



CHILDRENLink: LOGIC

Form 07 Physical Exam LOGIC G1

A: EXAM DATE

A1	Exam Date	____ / ____ / ____
A2	Source of Data (check all that apply)	<input type="checkbox"/> Attending Physician <input type="checkbox"/> Study Investigator <input type="checkbox"/> Medical Record

C: PHYSICAL EXAM 1

C1	Physical Examination	<input type="radio"/> Done <input type="radio"/> Not Done → go to E1
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C: PHYSICAL EXAM 2

C37	Chest/Lung Exam	<input type="radio"/> Done <input type="radio"/> Not Done → go to C41
C38	Right side:	<input type="radio"/> Normal <input type="radio"/> Wheezing <input type="radio"/> Other (specify): _____
C39	Left side:	<input type="radio"/> Normal <input type="radio"/> Wheezing <input type="radio"/> Other (specify): _____
C40	Hyperexpanded chest:	<input type="radio"/> No <input type="radio"/> Yes
C41	Cardiac Exam	<input type="radio"/> Done <input type="radio"/> Not Done → go to C56
C42	Heart murmur: (check all that apply)	<input type="checkbox"/> Absent <input type="checkbox"/> Functional Murmur <input type="checkbox"/> Peripheral pulmonary artery stenosis murmur <input type="checkbox"/> Pathologic murmur (specify): _____
C56	Genitalia Exam	<input type="radio"/> Done <input type="radio"/> Not Done → go to C58
C57	Anomaly of the genitalia present:	<input type="radio"/> No <input type="radio"/> Yes (specify): _____
C58	Tanner Score (if child is 8 years or older or if precocious puberty is suspected)	<input type="radio"/> Done <input type="radio"/> Not Done → go to C61 <input type="radio"/> NA → go to C61 <input type="radio"/> Refused → go to C61
C59	Development	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
C60	Pubic hair	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

C: PHYSICAL EXAM 3

C61	Extremities Exam	<input type="radio"/> Done	<input type="radio"/> Not Done → go to C69
C62	All are normal?	<input type="radio"/> No	<input type="radio"/> Yes
If all are NOT normal, complete each of the following:			
C63	Joints:	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____	
C64	Fingers:	<input type="radio"/> Normal <input type="radio"/> Short <input type="radio"/> Other abnormality (specify): _____	
C65	Toes:	<input type="radio"/> Normal <input type="radio"/> Short <input type="radio"/> Other abnormality (specify): _____	
C67	Clubbing:	<input type="radio"/> Absent	<input type="radio"/> Present
C68	Malformation of an extremity?	<input type="radio"/> No <input type="radio"/> Yes (specify): _____	
C69	Neurologic Exam:	<input type="radio"/> Done	<input type="radio"/> Not Done → go to E1
C70	Muscle Tone	<input type="radio"/> Normal → go to C72 <input type="radio"/> Not Done → go to C72	<input type="radio"/> Abnormal
C71	If Abnormal, please specify	<input type="radio"/> Hypotonic <input type="radio"/> Flaccid	<input type="radio"/> Hypertonic <input type="radio"/> Other (specify): _____
C72	Muscle Strength:	<input type="radio"/> Normal <input type="radio"/> Abnormal (weakness) Specify location: _____ <input type="radio"/> Not Done	
C73	Knee Tendon Reflexes:	<input type="radio"/> Normal <input type="radio"/> Increased	<input type="radio"/> Absent <input type="radio"/> Clonus <input type="radio"/> Diminished <input type="radio"/> Not Done
C74	Ataxia:	<input type="radio"/> No → go to C76	<input type="radio"/> Yes
C75	If yes, check all that apply	Upper Extremities: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Lower Extremities: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Truncal: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
C76	Extra-ocular movements:	<input type="radio"/> Normal <input type="radio"/> Strabismus <input type="radio"/> Decreased lateral gaze <input type="radio"/> Decreased downward gaze <input type="radio"/> Other (specify): _____	
C77	Other neurological abnormalities:	<input type="radio"/> None <input type="radio"/> Other (specify): _____	

E: INVESTIGATOR SIGNATURE

E1	Investigator Signed?	<input type="radio"/> No → Done <input type="radio"/> Yes _____
E2	Date investigator signed	____ / ____ / ____