



CHILDRENLink: BASIC

Form 07 Physical Exam BASIC

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

B: VITAL SIGNS AND ANTHROPOMETRICS

B1	Vital Signs	O Done	O Not Done → go to B9
B2	Blood Pressure	____ Systolic in mm Hg	O Not Done
		____ Diastolic in mm Hg	O Not Done
B3	Heart rate (when quiet)	____ beats/min	O Not Done
B4	Oxygen saturation in room air (upright position - for at least 5 minutes)	____ %	O Not Done
B5	Heart rate at time of pulse oxygen saturation (as measured by saturation monitor)	____ beats/min	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: ____ cm	O Not Done
		Left arm: ____ cm	O Not Done
For skinfold measurements, perform all measurements in triplicate and record the mean			
B13	Triceps skinfold thickness	Right: ____ mm	O Not Done
		Left: ____ mm	O Not Done
B14	Subscapular skinfold thickness	____ 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 C43
C4	Skin exam results (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Caput/Abdominal wall varices <input type="checkbox"/> Xanthomas <input type="checkbox"/> Excoriation <input type="checkbox"/> Bruising	<input type="checkbox"/> Jaundice <input type="checkbox"/> Spider hemangiomas <input type="checkbox"/> Xanthelasma <input type="checkbox"/> Palmar erythema <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

C: PHYSICAL EXAM 2

C43	Liver Exam	O Done	O Not Done → go to C49
C44	Liver location	<input type="checkbox"/> Normal (right side) <input type="checkbox"/> Not palpable → go to C49	<input type="checkbox"/> Midline <input type="checkbox"/> Left site <input type="checkbox"/> Not done
C45	Liver span [at right (left) mid-clavicular line]	____ ____ O cm <input type="checkbox"/> Not palpable <input type="checkbox"/> Not Done	
C46	Liver edge	____ ____ <input type="checkbox"/> Not Done	<input type="checkbox"/> O cm below right (left) costal margin <input type="checkbox"/> Liver edge not palpable
C47	Liver edge	____ ____ <input type="checkbox"/> Not Done	<input type="checkbox"/> O cm below xiphoid <input type="checkbox"/> Liver edge not palpable
C48	Liver texture	<input type="checkbox"/> Soft <input type="checkbox"/> Nodular and hard	<input type="checkbox"/> Firm <input type="checkbox"/> Not palpable <input type="checkbox"/> Hard <input type="checkbox"/> Not Done
C49	Spleen exam	O Done	O Not Done → go to C53
C50	Spleen location	<input type="checkbox"/> Normal (left side) <input type="checkbox"/> Right site	<input type="checkbox"/> Midline (wandering) <input type="checkbox"/> Not palpable → go to C83
C51	Spleen size below the left (right) costal margin	____ ____ O cm <input type="checkbox"/> Not palpable <input type="checkbox"/> Not Done	
C53	Ascites	O Absent	O Present
C58	Tanner Score (if child is 8 years or older or if precocious puberty is suspected)	<input type="checkbox"/> Done <input type="checkbox"/> NA → go to C66	<input type="checkbox"/> Not Done → go to C66 <input type="checkbox"/> Refused → go to C66
C59	Development	O 1	O 2
C60	Pubic hair	O 1	O 2
		O 3	O 4
		O 5	

C: PHYSICAL EXAM 3

C66	Peripheral edema:	O Absent	O Present	O Not Done
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E: INVESTIGATOR SIGNATURE

E1	Investigator Signed?	O No → Done	O Yes
E2 Date investigator signed		____ / ____ / ____	