

TODAY2 Form PEMD, Physical Examination by Clinician Investigator

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Release Participant ID

RELEASEID

Release Visit Number

PVISIT

1. Days since randomization

DAYS

Instructions: This form is completed at each in-person scheduled visit by a clinical investigator or nurse practitioner.

Physical Exam Measurements

	Normal	Abnormal	
2. HEENT	<input type="text"/> ₁	<input type="text"/> ₂	HEENT
3. Thyroid	<input type="text"/> ₁	<input type="text"/> ₂	THYROID
4. Lungs	<input type="text"/> ₁	<input type="text"/> ₂	LUNGS
5. Heart	<input type="text"/> ₁	<input type="text"/> ₂	HEART
6. Abdomen (e.g., hepatomegaly)	<input type="text"/> ₁	<input type="text"/> ₂	ABDOMEN
7. Extremities (e.g., pitting edema)	<input type="text"/> ₁	<input type="text"/> ₂	EXTREM
8. Skin (e.g., skin rash)	<input type="text"/> ₁	<input type="text"/> ₂	SKIN
9. Neurologic (except MNSI)	<input type="text"/> ₁	<input type="text"/> ₂	NEURO

Sexual maturity

	Stage 4 or 5	Stage 1, 2, or 3	
10. Tanner stage	<input type="text"/> ₁	<input type="text"/> ₂	TANNER

Erectile dysfunction

<i>Ask of males ONLY</i>	Yes	No	Refused	
12. Do you have trouble getting or maintaining an erection?	<input type="text"/> ₁	<input type="text"/> ₀	<input type="text"/> ₂	ERECT