



CHILDRENLink: LOGIC

Form 07 Physical Exam LOGIC G2 G5

A: VISIT

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

B: VITAL SIGNS AND ANTHROPOMETRICS

B1	Vital Signs	O Done	O Not Done → go to B9	
B2	Blood Pressure	____ O Systolic in mm Hg	O Not Done	
		____ O Diastolic in mm Hg	O Not Done	
B3	Heart rate (when quiet)	____ O beats/min	O Not Done	
B4	Oxygen saturation in room air (upright position - for at least 5 minutes)	____ O %	O Not Done	
B6	Respiratory Rate	____ O respirations per minute	O Not Done	
B7	Temperature	____ O °C	O °F	O Not Done
B9	Weight	____ O kgs	O lbs	O oz
		____ O oz	O Not Done	
B10	Length/height	____ O cm	O feet	O inches
		____ O inches	O Not Done	
B11	Head circumference (if ≤ 3 years age)	____ O cm	O inches	O NA (>3 years)
		O Not Done		
B12	Mid arm circumference	Right Arm: ____ O cm	O Not Done	
		Left Arm: ____ O cm	O Not Done	

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

B13	Triceps skinfold thickness	Right: ____ O mm	O Not Done	
		Left: ____ O mm	O Not Done	

C: PHYSICAL EXAM 1

C1	Physical Examination	O Done	O Not Done → go to E1
C2	Skin exam:	O Done	O Not Done → go to C11
C5	Jaundice (check all that apply)?	<input type="checkbox"/> None <input type="checkbox"/> Skin	<input type="checkbox"/> Sclera <input type="checkbox"/> Not Done
C6	Cyanosis (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Peripheral (e.g. fingers, toes) <input type="checkbox"/> Not Done	<input type="checkbox"/> Central (e.g. lips) <input type="checkbox"/> No information given
C7	Pruritus	<input type="radio"/> None <input type="radio"/> Mild scratching when undistracted <input type="radio"/> Active scratching without abrasion <input type="radio"/> Active scratching with abrasions <input type="radio"/> Cutaneous mutilation with bleeding and scarring	
C8	Xanthoma	O None → go to C11 O Extensive	O Mild/Moderate
C9	Specify xanthoma location	_____	
Facial Features exam			
C11	Facial Features	<input type="radio"/> Normal → go to C14 <input type="radio"/> Abnormal dysmorphic features <input type="radio"/> No information given → go to C14 <input type="radio"/> Not Done → go to C14	
C12	Abnormal dysmorphic features (check all that apply)	<input type="checkbox"/> Triangular face <input type="checkbox"/> Wide nasal bridge <input type="checkbox"/> Prominent forehead <input type="checkbox"/> Low set ears <input type="checkbox"/> Deep set eyes <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> No information given	
C13	Do these features suggest a known syndrome?	<input type="radio"/> No <input type="radio"/> Alagille Syndrome <input type="radio"/> Other (specify): _____ <input type="radio"/> No information given	
C14	Eye Exam (by investigator)	O Done	O Not Done → go to C37
C15	Sclera: Icterus	O No	O Yes O Not Done

C: PHYSICAL EXAM 1

C16	Iris:	<input type="radio"/> Normal <input type="radio"/> Coloboma <input type="radio"/> Other abnormality (specify): _____ <input type="radio"/> Not Done
C17	Posterior Embryotoxon (without slit lamp)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Done
C18	Pupil:	<input type="radio"/> Normal <input type="radio"/> Other abnormality (specify): _____ <input type="radio"/> Not Done
C19	Fundus:	<input type="radio"/> Normal <input type="radio"/> Retinitis Pigmentosa <input type="radio"/> Optic Atrophy <input type="radio"/> Papilledema <input type="radio"/> Hyperpigmented Macula <input type="radio"/> Other (specify): _____ <input type="radio"/> Not Done
C20	Other Abnormality?	<input type="radio"/> No <input type="radio"/> Yes (specify): _____
C22a	Did the participant receive an eye exam performed by an ophthalmologist?	<input type="radio"/> No → go to C37 <input type="radio"/> Yes
C22b	Date of eye exam	____ / ____ / _____
C23	Results:	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____

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 C43

C: PHYSICAL EXAM 2

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): _____
C43	Liver Exam	<input type="radio"/> Done <input type="radio"/> Not Done → go to C49
C44	Liver location	<input type="radio"/> Normal <input type="radio"/> Midline <input type="radio"/> Left Side <input type="radio"/> Not Palpable → go to C49 <input type="radio"/> Not Done
C45	Liver span at right (left) mid-clavicular line	_____ <input type="radio"/> cm <input type="radio"/> Not Palpable <input type="radio"/> Not Done
C46	Liver edge	_____ <input type="radio"/> cm below right (left) costal margin <input type="radio"/> Liver edge not palpable <input type="radio"/> Not Done
C47	Liver edge	_____ <input type="radio"/> cm below xiphoid <input type="radio"/> Liver edge not palpable <input type="radio"/> Not Done
C48	Liver texture	<input type="radio"/> Soft <input type="radio"/> Firm <input type="radio"/> Hard <input type="radio"/> Nodular and Hard <input type="radio"/> Not Palpable <input type="radio"/> Not Done
C49	Spleen exam	<input type="radio"/> Done <input type="radio"/> Not Done → go to C53
C50	Spleen location	<input type="radio"/> Normal (Left Side) <input type="radio"/> Midline (wandering) <input type="radio"/> Right Side <input type="radio"/> Not Palpable → go to C53
C51	Spleen size below the left (right) costal margin	_____ <input type="radio"/> cm <input type="radio"/> Not Palpable <input type="radio"/> Not Done
C52	Spleen texture	<input type="radio"/> Soft <input type="radio"/> Firm <input type="radio"/> Hard <input type="radio"/> Not Done
C53	Ascites	<input type="radio"/> Absent → go to C56 <input type="radio"/> Present
C54	Ascites confirmed by ultrasound:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No information given
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): _____

C: PHYSICAL EXAM 2

C58	Tanner Score (if child is 8 years or older or if precocious puberty is suspected)	O Not Done → go to C61 O NA → go to C61	O Done O Refused → go to C61
C59	Development	O 1	O 2 O 3 O 4 O 5
C60	Pubic hair	O 1	O 2 O 3 O 4 O 5

C: PHYSICAL EXAM 3

C61	Extremities Exam	O Done	O Not Done → go to C69
C62	All are normal?	O No	O Yes → go to C69
If all are NOT normal, complete each of the following:			
C63	Joints:	O Normal O Abnormal (specify): _____	
C64	Fingers:	O Normal O Other abnormality (specify): _____	O Short
C65	Toes:	O Normal O Other abnormality (specify): _____	O Short
C66	Peripheral edema:	O Absent O Not Done	O Present
C67	Clubbing:	O Absent	O Present
C68	Malformation of an extremity?	O No O Yes (specify): _____	
C69	Neurologic Exam:	O Done	O Not Done → go to E1
C70	Muscle Tone	O Normal → go to C72 O Not Done → go to C72	O Abnormal
C71	If Abnormal, please specify	O Hypotonic O Other (specify): _____	O Hypertonic O Flaccid
C72	Muscle Strength:	O Normal O Abnormal (weakness) Specify Location: _____ O Not Done	

C: PHYSICAL EXAM 3

C73	Knee Tendon Reflexes:	<input type="radio"/> Normal <input type="radio"/> Diminished <input type="radio"/> Clonus <input type="radio"/> Absent <input type="radio"/> Increased <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"/> Nystagmus <input type="radio"/> Decreased upward gaze <input type="radio"/> Decreased medial 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	____ / ____ / ____