SUBJECT ID	
DATE OF EXAMINATION	MO DAY YR
EXAMINER INITIALS	_
LOCATION OF EXAM	BLOOD CENTER 1 SUBJECT'S HOME 2 OTHER 3
	(SPECIFY)
SELECTED FOR LEVEL	2 QC?
	ES 1 D 2
EXAM RESULT _ _	

PHASE THREE LEVEL 1 EXAMINATION REDS HTLV COHORT STUDY

INTRODUCTION: I am now going to give you another short physical exam very similar to the one(s) you've had before. I'll be checking your skin, and how your nerves and muscles perform certain tasks. In addition, I'll be checking for any swelling in your lymph nodes. The information from this exam will be reviewed when results of your lab tests are available. We may want to talk with you after that review to discuss any findings.

A. GENERAL EXAMINATION

A-1.	Height (without shoes) _ _ _ . _ OR _ . _ OR _ . _ OR _ . _ OR _ . _ INCHES FT. INCHES
	A-1a. Measurement method used:
	REDS measuring tape 1 Other measuring device 2 Subject's verbal report 3 Other 4 (SPECIFY)
A-2.	Weight (without shoes or outdoor garments) _ _ _ . _ OR _ _ . _ KG. LBS.
	A-2a. Measurement method used:
	REDS scale 1 Other scale 2 Subject's verbal report 3 Other 4 (SPECIFY) 4
A-3.	Blood pressure (seated, right arm) _ _ _ / _ _ _ SYSTOLIC DIASTOLIC
A-4.	Radial pulse (seated, right arm) _ BEATS PER 15 SEC.
	If beats per 15 sec. \leq 10 or \geq 25, count for 60 seconds and record.
,	II_I BEATS PER 60 SEC.

B. DERMATOLOGIC EXAM

EXAMINE HANDS/FOREARMS, FEET, HEAD/NECK FOR LESIONS, NODULES, RASH, PUSTULES, VESICLES, OR ULCERS. IF PRESENT, CODE "YES" AND ANSWER SUBSEQUENT QUESTIONS. <u>EXCLUDE</u> FRECKLES, MOLES, CHERRY HEMANGIOMAS, PIMPLES, LIPOMAS, AND ACNE.

B-1. Are any lesions present?	B-2. Are lesions sufficiently unusual to require a physician's review?	B-3. Do lesions resemble any reference photos?	B-4. (ASK) How long have you had this skin condition?
a. Hands/Forearms YES1 → NO2(b)	YES 1 → NO 2 (b)	YES 1 NO 2 } →	 NO. DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
b. Feet YES1 → NO2(c)	YES 1 → NO 2 (c)	YES 1 NO 2 } →	 NO. DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
c. Head/Neck YES1 → NO2(B-5)	YES 1 → NO 2 (B-5)	YES 1 NO 2 } →	 NO. DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

B-5. (ASK) Do you have any problems with your skin in areas other than those I've just examined? For example, have you noticed any rashes, lumps, sores, itching, color changes or unusual bruises?					
YES 1 (ASK TO EXAMINE) NO 2 (B-9)	B-6. Are lesions sufficiently unusual to require a physician's review?	B-7. Do lesions resemble any reference photos?	B-8. (ASK) How long have you had this skin condition?		
1ST AREA a. Chest01 b. Back02 c. Abdomen03 d. Buttocks04 e. Thighs05 f. Lower legs06 g. Other96 y. (SPECIFY)	YES 1 → NO 2	YES 1 NO 2 } →	 NO. DAYS 1 WEEKS 2 MONTHS 3 YEARS 4		
2ND AREA a. Chest01 b. Back02 c. Abdomen03 d. Buttocks04 e. Thighs05 f. Lower legs06 g. Other96 (SPECIFY)	YES 1 → NO 2	YES 1 NO 2 } →	 NO. DAYS 1 WEEKS 2 MONTHS 3 YEARS 4		
3RD AREA a. Chest01 b. Back02 c. Abdomen03 d. Buttocks04 e. Thighs05 f. Lower legs06 g. Other96 y. (SPECIFY)	YES 1 → NO 2	YES 1 NO 2 } →	 NO. DAYS 1 WEEKS 2 MONTHS 3 YEARS 4		

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

YES	1	(B-10)
NO		(C-1)

B-10. (DO NOT ASK) Where were the needle tracks located?

[SPECIFY LOCATION(S)]

C. LYMPH NODE EXAM

PALPATE NODES ON RIGHT AND LEFT SIDE (EXCEPT SUBMENTAL NODE ON MIDLINE). IF PALPABLE, CODE SIZE IN CENTIMETERS, AND CATEGORIZE AS SOLITARY OR MULTIPLE.

LOCATION	RIGHT		L	EFT
C-1. Posterior cervical nodes	Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2	Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2
	Nonpalpable 2 Not examined 0	C-2	Nonpalpable 2 Not examined 0	C-2
C-2. Anterior cervical nodes	Palpable 1 →	<1.0 cm 1 <u>></u> 1.0 cm 2 Solitary 1 Multiple 2	Palpable 1 →	<1.0 cm 1 >1.0 cm 2 Solitary 1 Multiple 2
	Nonpalpable 2 Not examined 0	C-3	Nonpalpable	C-3
C-3. Submandibular nodes	Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2	Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2
	Nonpalpable 2 Not examined 0		Nonpalpable	C-4
C-4. Submental node	Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2 Solitary 1 Multiple 2		
(ALONG THE MIDLINE)	Nonpalpable 2 Not examined 0	C-5		
	Palpable1 →	<1.0 cm 1 ≥1.0 cm 2 Solitary 1	Palpable1 →	<1.0 cm 1 ≥1.0 cm 2 Solitary 1
C-5. Posterior auricular nodes	Nonpalpable 2 Not examined 0	Multiple 2	Nonpalpable 2 Not examined 0	Multiple 2

LOCATION	RIGHT		Ĺ	EFT
C-6. Occipital nodes	Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2	Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2
		Solitary 1 Multiple 2		Solitary 1 Multiple 2
	Nonpalpable 2 Not examined 0	C-7	Nonpalpable 2 Not examined 0	C-7
	Palpable 1 →	<1.0 cm 1 <u>></u> 1.0 cm 2	_ Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2
C-7. Supraclavicular nodes		Solitary 1 Multiple 2		Solitary 1 Multiple 2
	Nonpalpable 2 Not examined 0	C-8	Nonpalpable	C-8
C-8. Axillary nodes	Palpable 1 →	<1.0 cm 1 <u>></u> 1.0 cm 2	Palpable1 →	<1.0 cm 1 <u>></u> 1.0 cm 2
		Solitary 1 Multiple 2		Solitary 1 Multiple 2
	Nonpalpable 2 Not examined 0	C-9	Nonpalpable 2 Not examined 0	C-9
	Palpable 1 →	<1.0 cm 1 <u>></u> 1.0 cm 2	_ Palpable 1 →	<1.0 cm 1 <u>></u> 1.0 cm 2
C-9. Epitrochlear nodes		Solitary 1 Multiple 2		Solitary 1 Multiple 2
	Nonpalpable 2 Not examined 0	D-1	Nonpalpable 2 Not examined 0	D-1

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 restriction, per subject	1
Recent surgery	2
Injury	З
Physical handicap	4
Obesity	5
Other (SPECIFY)	6

(DO NOT ASK) Examiner's observations of unreported apparent restrictions (if any):

D-2. (ASK) Which hand do you use to write? (USE FOR D-7.)

 Right
 1

 Left
 2

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

MANEUVER	DEGREE OF IMPAIRMENT
D-3. Rise from chair without using hands. Impaired performance	Steadies body with hands
D-4. Walk on heels for 10 feet. Impaired performance 1 \rightarrow Normal performance	Walks 7 feet without abnormality or 10 feet with some abnormality in gait
D-5. Walk on toes for 10 feet. Impaired performance 1 \rightarrow Normal performance	Walks 7 feet without abnormality or 10 feet with some abnormality in gait

	MANEUVER	DEGREE OF IMPAIRMENT
D-6.	Walk forward heels-to-toes for 10 feet in a straight line.	
	Impaired performance 1 \rightarrow	Walks 7 feet without abnormality or 10 feet with some abnormality in gait
	Normal performance 2 Not attempted 0 } (D-7)	Unable to perform 3
D-7.	Feel tuning fork on great toe of dominant foot (from D-2).	
	Impaired performance 1 \rightarrow	Subject does not feel vibrations
	Normal performance $(\leq 4 \text{ second gap}) \dots 2$ Not attempted 0 (D-8)	

D-8. **Plantar reflex** in response to blunt object <u>lightly</u> moved from heel, up lateral aspect, curving medially across ball of foot to great toe.

RIGHT LEFT

Absent	0		0
Downward flexion present but diminished or weak	1	•••••	1
Normal downward flexion	2		2
Abnormal (dorsiflexion of great toe and/or fanning of other toes)	3		3
Unable to assess due to withdrawal/hypersensitivity	4	•••••	4
Reflex response not attempted	5	•••••••	5

D-9. **Patellar reflex** in response to one brisk tap with pointed end of reflex hammer.

Absent	0		0
Knee extension present but diminished or weak	1	••••••	1
Normal contraction of quadriceps and knee extension	2	••••••	2
Hyperactive, enhanced contraction and/or extension	3	•••••	З
Hyperactive with contractions and maintained stretch	4	•••••	4
Reflex response not attempted	5		5

D-10. **Biceps reflex** in response to strike with pointed end aimed through examiner finger or thumb directly toward the biceps tendon.

Absent	0	**********	0
Elbow flexion present but diminished or weak	1	•••••	1
Normal contraction of biceps and elbow flexion	2	•••••	2
Hyperactive, enhanced contraction and/or extension	3	•••••	3
Hyperactive with contractions and maintained stretch	4	••••••	4
Reflex response not attempted	5	•••••	5

E. POST- EXAM SUMMARY

To be completed by examiner after Level 1 Exam. Code result of examination on front cover (EC = Exam Complete; PE = Partial Exam).

E-1. EXAMINER COMMENTS/RECOMMENDATIONS

.

Signature			Date	•••••••••••••••••••••••••••••••••••••••
	F. PHYSICIA	N'S REVIEW]
				1
	d Referral Decision Section or ation(s) and additional comme			
	d Referral Decision Section or ation(s) and additional comme			
		nts pertaining	to your recor	nmendations.
	ation(s) and additional comme	nts pertaining	to your recor	refer to Level 2
findings, including explan	ation(s) and additional comme Referral Decis care or non-REDs specialist	sion at Level	to your recor	nmendations.

ч .

G. REVIEW AND REFERRAL DECISION SECTION - TO BE COMPLETED BY STUDY PHYSICIAN

CHECK BOX ON LEFT AND COMPLETE RECOMMENDATION SECTION FOR EACH CONDITION REPORTED DURING PHASE THREE VISIT.

PHASE THREE INTERVIEW	RECOMMEND REFERRAL TO LEVEL 2?		
Only If Same, Worse, or New:	Yes	No	If No, Explain
Any two of the following: difficulty walking, climbing or rising			· · · · · · · · · · · · · · · · · · ·
Any two of the following: urinary urgency, incontinence, or post-void urgency			
 Lymphadenopathy Unexplained fevers Night sweats Unintentional weight loss of ≥ 10 lbs. Bowel incontinence If Present At All: 			
 Lymphoma, leukemia or any other cancer History of hepatosplenomegaly History of myositis or muscle inflammation History of muscle spasms, tremors, paralysis, and/or multiple sclerosis 			
 History of uveitis/iritis Sarcoidosis or hepatitis reported as major medical condition 			
Complex medical history and/or poor health reported Other (SPECIFY)			
PHASE THREE LEVEL 1 EXAM		· ·	
Skin lesion(s) resembling photo or requiring physician review			
 Palpable supraclavicular, submental and/or epitrochlear node(s) 			
 Other node(s) of ≥ 1 cm Multiple regional lymphadenopathy of nodes ≤ 1 cm Without Apparent Restrictions: 			
 Impairment of heel, toe and/or heel-toe walking Impaired rising from a chair without using hands Reduced vibratory sense <u>and</u> either patellar hyperreflexia or impaired rising or walking Patellar hyperreflexia <u>and</u> either impaired rising or walking Plantar hyperreflexia of right or left side Other (SPECIFY)			
PHASE THREE ABNORMAL CBC VALUES			