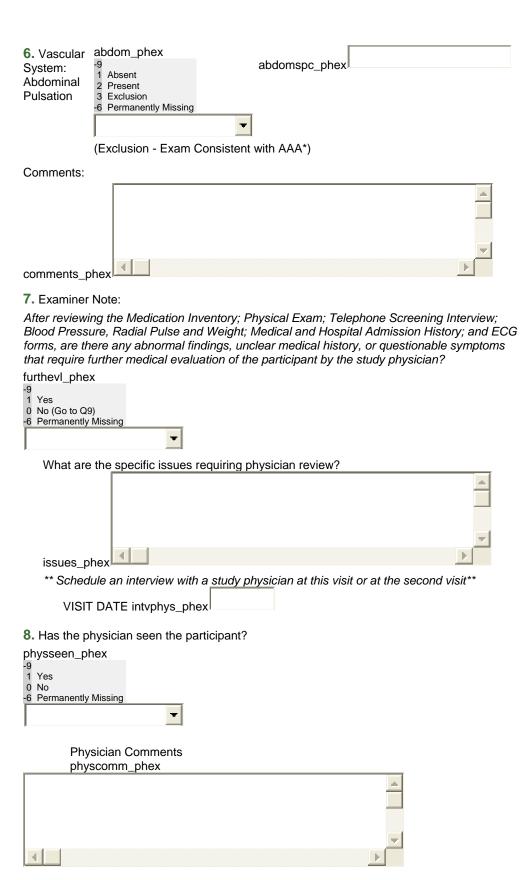
Dataset name: phex_v2.0



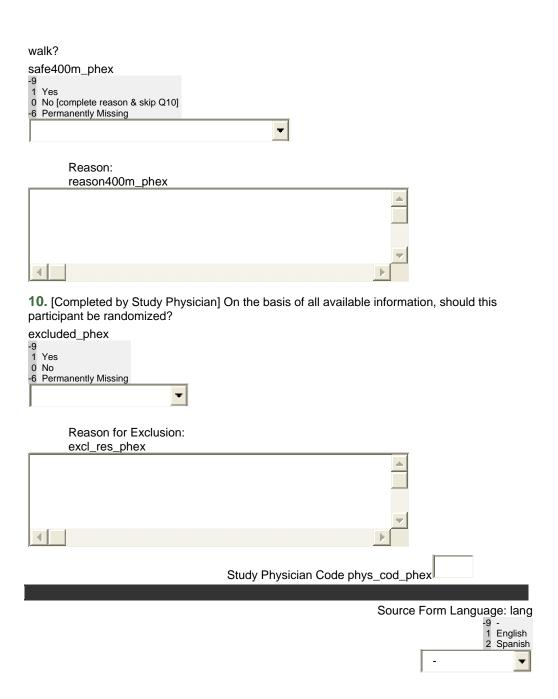
Physical Exam

CRF 2.0

	Туре		Specify Abnormality				
1. Skin	skin_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing	skinspc_phe					
	(Exclusion - Open Ulcer on foot)						
2. Lungs	lungs_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing	lungsspc_phe	ex				
	(Exclusion - Bilateral Rales and Symptoms consistent with CHF(NYHA III or IV))						
3. Heart	heart_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing (Exclusion - Murmur	heartspc_phe Grade ≥ 4)	ex				
4. Extremities (lower extremity range of motion)	extremt_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing	extremspc_p	hex				
	(Exclusion - Unable to exercise)						
5. Neurologica I System	neuro_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing	neurospc_ph	ex				
	(Exclusion - Murmur Grade ≥ 4)						



9. On the basis of all available information, is it safe for this participant to perform a 400 m



	LIFE	Acrostic
Participant ID (affix ID label here)	Examiner Date	

Physical Exam						
	Normal	Abnormal	Exclusions	Specify Abnormality		
1. Skin			Open Ulcer on foot			
2. Lungs			Bilateral Rales and Symptoms consistent with CHF (NYHA III or IV)			
3. Heart			Murmur Grade ≥ 4			
4. Extremities (Lower Extremity Range of motion)			Unable to exercise			
5. Neurological System			Parkinson's disease/other serious neurological disorder			
6. Vascular System:	Absent	Present	Exclusions			
Abdominal Pulsation			Exam Consistent with AAA*			
Comments:						
*Abdominal Aortic Aneurysm						

LIFE Acrostic Participant ID Visit Code (affix ID label here) **Physical Exam**

7. Examiner Note: After reviewing the Medication Inventory; Physica Pressure, Radial Pulse, and Weight; Medical and are there any abnormal findings, unclear medical further medical evaluation of the participant by the	Hospital Admission I history, or questiona	History; and ECG forms,
What are the specific issues requiring physiciar	n review?	
** Schedule an interview with a study physical VISIT DATE/	ician at this visit or a	at the second visit**
8. Has the physician seen the participant?	☐ Yes	□ No
Physician Comments:		
9. On the basis of all available information, is it sa	rife for this participant Yes	to perform a 400 m walk? No [If no, complete reason & skip Q10]
Reason:		
10. [Completed by Study Physician] On the basis participant be randomized?	of all available inform	nation, should this No
Reason for Exclusion:		
	Study Physician C	ode: