Asthma Clinical Research Network
NIH/NHLBI
CIMA

SHORT PHYSICAL EXAM

Subject ID: 2 ___ ___ ___ ___
Subject Initials: ___ ___ ___
Visit Number: ___
Visit Date: ___ ___ / ___ ___ / ___ ___
month day year
Interviewer ID: ___ ___ ___ ___ ___

data(Clinic Coordinator completed)

VITAL SIGNS

SX_01 1. Pulse ___ ___ ___ beats/min

SX_02 2. Respiration ___ ___ breaths/min

INTRANASAL STEROIDS

SX_03 3. Is the subject on beclomethasone dipropionate at a dose ≤ 100 μg in each nostril BID? ❑1 Yes ❑0 No

ADVERSE EVENTS

SX_04 4. ***Ask the subject:*** Have you experienced gastrointestinal side effects, abdominal cramping, diarrhea, or any other medical conditions since the last clinic visit? ❑1 Yes ❑0 No

SX_04a If ***Yes***, is this an ongoing event from a previous visit? ❑1 Yes ❑0 No

If this is a new event since the last visit, please complete the Clinical Adverse Events form (AECLIN).

If any of the Clinical Adverse Events warrant a laboratory test, report any adverse results on a Laboratory Adverse Events form (AELAB).