

SUBJECT ID _____

DATE OF EXAM |__|_|_| |__|_|_| |__|_|_|
MO DA YR

PHYSICIAN INITIALS |__|_|_|

REASON FOR LEVEL 2 EXAM:
 CLINICALLY SIGNIFICANT FINDINGS AT LEVEL 1
 LEVEL 2 QC ONLY
 BOTH OF THE ABOVE

LOCATION CODE |__|

RESULT CODE |__|_|

PHASE TWO
PHYSICAL EXAMINATION DATA FORM
LEVEL 2

RECOMMENDATION: To be completed after Level 2 physical exam.

Study Physician _____

Date |__|_|_| |__|_|_| |__|_|_|
MO DA YR

Level 3 Referral Not indicated
 REDS Neurologist
 REDS Oncologist/Hematologist
 REDS Dermatologist
 Usual Care (non-REDS)
 Other (Specify) _____

A. DERMATOLOGIC EXAM

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

IF PRESENT, CODE "YES" TO A-1. IF LESIONS, ETC., ARE POSSIBLY SUSPICIOUS FOR ATL, CODE "YES" TO A-2. CODE ONE TERM IN A-3 AND A-4, COMPLETE A-5 AND A-6, CIRCLE EITHER "YES" OR "NO" FOR ALL TERMS IN A-7, AND COMPLETE A-8. IF LESIONS, ETC., ARE NOT SUSPICIOUS, CODE "NO" TO A-2, ANSWER QUESTION IN A-2, AND EXAMINE NEXT LOCATION IN A-1.

| A-1. Are any lesions present? | A-2. Are any lesions possibly suspicious for ATL? |
|---|--|
| <p>a. Hands/Arms</p> <p>YES 1 → NO 2 (b)</p> | <p>YES 1 → Circle reference photo #1, 2, 3, 4, 5, 6, none → NO 2 → What do lesions resemble?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">(A-1b)</p> |
| <p>b. Trunk/Back</p> <p>YES 1 → NO 2 (c)</p> | <p>YES 1 → Circle reference photo #1, 2, 3, 4, 5, 6, none → NO 2 → What do lesions resemble?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">(A-1c)</p> |
| <p>c. Legs/Feet</p> <p>YES 1 → NO 2 (d)</p> | <p>YES 1 → Circle reference photo #1, 2, 3, 4, 5, 6, none → NO 2 → What do lesions resemble?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">(A-1d)</p> |

| Describe: A-3. through A-7. | | A-8. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|-----------|---------------|---|---|---------------|---|---|---------------------|---|---|----------------|---|---|-----------------|---|---|---------------|---|---|--------------|---|---|-----------------|---|---|-----------------|---|---|-------------|---|---|-------------|---|---|-----------------------|---|---|--|
| | | Has subject seen a physician about this? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-3. Distribution Diffuse 01 Localized 02 Other 96 (Specify _____) | A-7. Texture/Appearance <table border="0"> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr><td>Macular</td><td>1</td><td>2</td></tr> <tr><td>Papular</td><td>1</td><td>2</td></tr> <tr><td>Maculopapular</td><td>1</td><td>2</td></tr> <tr><td>Pustular</td><td>1</td><td>2</td></tr> <tr><td>Vesicular</td><td>1</td><td>2</td></tr> <tr><td>Nodular</td><td>1</td><td>2</td></tr> <tr><td>Plaque</td><td>1</td><td>2</td></tr> <tr><td>Ulcerated</td><td>1</td><td>2</td></tr> <tr><td>Fungating</td><td>1</td><td>2</td></tr> <tr><td>Scaly</td><td>1</td><td>2</td></tr> <tr><td>Shiny</td><td>1</td><td>2</td></tr> <tr><td>Other (DESCRIBE).....</td><td>1</td><td>2</td></tr> </tbody> </table> | | <u>YES</u> | <u>NO</u> | Macular | 1 | 2 | Papular | 1 | 2 | Maculopapular | 1 | 2 | Pustular | 1 | 2 | Vesicular | 1 | 2 | Nodular | 1 | 2 | Plaque | 1 | 2 | Ulcerated | 1 | 2 | Fungating | 1 | 2 | Scaly | 1 | 2 | Shiny | 1 | 2 | Other (DESCRIBE)..... | 1 | 2 | YES 1 → What was the diagnosis? _____ NO 2 |
| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Macular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Papular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maculopapular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pustular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vesicular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nodular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plaque | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulcerated | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fungating | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scaly | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shiny | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (DESCRIBE)..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-4. Border Regular 1 Irregular 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-5. Size __ __ . __ cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-6. Color _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Macular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Papular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maculopapular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pustular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vesicular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nodular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plaque | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulcerated | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fungating | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scaly | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shiny | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (DESCRIBE)..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-4. Border Regular 1 Irregular 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-5. Size __ __ . __ cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-6. Color _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Macular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Papular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maculopapular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pustular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vesicular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nodular | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plaque | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulcerated | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fungating | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scaly | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shiny | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (DESCRIBE)..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-4. Border Regular 1 Irregular 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-5. Size __ __ . __ cm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-6. Color _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| A-1. Are any lesions present? | A-2. Are any lesions possibly suspicious for ATL? |
|---|--|
| <p>d. Head/Neck</p> <p>YES 1 → NO 2 (e)</p> | <p>YES 1 → Circle reference photo #1, 2, 3, 4, 5, 6, none → NO 2 → What do lesions resemble?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(A-1e)</p> |
| <p>e. (ASK) Other than the areas I've just examined, do you have any problems with your skin?</p> <p>YES 1 (Specify location _____ _____)</p> <p>NO 2 (A-9)</p> | <p>YES 1 → Circle reference photo #1, 2, 3, 4, 5, 6, none → NO 2 → What do lesions resemble?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(A-9)</p> |

A-9. **(DO NOT ASK)** Were needle tracks observed anywhere on the subject's body?

- YES
 NO

| A-3. through A-7. | | A-8. |
|--|---|--|
| Describe: | | Has subject seen a physician about this? |
| A-3. Distribution Diffuse 01 Localized 02 Other 96 (Specify _____) | A-7. Texture/Appearance <u>YES</u> <u>NO</u> Macular 1 2 Papular 1 2 Maculopapular 1 2 Pustular 1 2 Vesicular 1 2 Nodular 1 2 Plaque 1 2 Ulcerated 1 2 Fungating 1 2 Scaly 1 2 Shiny 1 2 Other (DESCRIBE) 1 2 _____ | YES 1 → What was the diagnosis? _____ NO 2 |
| A-4. Border Regular 1 Irregular 2 A-5. Size __ __ . __ cm A-6. Color _____ | A-7. Texture/Appearance <u>YES</u> <u>NO</u> Macular 1 2 Papular 1 2 Maculopapular 1 2 Pustular 1 2 Vesicular 1 2 Nodular 1 2 Plaque 1 2 Ulcerated 1 2 Fungating 1 2 Scaly 1 2 Shiny 1 2 Other (DESCRIBE) 1 2 _____ | YES 1 → What was the diagnosis? _____ NO 2 |

B. LYMPH NODE EXAM

PALPATE NODES. IF PALPABLE, ENTER SIZE IN CENTIMETERS AND CIRCLE ONE DESCRIPTIVE TERM IN EACH BOX. DO NOT ADD OTHER DESCRIPTORS.

B-1. Posterior Cervical nodes

| | RIGHT | LEFT | |
|--|---|--|---|
| Palpable 1 → | Size _ _ . _ _ cm | Palpable 1 → | Size _ _ . _ _ cm |
| Nonpalpable 2 Not examined... 0 } B-2 | Solitary 1 Multiple 2 | Nonpalpable 2 Not examined... 0 } B-2 | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-2. Anterior Cervical nodes

| | | | |
|--|---|--|---|
| Palpable 1 → | Size _ _ . _ _ cm | Palpable 1 → | Size _ _ . _ _ cm |
| Nonpalpable 2 Not examined... 0 } B-3 | Solitary 1 Multiple 2 | Nonpalpable 2 Not examined... 0 } B-3 | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-3. Submandibular node

| RIGHT | | LEFT | |
|---|--|---|--|
| Palpable 1 → | Size _ _ · _ _ cm | Palpable 1 → | Size _ _ · _ _ cm |
| Nonpalpable..... 2 Not examined... 0 } B-4 | Solitary 1 Multiple 2 | Nonpalpable 2 Not examined ... 0 } B-4 | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-4. Submental node

| | | | |
|---|--|---|--|
| Palpable 1 → | Size _ _ · _ _ cm | Palpable 1 → | Size _ _ · _ _ cm |
| Nonpalpable..... 2 Not examined... 0 } B-5 | Solitary 1 Multiple 2 | Nonpalpable 2 Not examined ... 0 } B-5 | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-5. Posterior Auricular node

| | | | |
|---|--|---|--|
| Palpable 1 → | Size _ _ · _ _ cm | Palpable 1 → | Size _ _ · _ _ cm |
| Nonpalpable..... 2 Not examined... 0 } B-6 | Solitary 1 Multiple 2 | Nonpalpable 2 Not examined ... 0 } B-6 | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-6. Occipital node

| RIGHT | | LEFT | |
|---|--|--|--|
| Palpable 1 → Nonpalpable..... 2 Not examined... 0 } B-7 | Size _ _ · _ _ cm | Palpable..... 1 → Nonpalpable 2 Not examined ... 0 } B-7 | Size _ _ · _ _ cm |
| | Solitary 1 Multiple 2 | | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-7. Supraclavicular node

| | | | |
|---|--|--|--|
| Palpable 1 → Nonpalpable..... 2 Not examined... 0 } B-8 | Size _ _ · _ _ cm | Palpable..... 1 → Nonpalpable 2 Not examined ... 0 } B-8 | Size _ _ · _ _ cm |
| | Solitary 1 Multiple 2 | | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-8. Axillary nodes

| | | | |
|---|--|--|--|
| Palpable 1 → Nonpalpable..... 2 Not examined... 0 } B-9 | Size _ _ · _ _ cm | Palpable..... 1 → Nonpalpable 2 Not examined ... 0 } B-9 | Size _ _ · _ _ cm |
| | Solitary 1 Multiple 2 | | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-9. Epitrochlear node

| RIGHT | | LEFT | |
|--|--|--|--|
| Palpable 1 → | Size _ _ . _ _ cm | Palpable 1 → | Size _ _ . _ _ cm |
| Nonpalpable..... 2 Not examined... 0 } B-10 | Solitary 1 Multiple 2 | Nonpalpable 2 Not examined ... 0 } B-10 | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

B-10. Other nodes:

(SPECIFY: _____
_____)

| | | | |
|---|--|---|--|
| Palpable 1 → | Size _ _ . _ _ cm | Palpable 1 → | Size _ _ . _ _ cm |
| Nonpalpable..... 2 Not examined... 0 } C-1 | Solitary 1 Multiple 2 | Nonpalpable 2 Not examined ... 0 } C-1 | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

(SPECIFY: _____
_____)

| | | | |
|---|--|---|--|
| Palpable 1 → | Size _ _ . _ _ cm | Palpable 1 → | Size _ _ . _ _ cm |
| Nonpalpable..... 2 Not examined... 0 } C-1 | Solitary 1 Multiple 2 | Nonpalpable 2 Not examined ... 0 } C-1 | Solitary 1 Multiple 2 |
| | Hard 1 Soft 2 | | Hard 1 Soft 2 |
| | Fixed 1 Mobile 2 | | Fixed 1 Mobile 2 |
| | Discrete 1 Matted together 2 | | Discrete 1 Matted together 2 |
| | Tender 1 Non-tender 2 | | Tender 1 Non-tender 2 |

C. ABDOMEN

| | | | | | | | | | | | | | | |
|--|--|---|---------------|---|--------------|---|------------|---|------------|---|-------------|---|------------------|---|
| <p>C-1. Spleen</p> <p>Abnormal 1 →</p> <p>Normal 2 } (C-2)</p> <p>Splenectomized..... 9 }</p> | <p style="text-align: center;">Enlarged?</p> <p>YES1 →</p> <p>NO.....2</p> | <p style="text-align: center;">Measure distance below costal margin:</p> <p style="text-align: center;"> _ _ cm</p> | | | | | | | | | | | | |
| <p>C-2. Liver</p> <p>Abnormal 1 →</p> <p>Normal 2 (D-1)</p> | <p style="text-align: center;">Enlarged?</p> <p>YES1 →</p> <p>NO.....2</p> | <p style="text-align: center;">Measure span along midclavicular line, and circle one term per box:</p> <p style="text-align: center;"> _ _ cm</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Nodular</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Smooth</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Firm</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Soft</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Tender.....</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Non-tender</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table> | Nodular | 1 | Smooth | 2 | Firm | 1 | Soft | 2 | Tender..... | 1 | Non-tender | 2 |
| Nodular | 1 | | | | | | | | | | | | | |
| Smooth | 2 | | | | | | | | | | | | | |
| Firm | 1 | | | | | | | | | | | | | |
| Soft | 2 | | | | | | | | | | | | | |
| Tender..... | 1 | | | | | | | | | | | | | |
| Non-tender | 2 | | | | | | | | | | | | | |

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
- Obesity 5
- Other (SPECIFY _____) 6

D-2. Which hand do you use to write? (USE FOR D-8, D-11, D-12, D-13, AND D-14.)

- Right..... 1
- Left..... 2

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

| MANEUVER | DEGREE OF IMPAIRMENT |
|--|---|
| <p>D-3. Rise from chair without using hands.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-4)</p> | <p>Steadies body with hands 1</p> <p>Uses hand to push up 2</p> <p>Unable to perform 3</p> |
| <p>D-4. Walk on heels for 10 feet.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-5)</p> | <p>Walks 7 feet without abnormality, or 10 feet with some abnormality in gait 1</p> <p>Walks < 7 feet and/or noticeable abnormality in gait 2</p> <p>Unable to perform 3</p> |
| <p>D-5. Walk on toes for 10 feet.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-6)</p> | <p>Walks 7 feet without abnormality, or 10 feet with some abnormality in gait..... 1</p> <p>Walks < 7 feet and/or noticeable abnormality in gait 2</p> <p>Unable to perform 3</p> |
| <p>D-6. Walk forward heels-to-toes for 10 feet in a straight line.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-7)</p> | <p>Walks 7 feet without abnormality, or 10 feet with some abnormality in gait..... 1</p> <p>Walks < 7 feet and/or noticeable abnormality in gait 2</p> <p>Unable to perform 3</p> |
| <p>D-7. Walk backward toes-to-heels for 10 feet in a straight line.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-8)</p> | <p>Walks 7 feet without abnormality, or 10 feet with some abnormality in gait..... 1</p> <p>Walks < 7 feet and/or noticeable abnormality in gait 2</p> <p>Unable to perform 3</p> |

| MANEUVER | DEGREE OF IMPAIRMENT |
|---|---|
| <p>D-8. Foot tapping, dominant foot.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-9)</p> | <p>1-2 taps/sec 1</p> <p>< 1 tap/sec 2</p> <p>Unable to perform 3</p> |
| <p>D-9. Stand with feet together, arms extended forward, and eyes closed (20-30 sec.)</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-10)</p> | <p>Barely noticeable pronator drift 1</p> <p>Noticeable pronator drift 2</p> <p>Unable to perform 3</p> |
| <p>D-10. 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-11)</p> | <p>Unsteady, no corrective step..... 1</p> <p>Sways to take corrective step..... 2</p> <p>Unable to perform..... 3</p> |
| <p>D-11. Tapping index finger to thumb at distal joint, dominant hand.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-12)</p> | <p>Matches speed of examiner but finger slips to side or to pad of thumb 1</p> <p>Slower than examiner 2</p> <p>Unable to perform 3</p> |
| <p>D-12. Move heel of dominant foot down shin of opposite leg, from knee to foot.</p> <p>Impaired performance 1 →</p> <p>Normal performance 2</p> <p>Unable to assess 0 } (D-13)</p> | <p>Slight unsteadiness, wobbling 1</p> <p>Obvious wobbling, weakness 2</p> <p>Unable to perform..... 3</p> |

| MANEUVER | DEGREE OF IMPAIRMENT |
|--|---|
| <p>D-13. Feel tuning fork on interphalangeal joint of great toe of dominant foot.</p> <p>Impaired sensation 1 →</p> <p>≤ 4 second gap 2 } (D-14)</p> <p>Unable to assess 0 }</p> | <p>Examiner felt vibrations 5-7 sec. longer than subject..... 1</p> <p>Examiner felt vibrations >7 sec. longer than subject..... 2</p> <p>Subject did not feel vibrations..... 3</p> |
| <p>D-14. Sense position of great toe of dominant foot, in response to examiner's manipulations.</p> <p>Impaired proprioception 1</p> <p>Normal proprioception 2</p> <p>Unable to assess 0</p> | |

D-15. **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 |
| Downward flexion present but diminished or weak | 1 | 1 |
| Normal downward flexion | 2 | 2 |
| Hyperactive (dorsiflexion of great toe and/or 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-16. **Achilles reflex** in response to quick and direct strike with pointed end of reflex hammer.

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

D-17. **Patellar reflex** in response to one brisk tap with pointed end of reflex hammer.

| | <u>RIGHT</u> | <u>LEFT</u> |
|--|--------------|-------------|
| Absent | 0 | 0 |
| Knee extension present but diminished or weak | 1 | 1 |
| Normal contraction of quadriceps and knee extension | 2 | 2 |
| Hyperactive, contraction and/or extension | 3 | 3 |
| Hyperactive with contractions and maintained stretch | 4 | 4 |

D-18. **Biceps reflex** in response to strike with pointed end of reflex hammer aimed through your finger or thumb directly toward the biceps tendon.

| | <u>RIGHT</u> | <u>LEFT</u> |
|--|--------------|-------------|
| Absent | 0 | 0 |
| Elbow flexion present but diminished, or weak | 1 | 1 |
| Normal contraction of biceps and elbow flexion | 2 | 2 |
| Hyperactive contraction and/or flexion | 3 | 3 |
| Hyperactive with contractions and maintained stretch | 4 | 4 |

D-19. **Triceps reflex** in response to direct strike with pointed end of reflex hammer from behind triceps tendon.

| | <u>RIGHT</u> | <u>LEFT</u> |
|--|--------------|-------------|
| Absent | 0 | 0 |
| Elbow extension present but diminished or weak | 1 | 1 |
| Normal | 2 | 2 |
| Hyperactive contraction and/or extension | 3 | 3 |
| Hyperactive with contractions and maintained stretch | 4 | 4 |

D-20. **Brachioradialis reflex** in response to strike with flat end of reflex hammer, 1-2 inches above wrist.

| | <u>RIGHT</u> | <u>LEFT</u> |
|--|--------------|-------------|
| Absent | 0 | 0 |
| Present but diminished or weak | 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. | <u>RIGHT</u> | <u>LEFT</u> |
| | Atrophy/Flattening | 1 | 1 |
| | Full/convex | 2 | 2 |
| | | | |
| E-2. | Hand grip power and strength. | <u>RIGHT</u> | <u>LEFT</u> |
| | Abnormal | 1 | 1 |
| | Normal | 2 | 2 |
| | | | |
| E-3. | Tone of arm biceps. | <u>RIGHT</u> | <u>LEFT</u> |
| | Abnormal | 1 | 1 |
| | Describe: _____ (hypotonic, flaccid, rigid, spastic, etc.) | | |
| | Normal | 2 | 2 |
| | | | |
| E-4. | Biceps power and strength against gravity and resistance. | <u>RIGHT</u> | <u>LEFT</u> |
| | No movement | 0 | 0 |
| | Trace of contraction with no movement | 1 | 1 |
| | Movement present but cannot be sustained against gravity | 2 | 2 |
| | Movement against gravity but not applied resistance | 3 | 3 |
| | Movement against some degree of resistance | 4 | 4 |
| | Full power | 5 | 5 |
| | | | |
| E-5. | Quadriceps bulk and shape. | <u>RIGHT</u> | <u>LEFT</u> |
| | Atrophy/Flattening | 1 | 1 |
| | Full/convex | 2 | 2 |
| | | | |
| E-6. | Tone of quadriceps. | <u>RIGHT</u> | <u>LEFT</u> |
| | Abnormal | 1 | 1 |
| | Describe: _____ (hypotonic, flaccid, rigid, spastic, etc.) | | |
| | Normal | 2 | 2 |
| | | | |
| E-7. | Calf bulk and shape. | <u>RIGHT</u> | <u>LEFT</u> |
| | Atrophy/Flattening | 1 | 1 |
| | Full/convex | 2 | 2 |

| | | | |
|------|--|--------------|-------------|
| E-8. | Quadriceps power and strength against gravity and resistance. | <u>RIGHT</u> | <u>LEFT</u> |
| | No movement | 0 | 0 |
| | Trace of contraction with no movement | 1 | 1 |
| | Movement present but cannot be sustained against gravity | 2 | 2 |
| | Movement against gravity but not applied resistance | 3 | 3 |
| | Movement against some degree of resistance | 4 | 4 |
| | Full power | 5 | 5 |

| | | | |
|------|--|--------------|-------------|
| E-9. | Hamstrings power and strength against gravity and resistance. | <u>RIGHT</u> | <u>LEFT</u> |
| | No movement | 0 | 0 |
| | Trace of contraction with no movement | 1 | 1 |
| | Movement present but cannot be sustained against gravity | 2 | 2 |
| | Movement against gravity but not applied resistance | 3 | 3 |
| | Movement against some degree of resistance | 4 | 4 |
| | Full power | 5 | 5 |

| | | | |
|-------|--|--------------|-------------|
| E-10. | Iliopsoas (hip flexors) power and strength against gravity and resistance. | <u>RIGHT</u> | <u>LEFT</u> |
| | No movement | 0 | 0 |
| | Trace of contraction with no movement | 1 | 1 |
| | Movement present but cannot be sustained against gravity | 2 | 2 |
| | Movement against gravity but not applied resistance | 3 | 3 |
| | Movement against some degree of resistance | 4 | 4 |
| | Full power | 5 | 5 |

| | | | |
|-------|---|--------------|-------------|
| E-11. | Ankle flexors (dorsiflexion) power and strength against gravity and resistance. | <u>RIGHT</u> | <u>LEFT</u> |
| | No movement | 0 | 0 |
| | Trace of contraction with no movement | 1 | 1 |
| | Movement present but cannot be sustained against gravity | 2 | 2 |
| | Movement against gravity but not applied resistance | 3 | 3 |
| | Movement against some degree of resistance | 4 | 4 |
| | Full power | 5 | 5 |

| | | | |
|-------|--|--------------|-------------|
| E-12. | Ankle extensors (plantar flexion) power and strength against gravity and resistance. | <u>RIGHT</u> | <u>LEFT</u> |
| | No movement | 0 | 0 |
| | Trace of contraction with no movement | 1 | 1 |
| | Movement present but cannot be sustained against gravity | 2 | 2 |
| | Movement against gravity but not applied resistance | 3 | 3 |
| | Movement against some degree of resistance | 4 | 4 |
| | Full power | 5 | 5 |

| | | | |
|-------|---|--------------|-------------|
| E-13. | Toe fanning, dominant foot. (NO RESISTANCE) | <u>RIGHT</u> | <u>LEFT</u> |
| | Abnormal | 1 | 1 |
| | Normal | 2 | 2 |

F. PHYSICIAN'S REVIEW & RECOMMENDATION

F-1. RESULT OF LEVEL 2 EXAMINATION: CODE HERE, AND RECORD ON FRONT COVER.

EC = exam complete

PE = partial exam

F-2. Complete Level 2 Section of the form **SUBJECT REVIEW & REFERRAL DECISION**. Photocopy form, and insert original in this booklet.

F-3. Record REFERRAL RECOMMENDATION here and on front cover.

Level 3 Referral

- Not indicated
- REDS Neurologist
- REDS Oncologist/Hematologist
- REDS Dermatologist
- Usual Care (non-REDS)
- Other (SPECIFY) _____

F-4. Signature: _____

Date: _____

If you are recommending referral to a REDS specialist, then complete the RECOMMENDATION & CASE REPORT on the next page, photocopy and FAX it to Diagnosis Panel c/o Westat (301-738-8379). (Please write legibly or type on a separate sheet of paper.) If you are not recommending a referral, then write an explanation or additional comments here:
