

## Dataset name: phex\_v2.0

Participant ID pid  Acrostic acrostic   
Interviewer compby  Visit Code vc   
Date of Visit vis\_dat  (mm/dd/yyyy)

### Physical Exam

#### CRF 2.0

	Type	Specify Abnormality
1. Skin	skin_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing <input type="text"/>	skinspc_phex <input type="text"/>
	(Exclusion - Open Ulcer on foot)	
2. Lungs	lungs_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing <input type="text"/>	lungsspc_phex <input type="text"/>
	(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 <input type="text"/>	heartspc_phex <input type="text"/>
	(Exclusion - Murmur Grade $\geq 4$ )	
4. Extremities (lower extremity range of motion)	extremt_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing <input type="text"/>	extremspc_phex <input type="text"/>
	(Exclusion - Unable to exercise)	
5. Neurological System	neuro_phex -9 1 Normal 2 Abnormal 3 Exclusion -6 Permanently Missing <input type="text"/>	neurospc_phex <input type="text"/>
	(Exclusion - Murmur Grade $\geq 4$ )	

6. Vascular System: Abdominal Pulsation

abdom\_phex

abdomspc\_phex

-9  
1 Absent  
2 Present  
3 Exclusion  
-6 Permanently Missing

(Exclusion - Exam Consistent with AAA\*)

Comments:

comments\_phex

7. Examiner Note:

*After reviewing the Medication Inventory; Physical Exam; Telephone Screening Interview; Blood Pressure, Radial Pulse and Weight; Medical and Hospital Admission History; and ECG forms, are there any abnormal findings, unclear medical history, or questionable symptoms that require further medical evaluation of the participant by the study physician?*

furthervl\_phex

-9  
1 Yes  
0 No (Go to Q9)  
-6 Permanently Missing

What are the specific issues requiring physician review?

issues\_phex

**\*\* Schedule an interview with a study physician at this visit or at the second visit\*\***

VISIT DATE intvphys\_phex

8. Has the physician seen the participant?

physseen\_phex

-9  
1 Yes  
0 No  
-6 Permanently Missing

Physician Comments  
physcomm\_phex

physcomm\_phex

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

safe400m\_phex

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[illegible]

excluded\_phex

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[illegible]

-9	-
1	English
2	Spanish

11/11/2019

Participant ID (affix ID label here)	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <h1 style="margin: 0;">LIFE</h1> </div> <div style="text-align: right;">         Acrostic <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;">         Examiner <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> </div> <div style="text-align: right;">         Visit Code <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;">         Date of Exam <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span> </div> <div style="text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span> </div> <div style="text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>month</span> <span>day</span> <span>year</span> </div>
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Physical Exam				
	Normal	Abnormal	Exclusions	Specify Abnormality
1. Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Open Ulcer on foot	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
2. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bilateral Rales and Symptoms consistent with CHF (NYHA III or IV)	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
3. Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Murmur Grade $\geq 4$	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
4. Extremities (Lower Extremity Range of motion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unable to exercise	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
5. Neurological System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Parkinson's disease/other serious neurological disorder	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
6. Vascular System:	<b>Absent</b>	<b>Present</b>	<b>Exclusions</b>	
Abdominal Pulsation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exam Consistent with AAA*	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>

Comments:

\*Abdominal Aortic Aneurysm

Participant ID (affix ID label here)	<b>LIFE</b>	Acrostic <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Visit Code <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
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## Physical Exam

**7. Examiner Note:**

*After reviewing the Medication Inventory; Physical Exam; Telephone Screening Interview; Blood Pressure, Radial Pulse, and Weight; Medical and Hospital Admission History; and ECG forms, are there any abnormal findings, unclear medical history, or questionable symptoms that require further medical evaluation of the participant by the study physician?*

☐ Yes

☐ No **[Go to Q9]**



What are the specific issues requiring physician review? \_\_\_\_\_

**\*\* Schedule an interview with a study physician at this visit or at the second visit\*\***

VISIT DATE

		/			/		
month			day			year	

**8. Has the physician seen the participant?**

☐ Yes

☐ No



Physician Comments: \_\_\_\_\_

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

☐ Yes

☐ No **[If no, complete**

**reason & skip Q10]**



Reason:

\_\_\_\_\_

**10. [Completed by Study Physician] On the basis of all available information, should this participant be randomized?**

☐ Yes

☐ No



Reason for Exclusion:

\_\_\_\_\_

Study Physician Code: