



ChiLDReNLink: PROBE

**Form 07 Physical Exam PROBE**

**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**

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

**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"/> Sclera <input type="checkbox"/> Skin <input type="checkbox"/> Not Done
C6	Cyanosis (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Central (e.g. lips) <input type="checkbox"/> Peripheral (e.g. fingers, toes) <input type="checkbox"/> No information given <input type="checkbox"/> Not Done

**C: PHYSICAL EXAM 1**

Facial Features exam

C11	Facial Features	<input type="radio"/> Normal → go to C22 <input type="radio"/> Abnormal dysmorphic features <input type="radio"/> No information given → go to C22 <input type="radio"/> Not Done → go to C22
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
C22	Did the participant receive an eye exam performed by an ophthalmologist?	<input type="radio"/> No → go to C32 <input type="radio"/> Yes
C24	Results:	<input type="radio"/> Normal → go to C32 <input type="radio"/> Abnormal (specify): _____
C26	Cataracts	<input type="radio"/> Absent → go to C28 <input type="radio"/> Present
C27	If present, eye(s) affected	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
C28	Posterior Embryotoxon	<input type="radio"/> Absent → go to C30 <input type="radio"/> Present
C29	If present, eye(s) affected	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
C30	Retinitis	<input type="radio"/> Absent → go to C32 <input type="radio"/> Present
C31	If present, eye(s) affected	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both

**C: PHYSICAL EXAM 2**

C32	Abnormal retinal pigmentation	<input type="radio"/> Absent → go to C34 <input type="radio"/> Present
C33	If present, eye(s) affected	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
C34	Other condition present?	<input type="radio"/> No → go to C43 <input type="radio"/> Yes
C35	Please specify:	_____

**C: PHYSICAL EXAM 2**

C36	If present, eye(s) affected	<input type="radio"/> Right	<input type="radio"/> Left	<input type="radio"/> Both
C43	Liver Exam	<input type="radio"/> Done	<input type="radio"/> Not Done → go to C49	
C44	Liver location	<input type="radio"/> Normal (right side) <input type="radio"/> Not palpable → go to C49	<input type="radio"/> Midline	<input type="radio"/> Left site <input type="radio"/> Not done
C45	Liver span [at right (left) mid-clavicular line]	____ cm	<input type="radio"/> cm	<input type="radio"/> Not palpable <input type="radio"/> Not Done
C46	Liver edge	____ cm	<input type="radio"/> cm below right (left) costal margin <input type="radio"/> Liver edge not palpable <input type="radio"/> Not Done	
C47	Liver edge	____ cm	<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"/> Nodular and hard	<input type="radio"/> Firm <input type="radio"/> Not palpable	<input type="radio"/> Hard <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"/> Right site	<input type="radio"/> Midline (wandering) <input type="radio"/> Not palpable → go to C53	
C51	Spleen size below the left (right) costal margin	____ cm	<input type="radio"/> cm	<input type="radio"/> Not palpable <input type="radio"/> Not Done
C53	Ascites	<input type="radio"/> Absent	<input type="radio"/> Present	
C55	Stool color:	<input type="radio"/> White or gray (acholic) <input type="radio"/> Pale (less color than normal) <input type="radio"/> Normal (yellow, brown, green)		

**C: PHYSICAL EXAM 3**

C66	Peripheral edema:	<input type="radio"/> Absent	<input type="radio"/> Present	<input type="radio"/> Not Done
Anomalies and Abnormalities				
Review each of the following items below and check the appropriate box				
C79	Appearance	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done		
C80	Skin	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done		
C81	HEENT	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done		

**C: PHYSICAL EXAM 3**

C82	Neck and Thyroid	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C83	Lungs and Chest	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C84	Lymphatic	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C85	Heart	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C86	Abdomen	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C87	Musculoskeletal	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C88	Neurological	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C89	Other	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done

**E: INVESTIGATOR SIGNATURE**

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