

**TODAY Form BPE, Brief Physical Exam**

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Release Participant ID

RELEASEID

Release Visit Number

MVISIT

1. Days since randomization

DAYS

*Instructions: Use this form at non-annual visits post-randomization.*

**Physical Exam Measurements**

	<b>Normal</b>	<b>Abnormal</b>	
2. Skin ( <b>Document according to scale below described by Burke et al</b> )	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	SKIN

*If skin **ABNORMAL** answer a and b. If **NORMAL**, skip to number 3.*

a. Acanthosis nigricans at neck:

	<input type="text"/>	<b>Texture Grades</b>	<b>Severity Grades</b>	
i. Texture grade		0: Smooth	0: Absent	ANTEX
		1: Rough	1: Present	
ii. Severity grade		2: Coarse	2: Mild	ANSEV
		3: Extremely coarse	3: Moderate	
			4: Severe	

b. Rash <sub>1</sub> Yes <sub>0</sub> No  
**If YES,**

RASH

i. Possibly drug related?	<input type="text"/> <sub>1</sub> Yes	<input type="text"/> <sub>0</sub> No	RDRUG
ii. Infectious?	<input type="text"/> <sub>1</sub> Yes	<input type="text"/> <sub>0</sub> No	RINFECT

3. Is participant using insulin? <sub>1</sub> Yes <sub>0</sub> No

INSULIN

**If YES to above continue. If NO, stop form is complete.**

	<b>Normal</b>	<b>Abnormal</b>	
4. Injection Sites	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>2</sub>	INJECT

**If ABNORMAL,**

a. Lipodystrophy	<input type="text"/> <sub>1</sub> Yes	<input type="text"/> <sub>0</sub> No	LIPDYS
b. Lipohypertrophy	<input type="text"/> <sub>1</sub> Yes	<input type="text"/> <sub>0</sub> No	LIPHYP