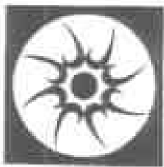

COOPERATIVE STUDY OF SICKLE CELL DISEASE

ADULT PHYSICAL EXAM

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1. Person completing form (Name): ______________________ (Initials): [| |]
2. CSSCD Code number of person completing form (if known): [| |]
3. Date of physical exam (Month, Day, Year): ____/____/____

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4. Pulse (SITTING) (bpm): [| |]

   4.1 Pulse (SUPINE) (bpm): [| |]
5. Respiration (rpm): [|]
6. Blood Pressure (SITTING) (mm/Hg): (Sys/Dia) [| |] / [| |]

   6.1 Blood Pressure (SUPINE) (mm/Hg): (Sys/Dia) [| |] / [| |]
7. Height (cm): [| |] . [ ]
8. Weight (kg): [| |] . [ ]
9. Liver—distance below RCM at the MCL (cm): [|]
10. Spleen—distance below LCM at the MCL (cm): [|]
11. LUNGS (CHECK NO OR YES FOR EACH OF A–D):

A. Rales	1. NO	2. YES
B. Ronchi	1. NO	2. YES
C. Wheezing	1. NO	2. YES
D. Chest deformity	1. NO	2. YES

12. HEART (CHECK NO OR YES FOR EACH OF A–E):

A. Rhythm abnormality	1. NO	2. YES
B. Heart murmur	1. NO	2. YES
C. Pericardial rub	1. NO	2. YES
D. Gallop	1. NO	2. YES
E. Other non-rhythm abnormality	1. NO	2. YES

(SPECIFY): ______________________

[ ] Mail Log [ ] Data Entry

13. EXTREMITIES: pain and/or limitation of motion in (CHECK NO OR YES FOR EACH OF A–I):

A. Right hip	1. NO	2. YES
B. Left hip	1. NO	2. YES
C. Right knee	1. NO	2. YES
D. Left knee	1. NO	2. YES
E. Right shoulder	1. NO	2. YES
F. Left shoulder	1. NO	2. YES
G. Right ankle	1. NO	2. YES
H. Left ankle	1. NO	2. YES
I. Other	1. NO	2. YES

(SPECIFY): ____________________

14. Joint prosthesis? 1. NO 2. YES

14.1 Location (CHECK NO OR YES FOR EACH OF A–E):

A. Right hip	1. NO	2. YES
B. Left hip	1. NO	2. YES
C. Right shoulder	1. NO	2. YES
D. Left shoulder	1. NO	2. YES
E. Other	1. NO	2. YES

(SPECIFY): ____________________

15. Leg ulcer(s)? 1. NO 2. YES

16. Is the neurologic exam in any way abnormal? 1. NO 2. YES

ENCLOSE COMPLETED NEUROLOGIC EVALUATION FORM

Name of Data Coordinator: ____________________

Signature: ____________________

Date (Month, Day, Year): ______/______/______