NCI MULTICENTER HEMOPHILIA COHORT STUDY

PLACE SUBJECT ID LABEL HERE

PHYSICAL EXAM FORM - Form 08 Revised November 1996

(To be completed on MHCS Hemophilia Subjects and HIV Positive Female Partners at enrollment and every six months. Circle all responses)

1.	Date of current physical	exam:	MONTH	DAY		
2.	Karnofsky Performance	100 = 80-90 = 60-70 = 40-50 = 20-30 =	Normal ac Unable to able to car Requires of	tivity with effocarry on norm e for most neconsiderable	ort, some signs on thal activity or do teds	f disease
3.	Is the Karnofsky Perform	mance score aff	ected by he	mophilic arthr	opathy?	Yes 1 No 2
4.	What was the patient's the past year (12 month	sexual activity ons)?	luring		One female pa Two or more fe Both male and One male parti	ners
5.	Has the patient used paduring the past year (12	arenteral (IV, IM 2 months)?	, SC) drugs	(e.g., heroin,	cocaine, etc)	Yes
6.	On the average, how methe past year (12 month	nuch alcohol has	<u>1 drink =</u> 12 oz. (35 6 oz. (17	consumed du 5ml) beer O 7ml) wine O ml) liquor	< 8 dri 8 - 14 15 - 2' R > 21 d R None	nks per week
7.	Has the patient ever be	een a cigarette s	smoker?			Yes
8.	7a. <u>If YES</u> smoke. Has the patient ever re	, on the averaged per day during	g the past ye	ear (12 month	as the patient is)?	cigarettes per day Yes
9	In the past year (12 mo	onths), what wa ophen? (000	s the averag = none)	e consumptic	on in tablets	_ Tablets per month
1	0. Weight		lbs OF	R	_ . kg	(use no decimals if in lbs
1	1. Temperature		°F OF		_ . °C	(use no decimals if in °F)
1	2. Hepatomegaly	, c	m below cos	stal margin	(00 if no hepa	tomegaly)
1	3. Splenomegaly		m below cos	stal margin	(00 if no splen	omegaly, 88 if palpable but le, 97 if splenectomized)

14.	Jaundice	Yes 1 24. C		Oral Candidiasis (Thrush)	Yes 1 No 2			
15.	Spider Angiomata	Yes 1 No 2		a. <u>If YES</u> , was candidiasis during or subsequent to antibiotic therapy?				
16	Ascites	Yes 1 No 2	25.	Oral Hairy Leukoplakia	Yes 1 No 2			
17.	New Wart or Growth in Existing Wart	Yes 1 No 2	26.	Persistent Fever (> 101°F for more than 2 weeks)	Yes 1 No 2			
18.	Seborrheic Dermatitis	Yes 1 No 2	27.	Persistent Non-Productive Cough (> two weeks)	Yes 1 No 2			
19.	Onychomycosis affecting > 2 nails	Yes 1 No 2	28.	Unexplained Weight Loss (> 10% body weight)	Yes 1 No 2			
20.	Widespread Pityriasis (Tinea) Versicolor	Yes 1 No 2	29.	Memory or Concentration Problems	Yes 1 No 2			
21.	Widespread Pyoderma	Yes 1 No 2	30.	Coordination or Motor Problems (HIV-related)	Yes 1 No 2			
22.	HIV-Papulosis	Yes 1 No 2	31.	Change in Mood or Affect or Chronic Depression	Yes1 No2			
23.	(shingles) Resolv	ed (scabs	32.	Oro-Labial Herpes Simple	ex Yes1 No2			
		rs evident) 2 Sores 3	33.	Genital Warts	Yes 1 No 2			
34.	Genital Herpes Simplex, Ulcers or Other STD	Yes 1 No 2	If YES>	specify				
35.	HIV Neurological Abnormalities	Yes 1 No 2	<u>If YES</u> >	specify				
36.	Chronic Joint Disease	Severe, but without artificial joint(s)						
37.	Has subject ever noted blood in ejaculate?	> 9 times per year 1 2-9 times per year 2 1 per year or less 3 Never noted by patient 4 Patient is prepubertal 5 Patient is female 6						
38.	• •			,	if none)			
		ANK if NONE enlarged)						
39.	Other HIV/AIDS-related illness (not noted above):							
40.	Other current diagnoses (excluding hemophilia):							
41.	Has the subject been cir	cumcised? Y	′es1	No 2	Female 97			