



# ChiLDReNLink: PROBE

**Form 07 Physical Exam PROBE**

A1 Exam Date  
     
 Month Day Year

A2 Source of Data (check all that apply)

Attending Physician  
 Study Investigator  
 Medical Record

B9 Weight

<input type="checkbox"/> Not Done <input type="text"/>	<input type="checkbox"/> Not Done <input type="text"/>
<input checked="" type="radio"/> --	<input checked="" type="radio"/> --
<input type="radio"/> kgs	<input type="radio"/> oz
<input type="radio"/> lbs	<input type="radio"/> Not Done
<input type="radio"/> oz	
<input type="radio"/> Not Done	

B10 Length/height

<input type="checkbox"/> Not Done <input type="text"/>	<input type="checkbox"/> Not Done <input type="text"/>
<input checked="" type="radio"/> --	<input checked="" type="radio"/> --
<input type="radio"/> cm	<input type="radio"/> inches
<input type="radio"/> feet	<input type="radio"/> Not Done
<input type="radio"/> inches	
<input type="radio"/> Not Done	

For skinfold measurements, perform all measurements in triplicate and record the mean

B11 Head circumference (if ≤ 3 years age)

Not Done

--  
 cm  
 inches  
 NA (> 3 years)  
 Not Done

B12 Mid arm circumference

RIGHT ARM:  Not Done

LEFT ARM:  Not Done

--

cm

Not Done

--

cm

Not Done

Triceps skinfold thickness

RIGHT:  Not Done

LEFT:  Not Done

B13

--

mm

Not Done

--

mm

Not Done

Physical Examination

C1

--

Done

Not Done

Skin exam

Jaundice (check all that apply)?

C5

- None
- Sclera
- Skin
- Not Done

Cyanosis (check all that apply)

C6

- None
- Central (e.g. lips)
- Peripheral (e.g. fingers, toes)
- No information given
- Not Done

Facial Features exam

Facial Features

C11

--

Normal

Abnormal dysmorphic features

No information given

Not Done

Abnormal dysmorphic features (check all that apply)

C12

- Triangular face
- Wide nasal bridge
- Prominent forehead
- Low set ears
- Deep set eyes
- Other (specify):
- No information given

C13 Do these features suggest a known syndrome?

- No  
 Alagille syndrome  
 Other (specify):  
 No information given

C22 Did the participant receive an eye exam performed by an ophthalmologist?

- No  
 Yes

C24 Results:

- Normal  
 Abnormal (specify)

C26 Cataracts

- Absent  
 Present

C27 If present, eye(s) affected

- Right  
 Left  
 Both

C28 Posterior Embryotoxon

- Absent  
 Present

C29 If present, eye(s) affected

- Right  
 Left  
 Both

C30 Retinitis

- Absent  
 Present

C31 If present, eye(s) affected

- Right  
 Left

Both

C32

Abnormal retinal pigmentation

- 
- Absent
- Present

C33

If present, eye(s) affected

- 
- Right
- Left
- Both

C34

Other condition present?

- 
- No
- Yes

C35

Please specify:

C36

If present, eye(s) affected

- 
- Right
- Left
- Both

C43

Liver Exam

- 
- Done
- Not Done

C44

Liver location

- 
- Normal (right side)
- Midline
- Left side
- Not palpable
- Not Done

C45

Liver span

Not Done

- 
- cm
- Not palpable
- Not Done

at right (left) mid-clavicular line

C46

Liver edge

Not Done

- cm below right (left) costal margin (specify)  
 Liver edge not palpable  
 Not Done

## Liver edge

 Not Done 

C47

- cm below xiphoid  
 Liver edge not palpable  
 Not Done

## Liver texture

- Soft  
 Firm  
 Hard  
 Nodular and hard  
 Not palpable  
 Not Done

C48

## Spleen exam

- Done  
 Not Done

C49

## Spleen location

- Normal (left side)  
 Midline (wandering)  
 Right side  
 Not palpable

C50

## Spleen size below the left (right) costal margin

 Not Done 

- cm  
 Not palpable  
 Not Done

C51

## Ascites

- Absent  
 Present

C53

C55 Stool color:

- White or gray (acholic)  
 Pale (less color than normal)

Normal (yellow, brown, green)

Peripheral edema:

C66

- 
- Absent
- Present
- Not Done

Anomalies and Abnormalities

Review each of the following items below and check the appropriate box

Appearance

C79

- 
- Normal
- Abnormal (specify)
- Not Done

Skin

C80

- 
- Normal
- Abnormal (specify)
- Not Done

HEENT

C81

- 
- Normal
- Abnormal (specify)
- Not Done

Neck and Thyroid

C82

- 
- Normal
- Abnormal (specify)
- Not Done

Lungs and Chest

C83

- 
- Normal
- Abnormal (specify)
- Not Done

C84

Lymphatic

- 
- Normal

Abnormal (specify)

Not Done

Heart

--

Normal

C85

Abnormal (specify)

Not Done

Abdomen

--

Normal

C86

Abnormal (specify)

Not Done

Musculoskeletal

--

Normal

C87

Abnormal (specify)

Not Done

Neurological

--

Normal

C88

Abnormal (specify)

Not Done

Other

--

Normal

C89

Abnormal (specify)

Not Done

Investigator Signed?

--

D1

No

Yes

Date investigator signed

D2

   

Month Day Year

Z1

Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will be removed from the Task list, but will remain available from the iTask through the CENSUS.

This questionnaire or task has been completed with all available data:

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Yes

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