MHCS-II Physical Exam /Current Health Status

Subject ID#

Revised 9/16/02

Physician: _____ **Date : ____ / ____ / 20_____**
(Month/ Day / Year)

BASIC MEASUREMENTS

1. Height |___| feet |___|___| inches
   OR
   |___|___|___| centimeters

2. Weight ” Pounds (lbs.)
   OR |___|___|___|. |___|
   ” Kilograms (kg)

3. Temperature ” Celsius (°C)
   OR |___|___|___|. |___|
   ” Farenheit

4. Blood Pressure |___|___|___| Systolic
   |___|___|___| Diastolic

DIPSTICK URINALYSIS *Value levels correspond to colors on stick.* **Test not done** 9

5. Blood
   ” Negative
   ” ca. 5-10
   ” ca. 50
   ” ca. 250

6. Protein
   ” Negative
   ” 30
   ” 100
   ” 500

7. Nitrite
   ” Negative
   ” Positive

8. Ascorbic Acid
   ” Negative
   ” +
   ” ++

9. Glucose
   ” Negative
   ” Normal
   ” 50
   ” 150
   ” 500
   ” >=1000

10. pH
    ” 5
    ” 6
    ” 7
    ” 8
    ” 9

PHYSICAL EXAM RESULTS *Remainder of form must be completed by examining physician.*

12. Hemophilic arthropathy (Deformity and limitation of motion)
    ” None
    ” 1 joint
    ” 2 or more joints affected now

13. Karnofsky Performance
    ” Asymptomatic, no complaints
    ” Normal activity with effort, some signs of disease
    ” Unable to do normal activity/work but able to care for most needs
    ” Requires considerable assistance and medical care
    ” Severely disabled, hospitalization necessary

14. Is Karnofsky Performance affected by hemophilic arthropathy?
    ” No
    ” Yes

15. Fatigue Level
    ” None
    ” Mild (tired at end of day)
    ” Moderate (only completes daily activities)
    ” Severe (limits daily activities)

16. Ascites
- ” None
- ” Possible
- ” Mild (controlled by furosemide <40 mg/day and/or aldactone <100 mg/day)
- ” Moderate (controlled by higher doses of diuretics)
- ” Severe (required large volume paracentesis)
- ” Refractory (required TIPS/intrahepatic shunt)
- ” Untreated Specify reason: _____

17. Hepatomegaly (*Defined as more than 3cm below costal margin or more than 14cm in span by percussion with respect to the midclavicular line.)*
- ” No
- ” Yes

18. Splenomegaly
- ” No
- ” Yes specify size: _____cm. below costal margin
- ” Palpable/not measurable
- ” Post-Splenectomy

19. Herpes Zoster (Shingles)
- ” None
- ” Resolved
- ” Active Sores

20. Lymphadenopathy
- ” None
- ” Cervical ÷ # sites |___|___| or Shotty ”
- ” Other extrainguinal ÷ # sites |___|___| or Shotty ”

20a. What is the diameter of the largest node? |___|___| cm

21. *Indicate if the condition is **present currently** by placing a ⁄ on the line.*

___ **NONE**

___ Peripheral Neuropathy

___ Other neurological abnormalities

If yes, specify: _____

___ Persistent fever (>101 °F For more than 2 weeks)

___ Unexplained weight loss (>10% Body Weight)

___ Memory or concentration problems

___ Chronic depression

___ Asterixis

___ Arthralgias/Arthritis (excluding hemophilic joint disease)

___ Palpable Purpura

___ Raynaud’s Syndrome

___ Nausea

___ Right upper quadrant abdominal or liver tenderness

___ Jaundice

___ Temporal muscle atrophy

___ Other muscle atrophy

___ Spider Angiomata

___ Palmar Erythema

___ Lower extremity edema

___ Testicular atrophy

___ Gynecomastia

___ Oral Candidiasis (Thrush)

___ Oral Hairy Leukoplakia

___ Oro-Labial Herpes Simplex

___ Genital warts

___ Other STD specify: _____

___ Icteric sclera

___ Other current diagnoses

Specify: _____

Specify: _____

REMEMBER	KEY DATA ON-LINE AT http://mhcs-ii.rti.org AND PUT FORM IN SUBJECTS FILE.