

Diabetes Prevention Trial - Type 1

PHYSICAL EXAMINATION

Complete this form at baseline and every six months thereafter.

Subject ID #: Subject Initials: Date: / /
F M L M M D D Y Y

Name of person completing form (please print): _____

Date of Visit: / /
M M D D Y Y

Height: . **CM** (Without Shoes; Stadiometer Preferred, please use metric units)

Weight: . **KG** (Without Shoes, please use metric units)

Blood Pressure: / mmHg (Right Arm Left Arm) (Sitting)

Pulse: bpm

<u>SYSTEM:</u>	<u>No/Normal</u>	<u>Yes/Abnormal</u>	<u>Not Done</u>	<u>IF ABNORMAL, SPECIFY:</u>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest/Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart/Circulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin/Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lipohypertrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lipoatrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vitiligo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tanner Stage	<input type="checkbox"/>	1 = I 2 = II	3 = III 4 = IV	(see manual of operations)
Other Abnormalities (Specify):	_____			