# LONG PHYSICAL EXAM

LX

Patient ID: 1 ___ ___ ___ ___
Patient Initials: ___ ___ ___
Visit Number: ___ ___
Visit Date: ___ ___ / ___ ___ / ___ ___ (month / day / year)
Interviewer ID: ___ ___ ___ ___

*(Clinic Coordinator completed)*

## PHYSICAL EXAMINATION

**01** 1. Height (*without shoes*) ___ ___ ___ . ___ cm

**02** 2. Weight (*without shoes or heavy clothing*) ___ ___ ___ . ___ kg

## VITAL SIGNS

***The patient should sit quietly for five minutes before blood pressure measurements are recorded and maintain this position while all vital signs are taken.***

**03A** **03B** 3. Resting blood pressure ___ ___ ___ / ___ ___ ___ mm Hg (systolic / diastolic)

**04** 4. Pulse ___ ___ ___ beats/min

**05** 5. Respiration ___ ___ breaths/min

**06** 6. Body Temperature ___ ___ ___ . ___ ° F

## PULMONARY AUSCULTATION

**07** 7. Indicate condition of patient. (*Check one box only*)

If applicable, describe sounds: _____

- ❑ 1 No wheezing
- ❑ 2 Wheeze on inspiration or expiration
- ❑ 3 Adventitious sounds other than wheezing

## PREGNANCY TEST

**08** 8. Does the patient have a positive pregnancy test? ❑ 1 Yes ❑ 0 No ❑ 9 N/A

***If Yes, please complete the Termination of Study Participation form (TERM).***

# LONG PHYSICAL EXAM

***Please indicate current physical findings by checking the appropriate box(es) below and if ABNORMAL, please describe concisely:***

| | | Not Done | Normal | Abnormal | |
|---|---|---|---|---|---|
| 09 | 9. Hair and Skin | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 10 | 10. Lymph nodes | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 11 | 11. Eyes (excluding corrective lenses) | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 12 | 12. Ears, Nose, and Throat | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 13 | 13. Breasts * | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 14 | 14. Respiratory (excluding asthma) | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 15 | 15. Cardiovascular | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 16 | 16. Urogenital * | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 17 | 17. Pelvic * | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 18 | 18. Gastrointestinal * | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 19 | 19. Musculoskeletal | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 20 | 20. Neurological | ❑ 2 | ❑ 1 | ❑ 0 | _____ |
| 21 | 21. Mental Status | ❑ 2 | ❑ 1 | ❑ 0 | _____ |

* Procedures done at the discretion of the examining physician.

**INTRANASAL STEROIDS (*Visit 12 only*)**

22 — 22. Is the patient on beclomethasone dipropionate at a dose ≤ 100 μg in each nostril BID? ❑ 1 Yes ❑ 0 No

**ADVERSE EVENTS (*Visit 12 only*)**

23 — 23. ***Ask the patient:*** Have you experienced nervousness, tremors, nausea, palpitations, headaches, or dizziness since the last clinic visit? ❑ 1 Yes ❑ 0 No

***If Yes, please complete the Adverse Event form (ADVERSE).***

24 — 24. ***Ask the patient:*** Have you had any other medical conditions since the last clinic visit? ❑ 1 Yes ❑ 0 No

***If Yes, please complete the Adverse Event form (ADVERSE).***