DATE OF EXAM MO	_ DA YR
PHYSICIAN INITIALS _	_
REASON FOR LEVEL 2 CLINICALLY IN LEVEL 2 QC RECOMMENDI	

PHASE THREE LEVEL 2 EXAMINATION REDS HTLV COHORT STUDY

A. PRELIMINARY QUESTIONS

A-1. (ASK) First, I would like to ask if 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 restrictions per subject	1
Recent surgery	2
Injury	3
Physical handicap	4
Obesity	5
Other (SPECIFY)	6

(DO NOT ASK) Physician's observation of unreported apparent restrictions (if any):

A-2. (ASK) Which hand do you use to write? (USE FOR D-1 through D-4; E-4; and F-8.)

Right	1
Left	2

START EXAM ON NEXT PAGE (SECTION B) WITH SUBJECT SITTING ON EXAMINATION TABLE, LEGS DANGLING.

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B. 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" AND ANSWER SUBSEQUENT QUESTIONS ACROSS THE GRID. <u>EXCLUDE</u> FRECKLES, MOLES, CHERRY HEMANGIOMAS, LIPOMAS, PIMPLES AND ACNE.

B-1. Are any lesions present?	B-2. Are any lesions possibly suspicious for ATL?	
a. Hands/Arms YES 1 → NO 2 (b)	YES 1 → Circle reference photo #1, 2, 3, 4, 5, 6, none - NO 2 → What do lesions resemble? (Describe below) 	→ →
b. Trunk/Back YES 1 → NO 2 (c)	YES 1 → Circle reference photo #1, 2, 3, 4, 5, 6, none · NO 2 → What do lesions resemble? (Describe below) 	+
c. Legs/Feet YES 1 → NO 2 (d)	YES 1 → Circle reference photo #1, 2, 3, 4, 5, 6, none NO 2 → What do lesions resemble? (Describe below) 	→

B-3. through B-7. Describe lesions possibly suspect for ATL:		B-8. Has subject seen a physician about this?		
B-3.	Distribution	B-7. Texture/Appearance		YES 1 \rightarrow What was the diagnosis?
	Diffuse 01		0	
	Localized 02		2	
			2	······
	Other	· · · · · · · · · · · · · · · · · · ·	2	
	(Specify)		2	NO 2
			2	
B-4 .	Border		2	
	Regular 1		2	
	Irregular 2		2 2	
	•		2	
B-5.	Size . _ cm		2	
	Optor		2	
D- 0.	Color		-	
D 2	Distribution	B-7. Texture/Appearance		YES 1 \rightarrow What was the diagnosis?
D-3.	Distribution	YES 1	<u>10</u>	$r = 5 \dots r = 1 \rightarrow what was the diagnosis?$
	Diffuse 01	Macular 1	2	
	Localized 02	Papular 1	2	
	Other 96	Maculopapular 1	2	
	(Specify)	Pustular 1	2	NO 2
		Vesicular 1	2	
B-4.	Border	Nodular 1	2	
	Regular 1		2	
	-	Ulcerated 1	2	
	Irregular 2	Fungating 1	2	
B-5.	Size . cm	Scaly 1	2	
		Shiny 1	2	
B-6 .	Color	Other (DESCRIBE) 1	2	
		+	-	
B-3.	Distribution	B-7. Texture/Appearance YES	10	YES 1 \rightarrow What was the diagnosis?
	Diffuse 01	Macular 1	2	
	Localized 02	Papular 1	2	
	Other	Maculopapular 1	2	
	(Specify)	Pustular 1	2	NO 2
		Vesicular 1	2	
D A	Border	Nodular 1	2	
B-4 .	Border	Plaque 1	2	
1	Regular 1	Ulcerated 1	2	
1	Irregular 2	Fungating 1	2	
DE	Size om	Scaly 1	2	
0-5.	Size . cm	Shiny 1	2	
B-6.	Color	Other (DESCRIBE) 1	2	

B-1. Are any lesions present?	B-2. Are any lesions possibly suspicious for ATL?				
d. Head/Neck YES 1 → NO 2 (e)		1 → Circle reference photo #1, 2, 3, 4, 5, 6, none → 2 → What do lesions resemble? (Describe below) 			
e. (ASK) Do you have any problems with your skin in areas other than those I've just examined? YES 1 (Specify locations below)		1 → Circle reference photo #1, 2, 3, 4, 5, 6, none → 2 → What do lesions resemble? (Describe below)			

	rough B-7.		B-8.
Describe lesions possibly suspect for ATL:			Has subject seen a physician about this?
B-3. Distribution	B-7. Texture/Appearance YES	NC	2 YES 1 → What was the diagnosis?
Diffuse 01	Macular 1	2	
Localized 02	Papular 1	2	
Other 96	Maculopapular 1	2	
(Specify)	Pustular 1	2	NO 2
	Vesicular 1	2	
B-4. Border	Nodular 1	2	
Regular 1	Plaque 1	2	
Irregular 2	Uicerated 1	2	
B-5. Size . cm	Fungating 1	2	
	Scaly 1	2	
B-6. Color	Shiny 1	2	2
	Other (DESCRIBE) 1	2	2
B-3. Distribution	B-7. Texture/Appearance YES	<u>N</u>	$\underline{0}$ YES
Diffuse 01	Macular 1	2	
Localized 02	Papular 1	2	
Other 96	Maculopapular 1	2	· ·
(Specify)	Pustular 1	2	NO 2
	Vesicular 1	2	2
B-4. Border	Nodular 1	2	2
Regular 1	Plaque 1	2	2
Irregular 2	Ulcerated 1	2	2
B-5. Size	Fungating 1	2	2
	Scaly 1	2	2
B-6. Color	Shiny 1	2	2
	Other (DESCRIBE) 1	2	2
	1		

C. LYMPH NODE EXAM

PALPATE NODES ON RIGHT AND LEFT SIDE (EXCEPT SUBMENTAL NODE ON MIDLINE). IF PALPABLE, ENTER SIZE IN CENTIMETERS AND CIRCLE ONE DESCRIPTIVE TERM IN EACH BOX. DO NOT ADD OTHER DESCRIPTORS.

LOCATION	RIGHT		LEFT	
	Palpable1 → Nonpalpable2 Not examined0 } C-2	Size 1_ . _ cm Solitary 1 Multiple 2	Palpable1 → Nonpalpable2 Not examined0 } C-2	Size _ _ . _ cm Solitary 1 Multiple 2
C-1. Posterior cervical nodes		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
	Palpable1 → Nonpalpable2	Size _ _ . _ cm	Paipable1 → Nonpalpable2	Size _ _ . _ cm
	Not examined0 } C-3	Solitary 1 Multiple 2	Not examined0 C-3	Solitary 1 Multiple 2
C-2. Anterior cervical nodes		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

LOCATION	RIGHT		LEFT	
C-3. Submandibular nodes	Palpable1 → Nonpalpable2 Not examined0 } C-4	Size _ _ . _ cm Solitary	Palpable1 → Nonpalpable2 Not examined0 C-4	Size _ _ _ . _ cm Solitary 1 Multiple 2 Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted 1 together 2
C-4. Submental node (ALONG THE MIDLINE)	Palpable1 → Nonpalpable2 Not examined0 } C-5	Non-tender 2 Size _ . _ cm Solitary 1 Multiple 2 Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted 1 together 2 Tender 2		Non-tender 2
C-5. Posterior auricular nodes	Palpable1 → Nonpalpable2 Not examined0 } C-6	Size I_I_I.I.I.I cm Solitary	Palpable1 → Nonpalpable2 Not examined0 } C-6	Size

LOCATION	RIGHT		LEFT	
C-6. Occipital nodes	Palpable1 → Nonpalpable2 Not examined0 } C-7	Size _ _ _ . _ cm Solitary 1 Muttiple 2 Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted 2 Tender 1 Non-tender 2	Palpable1 → Nonpalpable2 Not examined0 C-7	Size _ _ _ . _ cm Solitary 1 Multiple 2 Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted 2 Tender 1 Non-tender 2
C-7. Supraclavicular nodes	Palpable1 → Nonpalpable2 Not examined0 } C-8	Size _ _ . _ cm Solitary	Palpable1 → Nonpalpable2 Not examined0 } C-8	Size _ _ . _ cm Solitary 1 Multiple 2 Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted 2 Tender 1 Non-tender 2
C-8. Axillary nodes	Palpable1 → Nonpalpable2 Not examined0 } C-9	Size _ _ . _ cm Solitary	Palpable1 → Nonpalpable2 Not examined0 } C-9	Size _ . _ cm Solitary

LOCATION	RIGHT		LEFT	
	Palpable1 \rightarrow Nonpalpable2 Not examined0 $\left.\right\}$ C-10	Size _ _ . _ cm Solitary 1 Multiple 2	Palpable1 \rightarrow Nonpalpable2 Not examined0 $\left.\right\}$ C-10	Size _ _ . _ cm Solitary 1 Multiple 2
C-9. Epitrochlear nodes		Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted 2 Tender 2 Tender 1 Non-tender 2		Hard
C-10. Other nodes (SPECIFY ONE PER LINE) a	Palpable1 → Nonpalpable2 Not examined0	Size JlI.II cm 1 Solitary	Palpable1 → Nonpalpable2 Not examined0 } D-1	Size _ , _ , cm Solitary 1 Multiple 2 Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted 1 together 2 Tender 1 Non-tender 2
b	Palpable1 → Nonpalpable2 Not examined0 } D-1	Size _ . _ cm Solitary 1 Multiple 2 Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted 2 Tender 1 Non-tender 2	Palpable1 → Nonpalpable2 Not examined0 } D-1	Size _ _ . _ cm Solitary 1 Multiple 2 Hard 1 Soft 2 Fixed 1 Mobile 2 Discrete 1 Matted together 2 Tender 1 Non-tender 2

D. EXAM WITH SUBJECT LYING DOWN

D-1. Toe fanning without resistance (dominant foot from A-2).

	<u>RIGH1</u>	-	<u>LEFT</u>
Abnormal	. 1		1
Normal	. 2		2

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

MANEUVER (de	ominant foot from A-2)	DEGREE OF IMPAIRMENT	
	dominant foot down osite leg, from knee to foot.		
Impaired pe	rformance 1 →	Slight unsteadiness, wobbling Obvious wobbling, weakness Unable to perform	2
Normal perf Not attempt	ormance 2 ed 0 } (D-3)		-
	rk on interphalangeal t toe of dominant foot.		
Impaired se	nsation 1 →	Examiner felt vibrations 5-7 sec. longer than subject Examiner felt vibrations > 7 sec. longer than subject Subject did not feel vibrations	2
<pre>< 4 second Not attempte</pre>	gap 2 ed 0 } (D-4)		
1	n of great toe foot, in response 's manipulations.		
Normal prop	pprioception 1 prioception 2 ed 0		

D-5. **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>

LEFT

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)	З		3
Hyperactive (as above) with reflex flexion at hip and/or knee	4	•••••	4
Hyperactive with repetitive rhythmic contractions and sustained stretch	5		5
Unable to assess due to withdrawal/hypersensitivity	6		6

E. EXAM WITH SUBJECT SITTING, LEGS DANGLING

UPPER EXTREMITIES

E-1.	Biceps reflex in response to strike with pointed end of reflex hammer aimed through your finger or thumb directly toward the biceps tendon.	<u>LEFT</u>
	Absent	0
	Elbow flexion present but diminished, or weak	
	Normal contraction of biceps and elbow flexion	
	Hyperactive contraction and/or flexion	
	Hyperactive with contractions and maintained stretch 4	
E-2.	Triceps reflex in response to direct strike with pointed end of reflex hammer from behind triceps tendon. <u>RIGHT</u>	LEFT
	Absent 0	
	Elbow extension present but diminished or weak	
	Normal	
	Hyperactive contraction and/or extension	
E-3.	Hyperactive with contractions and maintained stretch	4
	inches above wrist. RIGHT	LEFT

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

DEMONSTRATE MANEUVER. ASK SUBJECT TO PERFORM IT AFTER YOU.

MANEUVER (dominant hand from A-2)		DEGREE OF IMPAIRMENT
E-4.	Tapping index finger to thumb at distal joint, dominant hand.	
	Impaired performance 1 \rightarrow	Matches speed of examiner but finger slips to side or to pad of thumb
	Normal performance 2 Not attempted 0 } (E-5)	

E-5.	Thenar eminence bulk a	nd shape.	RIGH	Ľ	<u>LEFT</u>
		ny/flattening onvex			1 2
E-6.	Hand grip power and str	ength.	<u>RIGH</u>	<u> </u>	<u>LEFT</u>
		malal			1 2
E-7.	Tone of arm biceps.		<u>RIGH</u>	Ī	LEFT
	Abnor	mal Describe:	. 1	•••••	1
	Norm	(hypotonic, flaccid, rigid, spastic, etc.)	. 2	••••••	2
E-8.	Biceps power and streng	oth against gravity and resistance.	<u>RIGH</u>	I	<u>LEFT</u>
	Nom	ovement	. 0		0
		of contraction with no movement			
	Move	ment present but cannot be sustained against gravity	. 2		2
		ment against gravity but not applied resistance			
	Move	ment against some degree of resistance	. 4	•••••	4
	Full p	ower	. 5	•••••	5
		LOWER EXTREMITIES			

E-9. Achilles reflex in response to quick and direct strike with pointed end of reflex hammer.

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

LEFT

LEFT

RIGHT

<u>RIGHT</u>

E-10. Patellar reflex in response to one brisk tap with pointed end of reflex hammer.

Absent000Knee extension present but diminished or weak11Normal contraction of quadriceps and knee extension22Hyperactive, contraction and/or extension33Hyperactive with contractions and maintained stretch44

E-11.	Quadriceps bulk and shape.	<u>RIGHT</u>		LEFT
	Atrophy/flattening	. 1		1
	Full/convex			2
	,			
E-12.	Tone of quadriceps.	<u>RIGHT</u>	-	<u>LEFT</u>
	Abnormal	. 1		1
	Describe:			
	(hypotonic, flaccid, rigid, spastic, etc.)	_		
	Normal	. 2	•••••	2
E-13.	Calf bulk and shape.	<u>RIGH1</u>	[<u>LEFT</u>
	Atrophy/flattening			1
	Full/convex	2	•••••	2
E-14.	Quadriceps power and strength against gravity and resistance.	RIGH	1	<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-15.	Hamstrings power and strength against gravity and resistance.	<u>RIGH</u>	<u>[</u>	LEFT
	N	•		•
	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 5
	Full power	5	•••••	5
E-16.	lliopsoas (hip flexors) power and strength against gravity and resistance.	<u>RIGH</u>	Ľ	<u>LEFT</u>
	No movement	0		0
	Trace of contraction with no movement			1
	Movement present but cannot be sustained against gravity	2		2
	Movement against gravity but not applied resistance			3
	Movement against some degree of resistance			4
	Full power		•••••	5

E-17.	Ankle flexors (dorsiflexion) power and strength against gravity and resistance.	<u>RIGHT</u>	<u>LEFT</u>

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	З	•••••	
Movement against some degree of resistance	4		
Full power	5	•••••	

E-18.	Ankle extensors (plantar flexion) power and strength against gravity and resistance.	<u>RIGH</u>	I	<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

F. EXAM WITH SUBJECT STANDING ON FLOOR

	MANEUVER	DEGREE OF IMPAIRMENT
F-1.	Walk on heels for 10 feet.	
	Impaired performance 1 \rightarrow Normal performance 2	Walks 7 feet without abnormality, or 10 feet with some abnormality in gait 1 Walks < 7 feet and/or noticeable abnormality in gait
	Not attempted 0 } (F-2)	
F-2.	Walk on toes for 10 feet.	
	Impaired performance 1 \rightarrow	Walks 7 feet without abnormality, or 10 feet with some abnormality in gait 1 Walks < 7 feet and/or noticeable abnormality in gait
	Normal performance 2 Not attempted	
F-3.	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 Walks < 7 feet and/or noticeable abnormality in gait
	Normal performance 2 Not attempted 0 } (F-4)	
F-4.	Walk backward toes-to-heels for 10 feet in a straight line.	
	Impaired performance 1 \rightarrow	Walks 7 feet without abnormality, or 10 feet with some abnormality in gait Walks < 7 feet and/or noticeable abnormality in gait
	Normal performance 2 Not attempted 0 } (F-5)	
F-5.	Rise from chair without using hands.	
	Impaired performance 1 \rightarrow	Steadies body with hands Uses hand to push up Unable to perform
	Normal performance 2 Not attempted 0 } (F-6)	

	MANEUVER	DEGREE OF IMPAIRMENT
F-6.	Stand with feet together, arms extended forward, and eyes closed (20-30 sec.)	
	Impaired performance 1 \rightarrow	Barely noticeable pronator drift
	Normal performance 2 Not attempted 0 } (F-7)	
F-7.	Stand with feet together, arms at the side and eyes closed (20-30 sec.)	
	Impaired performance 1 \rightarrow	Unsteady, no corrective step
	Normal performance 2 Not attempted 0 } (F-8)	· · · · · · · · · · · · · · · · · · ·
F-8.	Foot tapping, dominant foot. (from A-2)	
	Impaired performance 1 \rightarrow	1-2 taps/sec
	Normal performance 2 Not attempted 0 } (G-1)	

G. INJECTION DRUG USE

G-1. (DO NOT ASK) Were needle tracks observed anywhere on the subject's body?

YES	1	(G-2)
NO		(H-1)

G-2 (DO NOT ASK) Where were the needle tracks located?

[SPECIFY LOCATION(S)]

H. PHYSICIAN'S REVIEW & RECOMMENDATION

To be completed by study physician after Level 2 examination. Code result of examination front cover (EC = exam complete; PE = partial exam).

H-1. Record your recommendation.

- H-2. Please summarize your findings, including explanation or additional comments for your recommendation(s). Use additional page at end of booklet if necessary.

				-
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				-
		 		-
		 		_
		 		_
				-
		 		-
		 		_
		 		_
		 		-
cian Signature:		Date:		
		 		,

ADDITIONAL PHYSICIAN COMMENTS

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