

A. DERMATOLOGIC EXAM

EXAMINE HANDS/ARMS, LEGS/FEET, TRUNK/BACK, HEAD/NECK FOR EVIDENCE OF LESIONS, NODULES, RASH, PUSTULES, VESICLES, OR ULCERS. IF PRESENT, COMPARE TO PHOTOS.

A-1. **Hands/Arms:** any lesion(s) suspicious for ATL?

YES → Circle reference photo # 1, 2, 3, 4, 5, 6

Describe _____

NO

A-2. **Trunk/Back:** any lesion(s) suspicious for ATL?

YES → Circle reference photo # 1, 2, 3, 4, 5, 6

Describe _____

NO

A-3. **Legs/Feet:** any lesion(s) suspicious for ATL?

YES → Circle reference photo # 1, 2, 3, 4, 5, 6

Describe _____

NO

A-4. **Head/Neck:** any lesion(s) suspicious for ATL?

YES → Circle reference photo # 1, 2, 3, 4, 5, 6

Describe _____

NO

A-5. (ASK) Other than the areas I've just examined, do you have any problems with your skin? For example, have you noticed any rashes, lumps, sores, itching, color changes or unusual bruises?

YES → If suspicious for ATL, circle reference photo #1, 2, 3, 4, 5, 6

Describe the location and lesion(s). _____

NO

DK

A-6. (DO NOT ASK) Were needle tracks observed anywhere on the subject's body?

YES

NO

B. LYMPH NODE EXAM

PALPATE NODES. IF PALPABLE, CODE SIZE IN CENTIMETERS, AND CLASSIFY AS SOLITARY OR MULTIPLE.

B-1. Posterior Cervical nodes	RIGHT	LEFT
Palpable 1 → Optional desc. _____ _____	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2	Palpable 1 → Optional desc. _____ _____
Nonpalpable 2 Not examined 0	} B-2	Nonpalpable 2 Not examined 0
} B-2		} B-2
<hr/>		
B-2. Anterior Cervical nodes	Palpable 1 → Optional desc. _____ _____	Palpable 1 → Optional desc. _____ _____
Nonpalpable 2 Not examined 0	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2
} B-3	} B-3	} B-3
<hr/>		
B-3. Submandibular node	Palpable 1 → Optional desc. _____ _____	Palpable 1 → Optional desc. _____ _____
Nonpalpable 2 Not examined 0	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2
} B-4	} B-4	} B-4
<hr/>		
B-4. Submental node	Palpable 1 → Optional desc. _____ _____	Palpable 1 → Optional desc. _____ _____
Nonpalpable 2 Not examined 0	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2
} B-5	} B-5	} B-5

B-5. Posterior Auricular node

RIGHT		LEFT	
Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
Optional desc.	≥1.0 cm 2	Optional desc.	≥1.0 cm 2
_____	Solitary 1	_____	Solitary 1
_____	Multiple 2	_____	Multiple 2
Nonpalpable 2	} B-6	Nonpalpable 2	} B-6
Not examined 0		Not examined 0	

B-6. Occipital node

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
Optional desc.	≥1.0 cm 2	Optional desc.	≥1.0 cm 2
_____	Solitary 1	_____	Solitary 1
_____	Multiple 2	_____	Multiple 2
Nonpalpable 2	} B-7	Nonpalpable 2	} B-7
Not examined 0		Not examined 0	

B-7. Supraclavicular node

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
Optional desc.	≥1.0 cm 2	Optional desc.	≥1.0 cm 2
_____	Solitary 1	_____	Solitary 1
_____	Multiple 2	_____	Multiple 2
Nonpalpable 2	} B-8	Nonpalpable 2	} B-8
Not examined 0		Not examined 0	

B-8. Axillary nodes

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
Optional desc.	≥1.0 cm 2	Optional desc.	≥1.0 cm 2
_____	Solitary 1	_____	Solitary 1
_____	Multiple 2	_____	Multiple 2
Nonpalpable 2	} B-9	Nonpalpable 2	} B-9
Not examined 0		Not examined 0	

B-9. Epitrochlear node

Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
Optional desc.	≥1.0 cm 2	Optional desc.	≥1.0 cm 2
_____	Solitary 1	_____	Solitary 1
_____	Multiple 2	_____	Multiple 2
Nonpalpable 2	} B-10	Nonpalpable 2	} B-10
Not examined 0		Not examined 0	

B-10. Other nodes: _____

RIGHT		LEFT	
Palpable 1 →	<1.0 cm 1	Palpable 1 →	<1.0 cm 1
Optional desc.	≥1.0 cm 2	Optional desc.	≥1.0 cm 2
_____	Solitary 1	_____	Solitary 1
_____	Multiple 2	_____	Multiple 2
Nonpalpable 2	} C-1	Nonpalpable 2	} C-1
Not examined 0		Not examined 0	

C. ABDOMEN

C-1. Spleen

Abnormal.....1 → Normal.....2 (C-2)	Enlarged? YES1 NO2 →	_____ Describe
--	-------------------------------------	-------------------

C-2. Liver

Abnormal.....1 → Normal.....2 (D-1)	Enlarged? YES1 NO2 →	_____ Describe
--	-------------------------------------	-------------------

D. NEUROMUSCULAR EXAM

D-1. (ASK): Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing up from a chair or walking?

- No apparent restriction 1
- Recent surgery 2
- Injury 3
- Physical handicap 4
- Other (SPECIFY _____) 6

DEMONSTRATE EACH MANEUVER. ASK THE SUBJECT TO PERFORM IT AFTER YOU.

MANEUVER	DEGREE OF IMPAIRMENT
D-2. Walk on heels for 10 feet. (DEMO) Impaired performance 1 → Normal performance 2 Unable to assess 0 } (D-3)	Slight 1 Moderate 2 Extreme 3
D-3. Walk on toes for 10 feet. (DEMO) Impaired performance 1 → Normal performance 2 Unable to assess 0 } (D-4)	Slight 1 Moderate 2 Extreme 3

MANEUVER	DEGREE OF IMPAIRMENT
<p>D-4. Walk forward heels-to-toes for 10 feet in a straight line. (DEMO)</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-5)</p>	<p>Slight 1</p> <p>Moderate 2</p> <p>Extreme 3</p>
<p>D-5. Walk backward toes-to-heels for 10 feet in a straight line. (DEMO)</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-6)</p>	<p>Slight 1</p> <p>Moderate 2</p> <p>Extreme 3</p>
<p>D-6. Foot tapping, dominant foot. (DEMO)</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-7)</p>	<p>Slight 1</p> <p>Moderate 2</p> <p>Extreme 3</p>
<p>D-7. Stand with feet together and arms extended forward (20-30 sec.)</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-8)</p>	<p>Slight 1</p> <p>Moderate 2</p> <p>Extreme 3</p>
<p>D-8. Stand with feet together, arms at the side and eyes closed (20-30 sec.)</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-9)</p>	<p>Slight 1</p> <p>Moderate 2</p> <p>Extreme 3</p>
<p>D-9. Rise from chair without using hands. (DEMO)</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-10)</p>	<p>Slight 1</p> <p>Moderate 2</p> <p>Extreme 3</p>

MANEUVER	DEGREE OF IMPAIRMENT
<p>D-10. Tapping index finger to thumb at crease, dominant hand. (DEMO)</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-11)</p>	<p>Slight 1</p> <p>Moderate 2</p> <p>Extreme 3</p>
<p>D-11. Move right heel down left shin from knee to foot.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-12)</p>	<p>Slight 1</p> <p>Moderate 2</p> <p>Extreme 3</p>
<p>D-12. Feel tuning fork on great toe of dominant foot.</p> <p>Impaired sensation 1</p> <p>Normal sensation 2</p> <p>Unable to assess 0</p>	
<p>D-13. Sense position of great toe of dominant foot, in response to examiner's manipulations.</p> <p>Impaired sensation 1</p> <p>Normal sensation 2</p> <p>Unable to assess 0</p>	

D-14. **Plantar reflex** in response to blunt object lightly moved from heel, up lateral aspect, curving medially across ball of foot to great toe.

	<u>RIGHT</u>	<u>LEFT</u>
Absent	0	0
Flexion present but diminished	1	1
Normal flexion	2	2
Hyperactive (dorsiflexion of great toe, fanning of other toes)	3	3
Hyperactive (as above) with reflex flexion at hip and/or knee	4	4
Hyperactive with repetitive rhythmic contractions and sustained stretch ...	5	5

D-15. **Achilles reflex** in response to quick and direct strike with pointed end of reflex hammer.

Absent	0	0
Present but diminished	1	1
Normal	2	2
Hyperactive	3	3
Hyperactive with contractions and maintained stretch	4	4

D-16. **Patellar reflex** in response to one brisk tap with pointed end of reflex hammer.

	<u>RIGHT</u>	<u>LEFT</u>
Absent	0	0
Present but diminished	1	1
Normal	2	2
Hyperactive	3	3
Hyperactive with contractions and maintained stretch	4	4

D-17. **Biceps reflex** in response to strike with pointed end aimed through your finger or thumb directly toward the biceps tendon.

Absent	0	0
Present but diminished	1	1
Normal	2	2
Hyperactive	3	3
Hyperactive with contractions and maintained stretch	4	4

D-18. **Triceps reflex** in response to direct strike with pointed end from behind triceps tendon.

Absent	0	0
Present but diminished	1	1
Normal	2	2
Hyperactive	3	3
Hyperactive with contractions and maintained stretch	4	4

D-19. **Brachioradialis reflex** in response to strike with flat end of reflex hammer, 1-2 inches above wrist.

Absent	0	0
Present but diminished	1	1
Normal	2	2
Hyperactive	3	3
Hyperactive with contractions and maintained stretch	4	4

E. MUSCLE EXAM

- E-1. Thenar eminence bulk and shape.
 - Atrophy/Flattening 1
 - Full/convex 2

- E-2. Hand grip power and strength.
 - Abnormal 1
 - Normal 2

- E-3. Tone of arm biceps.
 - Abnormal 1 → _____
 - Normal 2

Desc: hypotonic, flaccid, rigid, spastic, etc.

- E-4. Biceps power and strength against gravity and resistance.
 - No movement 0
 - Trace of contraction with no movement 1
 - Movement present but cannot be sustained against gravity 2
 - Movement against gravity but not applied resistance 3
 - Movement against some degree of resistance 4
 - Full power 5

- E-5. Quadriceps bulk and shape.
 - Atrophy/Flattening 1
 - Full/convex 2

- E-6. Tone of quadriceps.
 - Abnormal 1 → _____
 - Normal 2

Desc: hypotonic, flaccid, rigid, spastic, etc.

- E-7. Calf bulk and shape.
 - Atrophy/Flattening 1
 - Full/convex 2

E-8. Quadriceps power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-9. Hamstrings power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-10. Iliopsoas (hip flexors) power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-11. Ankle flexors (dorsiflexion) power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-12. Ankle extensors (plantar flexion) power and strength against gravity and resistance.

No movement	0
Trace of contraction with no movement	1
Movement present but cannot be sustained against gravity	2
Movement against gravity but not applied resistance	3
Movement against some degree of resistance	4
Full power	5

E-13. Toe fanning, dominant foot. (NO RESISTANCE)

Abnormal	1
Normal	2

F. PHYSICIAN EVALUATION

To be completed after physical exam by study physician.

F-1. RESULTS OF EXAMINATION: CODE HERE, AND RECORD ON FRONT COVER.

- EC = exam complete
- PE = partial exam
- RF = refusal
- DE = deceased
- IL = too ill
- NL = not located
- LP = language problem
- OT = other nonresponse

F-2. REVIEW BY STUDY PHYSICIAN

Signature _____

Comments/Decision _____

F-3. REFERRAL: CHECK HERE AND ON FRONT COVER

- Neurologist
- Oncologist/Hematologist
- Usual Care
- Other (Specify) _____
- Not indicated