No N/R
 (1)* (2) (3)
13. Has patient ever been exposed to levels of radiation other than background or diagnostic? *RADEXP* (1)* (2) (3)
14. Does the patient have a history of hepatitis? *HEPAT-HX* (1)* (2) (3)

* If YES to any of these, please attach documentation.

15. SINCE THE LAST ANNUAL VISIT:

A. HOW MANY TIMES HAS PATIENT OR PARTNER BECOME PREGNANT? (0) (1) (2) (3) (4) *GRAVID*

B. IS PATIENT OR PARTNER CURRENTLY PREGNANT? (1) Yes (2) No *CUR-PREG*

If any there have been any new pregnancies or patient is currently pregnant, complete one line per pregnancy in Items 15.-18. Otherwise, skip to Item 19. 20

A. Month/Year Pregnancy Started (e.g., APR/1998)	B. Documentation of Diagnosis? Attached Previously Submitted	C. Status or outcome of pregnancy
16. <i>P1-MOYR</i>	(1) (2) <i>P1-DOC</i>	(1) Live birth (Complete Form 51) (2) Other resolution of pregnancy <i>P1-OUTC</i>
17. <i>P2-MOYR</i>	(1) (2) <i>P2-DOC</i>	(1) Live birth (Complete Form 51) (2) Other resolution of pregnancy <i>P2-OUTC</i>
18. <i>P3-MOYR</i>	(1) (2) <i>P3-DOC</i>	(1) Live birth (Complete Form 51) (2) Other resolution of pregnancy <i>P3-OUTC</i>
19. <i>P4-MOYR</i>	(1) (2) <i>P4-DOC</i>	(1) Live birth (Complete Form 51) (2) Other resolution of pregnancy <i>P4-OUTC</i>

20. Checked for completeness and accuracy:				
A. Signature:	<i>F43-SIGN</i>			
B. Certification number:	<i>F43-CERT</i>			
C. Date:	<i>F43CC-DT</i>			
D. Total pages attached	<i>F43-PGS</i>			

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210, or by FAX transmission to 410/435-4232. Thank you.

Patient ID					
Annual Visit	A	V	0		