Participant ID <u>pid</u>   Acrostic <u>acrostic</u>

Examiner <u>compby</u>   V.C. <u>vc</u>

Date of Exam <u>vis_mth</u>   /   <u>vis_day</u>   /   <u>vis_yr</u>

Physical Exam

	Type	Specify Abnormality

1. General Apperance

<u>genapp_phex</u>
-9
 1 Normal
 2 Abnormal
-6 Not on form

<u>genappsp_phex</u>

2. Skin

<u>skin_phex</u>
-9
 1 Normal
 2 Abnormal
 3 *Exclusion*
-6 Not on form

<u>skinsp_phex</u>

Exclusion - Open Ulcer on foot

3. Neck (including Thyroid)

<u>neck_phex</u>
-9
 1 Normal
 2 Abnormal
-6 Not on form

<u>necksp_phex</u>

4. Head, ears, nose, throat

<u>head_phex</u>
-9
 1 Normal
 2 Abnormal
-6 Not on form

<u>headsp_phex</u>

5. Lungs

<u>lungs_phex</u>
-9
 1 Normal
 2 Abnormal
 3 *Exclusion*
-6 Not on form

<u>lungssp_phex</u>

Exclusion - (Bilateral Rales and Symptoms consistent with CHF)

6. Heart

<u>heart_phex</u>
-9
 1 Normal
 2 Abnormal
 3 *Exclusion*
-6 Not on form

<u>heartsp_phex</u>

Exclusion - Murmur Grade greater than or equal to 4

7. Abdomen

<u>abdom_phex</u>
-9
 1 Normal
 2 Abnormal
-6 Not on form

<u>abdomsp_phex</u>

8. Extremities (Lower Extremity Range of motion)

<u>extrs_phex</u>
-9
 1 Normal
 2 Abnormal
 3 *Exclusion*
-6 Not on form

<u>extrssp_phex</u>

Exclusion - Unable to exercise

9. Sensory, Vision, Hearing and Neurological System :

<u>neuro_phex</u>
-9
 1 Normal
 2 Abnormal
 3 *Exclusion*
-6 Not on form

<u>neurosp_phex</u>

Exclusion - Parkinson's disease/other serious neurological disorder

10. Vascular System: **Type:**

A. Abdominal Pulsation

<u>abpuls_phex</u>
-9
 1 Absent
 2 Present
 3 *Exclusion*
-6 Not on form

<u>abpulssp_phex</u>

Exclusion - Exam consistent with AAA

| | fembru_phex | fembrusp_phex |
| B. Femoral Bruit | -9
 1 Absent
 2 Present
-6 Not on form | |

| | carbru_phex | carbrusp_phex |
| C. Carotid Bruit | -9
 1 Absent
 2 Present
-6 Not on form | |

Comments:

comments_phex

11. 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?

furthevl_phex
-9
 1 Yes
 0 No
-6 Not on form

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

12. Has the physician seen the participant?

physseen_phex
-9
 1 Yes
 0 No
-6 Not on form

Physician Comments physcomm_phex

13. On the basis of all available information, should this participant be randomized based on results of the physical exam?

excluded_phex
-9
 1 Yes
 0 No
-6 Not on form

Reason for Exclusion: excl_res_phex

Study Physician Code phys_cod_phex

submit