



Physical Findings Form

CRISP -FORM #11

Missing Codes:
A-Participant refused
B-Reading not possible
C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

This form is to be completed at the participant's visits for baseline and annual physical exams.

1. Date of Visit: _____ / _____ / _____ **DVDATE**
Month Day Year

2. Please circle the correct units of measurement used (Use Height from Form 9):

Weight: **WEIGHT** kg pounds **LBKG** Height: **HEIGHT** cm inches **INCHCM**

3. Cardiac rhythm: Regular ___ Irregular ___ **CARDR** Pulse Rate: **PRATE** ___

4. Cardiac murmur (circle one) yes no **CMYN**

5. Abdominal Organ Evaluation (circle one): Palpable right kidney: yes no **PRKYN** Palpable left kidney: yes no **PLKYN**

Liver span: normal abnormal **LSYN**

6. Hernia (circle all that apply):
umbilical **HERNU** ventral **HERNV** none **HERNN**
left inguinal right inguinal
HERNL **HERNR**

7. Edema (circle one): Yes No **EDYN**

8. Other Findings: **OTHER** _____

CRISP Member completing this form: **CMIDNUM** Date form completed _____ / _____ / _____ **CDDATE**
Month Day Year

Contents of Form Reviewed by Principal Investigator (required signature): _____

Date Principal Investigator signed: _____ / _____ / _____ **RSDATE**
Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered

Data Entry Person **DEIDNUM** Date Form Entered: _____ / _____ / _____ **DEDATE**
Month Day Year