

BABY HUG FOLLOW-UP STUDY II

PHYSICAL EXAMINATION

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: SUBJECT_ID _____ 2. Current Clinic: SITE_ID _____

3. Patient's Letter Code: _____ LETTER_CD 4. Visit: _____ VISIT_NBR

5. Exam Date:: _____ - _____ - _____

VISIT_DT Month Day Year

PART II: PHYSICAL EXAMINATION

1. Vital Signs

A. Height in centimeters: _____ . _____ cm HEIGHT

B. Weight in kilograms: _____ . _____ kg WEIGHT

C. Heart rate in beats per minute: _____ bpm HEARTRATE

D. Respiratory rate in breaths per minute: _____ bpm RESP

E. Blood pressure:

1. Measurement BP_SYSTOLIC_1 / BP_DIASTOLIC_1

Systolic Diastolic

Not
done

F. Oxygen saturation (room air): _____ % O2SAT (1) O2S_ND

2. Situation where exam performed:

	SITUATION
Scheduled clinic visit when well	(1)
Clinic visit when sick	(2)
ER visit	(3)
Hospitalization at admission	(4)

ID Number	Visit	-	Seq

- F. Neck NECK
- No adenopathy (1)
 - Small shotty cervical nodes (< 1 cm) (2)
 - Enlarged nodes (3)*
 - *1. If enlarged, describe largest _____ cm NECK_NDLGST
 - *2. Site:
 - Right (1) NECK_RT
 - Left (2)
- G. Chest (check all that apply)
- 1. Clear to auscultation (normal) (1) CHEST_CLEAR
 - 2. Retractions (1) CHEST_RETRACTIONS
 - 3. Transmitted upper airway sounds (1) CHEST_TRANSAIRWAY
 - 4. Ronchi or Rales (1) CHEST_RONCHI
 - 5. Wheezing (1) CHEST_WHEEZING
 - 6. Other (1)* CHEST_OTHER
 - *a. Specify: _____ CHEST_SPECIFY
- H. Cardiac CARDIAC
- S1S2 with no murmur (normal) (1)
 - S1S2 with systolic ejection murmur (flow murmur) (2)
 - Other abnormal heart sound or murmur (3)*
 - *1. Describe: _____ CARDIAC_OTHER
- I. Abdomen ABDOMEN
- Soft (non-tender) (1)
 - Tender (2)
 - Rebound and/or Guarding (3)
- J. Liver LIVER
- Not enlarged (1)
 - Enlarged (2)*
 - *1. _____cm below right costal margin in midclavicular line LIVRCM

ID Number	Visit	Seq

- K. Spleen SPLEEN
- Surgically absent (1)
 - Not palpable (2)
 - Palpable (3)*
 - *1. _____ cm below left costal margin in midclavicular line AND MID_CLAVICULAR
 - *2. _____ cm below left costal margin in anterior axillary line ANTEROR_AXILLARY

- L. Musculoskeletal
1. Hip Range of Motion MSULSKLTL
- Normal (1)
 - Abnormal (2)*
 - *a. Describe (include side) _____ MSUL_ABN
- | | | | |
|--------------|-----|-----|---------|
| | Yes | No | |
| 2. Leg ulcer | (1) | (2) | LGULCER |

M. Neurological Exam - For each Section record only your examiner's overall rating. Refer to worksheets in the MOO for specific testing to be done and form to document subject's responses. **Maintain worksheet as part of your source documentation.**

1. Behavior/Mental Status NEUROBEH
- Normal (1)
 - Deficit with little or no impact on function (2)
 - Abnormal with functional limits or missing function (3)
2. Language NEUROLANG
- Normal (1)
 - Deficit with little or no impact on function (2)
 - Abnormal with functional limits or missing function (3)
3. Cranial Nerves NEUROCN
- Normal (1)
 - Deficit with little or no impact on function (2)
 - Abnormal with functional limits or missing function (3)

ID Number	Visit	-	Seq

