

(Clinic Coordinator completed)

PHYSICAL EXAMINATION

LX_01 1. Height (*without shoes*) _____ . _____ cm

VITAL SIGNS

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

LX_02a 2. Resting blood pressure _____ / _____ mm Hg
systolic diastolic

LX_02b

LX_03 3. Pulse _____ beats/min

LX_04 4. Respiration _____ breaths/min

LX_05 5. Body Temperature _____ . _____ ° F

PULMONARY AUSCULTATION

LX_06 6. Indicate condition of subject. (*Check one box only*)

If applicable, describe sounds:

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

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

		Not Done	Normal	Abnormal	
LX_07	7. Hair and Skin	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_08	8. Lymph nodes	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_09	9. Eyes (excluding corrective lenses)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_10	10. Ears, Nose, and Throat	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_11	11. Respiratory (excluding asthma)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_12	12. Cardiovascular	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_13	13. Gastrointestinal	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_14	14. Musculoskeletal	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_15	15. Neurological	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
LX_16	16. Mental Status	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____

INTRANASAL STEROIDS (Visits 6 and 9 only)

LX_17

 17. Is the subject on beclomethasone dipropionate at a dose ≤ 100 µg in each nostril BID? ₁ Yes ₀ No

ADVERSE EVENTS (Visits 6 and 9 only)

LX_18

 18. **Ask the subject:** Have you experienced gastrointestinal side effects, abdominal cramping, diarrhea, or any other medical conditions since the last clinic visit? ₁ Yes ₀ No

LX_18a

 If **Yes**, is this an ongoing event from a previous visit? ₁ Yes ₀ No

If this is a new event since the last visit, please complete the Clinical Adverse Events form (AECLIN).

If any of the Clinical Adverse Events warrant a laboratory test, report any adverse results on a Laboratory Adverse Events form (AELAB).