

SUBJECT ID _____													
DATE OF EXAMINATION	<table border="1"> <tr> <td>__</td><td>__</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td colspan="2">MO</td> <td colspan="2">DAY</td> <td colspan="2">YR</td> </tr> </table>	__	__	__	__	__	__	MO		DAY		YR	
__	__	__	__	__	__								
MO		DAY		YR									
EXAMINER INITIALS	_ _ _												
LOCATION OF EXAM	BLOOD CENTER 1 SUBJECT'S HOME 2 OTHER 3 _____ (SPECIFY)												
SELECTED FOR LEVEL 2 QC?													
	YES 1 NO 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.

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. EXCLUDE 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?
<p>a. Hands/Forearms</p> <p>YES1 → NO2(b)</p>	<p>YES 1 → NO 2 (b)</p>	<p>YES 1 } → NO 2 }</p>	<p> _ _ _ NO. DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4</p>
<p>b. Feet</p> <p>YES1 → NO2(c)</p>	<p>YES 1 → NO 2 (c)</p>	<p>YES 1 } → NO 2 }</p>	<p> _ _ _ NO. DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4</p>
<p>c. Head/Neck</p> <p>YES1 → NO2(B-5)</p>	<p>YES 1 → NO 2 (B-5)</p>	<p>YES 1 } → NO 2 }</p>	<p> _ _ _ NO. DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4</p>

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. Chest.....01 b. Back.....02 c. Abdomen.....03 d. Buttocks.....04 e. Thighs.....05 f. Lower legs06 g. Other.....96 (SPECIFY) _____ _____	YES 1 → NO 2	YES 1 } → NO 2 }	__ __ NO. DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4
2ND AREA a. Chest.....01 b. Back.....02 c. Abdomen.....03 d. Buttocks.....04 e. Thighs.....05 f. Lower legs06 g. Other.....96 (SPECIFY) _____ _____	YES 1 → NO 2	YES 1 } → NO 2 }	__ __ NO. DAYS..... 1 WEEKS..... 2 MONTHS 3 YEARS 4
3RD AREA a. Chest.....01 b. Back.....02 c. Abdomen.....03 d. Buttocks.....04 e. Thighs.....05 f. Lower legs06 g. Other.....96 (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 2 (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		LEFT	
C-1. Posterior cervical 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-2	Nonpalpable 2 Not examined 0	} C-2
C-2. Anterior cervical 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-3	Nonpalpable 2 Not examined 0	} C-3
C-3. Submandibular 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-4	Nonpalpable 2 Not examined 0	} C-4
C-4. Submental node (ALONG THE MIDLINE)	Palpable 1 →	<1.0 cm 1 ≥1.0 cm 2		
		Solitary 1 Multiple 2		
	Nonpalpable 2 Not examined 0	} C-5		
C-5. Posterior auricular 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-6	Nonpalpable 2 Not examined 0	} C-6

LOCATION	RIGHT		LEFT	
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
C-7. Supraclavicular 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-8	Nonpalpable 2 Not examined 0	} C-8
C-8. Axillary 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-9	Nonpalpable 2 Not examined 0	} C-9
C-9. Epitrochlear 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	} 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 3
- 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
<p>D-3. Rise from chair without using hands.</p> <p style="padding-left: 20px;">Impaired performance 1 →</p> <p style="padding-left: 20px;">Normal performance 2</p> <p style="padding-left: 20px;">Not attempted 0 } (D-4)</p>	<p>Stadies body with hands 1</p> <p>Uses hands to push up 2</p> <p>Unable to perform..... 3</p>
<p>D-4. Walk on heels for 10 feet.</p> <p style="padding-left: 20px;">Impaired performance 1 →</p> <p style="padding-left: 20px;">Normal performance 2</p> <p style="padding-left: 20px;">Not attempted 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 style="padding-left: 20px;">Impaired performance 1 →</p> <p style="padding-left: 20px;">Normal performance 2</p> <p style="padding-left: 20px;">Not attempted 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>

MANEUVER	DEGREE OF IMPAIRMENT
<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 } (D-7)</p> <p>Not attempted 0 }</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. Feel tuning fork on great toe of dominant foot (from D-2).</p> <p>Impaired performance..... 1 →</p> <p>Normal performance (< 4 second gap) 2 } (D-8)</p> <p>Not attempted 0 }</p>	<p>Subject does not feel vibrations..... 1</p> <p>Examiner felt vibrations ≥ 5 sec. longer than subject..... 2</p>

D-8. **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
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	3
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

Comments/Recommendations _____

Signature _____ Date _____

F. PHYSICIAN'S REVIEW

F-1. Complete the Review and Referral Decision Section on the next page. Summarize below any additional findings, including explanation(s) and additional comments pertaining to your recommendations.

F-2.

Referral Decision at Level 1:	
<input type="checkbox"/> Do not refer	<input type="checkbox"/> Repeat CBC and refer to Level 2
<input type="checkbox"/> Refer to usual care or non-REDs specialist	<input type="checkbox"/> Repeat CBC, but do <u>not</u> refer to Level 2
<input type="checkbox"/> Refer to Level 2 (exam only)	<input type="checkbox"/> Repeat CBC. If abnormal, refer to Level 2

Physician Signature _____ Date _____

