### Physical Examination (PSEA page 1 of 9)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the participant use a cane, walker, or wheelchair?</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the participant walk with a cane?</td>
<td>Yes</td>
</tr>
<tr>
<td>The participant's gait is?</td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

**Instructions:**
This form should be completed during the participant's visit. ID number, contact year, and name must be entered above. Whenever numerical responses are required, enter the number so that the abt digit appears in the rightmost box. Enter leading zeros where necessary to fill all lines. If a number is entered incorrectly, cross through the incorrect entry with an "X." Cross the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, cross through it with an "X" and circle the correct response.
PHYSICAL EXAMINATION (FPGA Screen 2 of 4)

5. Qunberg: Positive P  
    Negative N  
    Cannot balance C

B. INVASIVE PROCEDURES

6. Have you ever had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? YES Y  NO N

Go to Item 6
Screen 3

7. [Probe for type of procedure]
   a. Coronary bypass: YES Y  NO N
   b. Other heart procedure: YES Y  NO N

   Go to Item 1
   Specify:

   c. Carotid endarterectomy: YES Y  NO N

   Go to Item 6
   d. Site: Right R  Left L  Both B

   Go to Item 6
   e. Other arterial revascularization: YES Y  NO N

   Go to Item 6
   f. Specify:

   g. Other: YES Y  NO N
B. Have you ever had a balloon angioplasty on the arteries of your heart or legs?..............YES Y NO N
Go to Item 10
Screen 4

9. (Probe for type of procedure)
   a. Angioplasty of coronary artery(ies)........YES Y NO N
   b. Angioplasty of lower extremity arteries.....YES Y NO N
   c. Carotid catheterization.......................YES Y NO N
   d. Other arterial recanalization..................YES Y NO N
   
   a. Specify:
   
   b. Other.........................................YES Y NO N

C. NECK

10. Carotid bruises?.........................NO N
       Right R
       Left L

11. Other head or neck findings?..........YES Y NO N
Go to Item 12

D. CARDIO PULMONARY

12. Rumenal?...................................NO X
       Right R
       Left L
       Both B

13. Rales?.....................................YES Y NO N
Go to Item 14
Screen 5

14. Right lung rales?.........................YES Y NO N
Go to Item 15
Screen 6

a. Basilar......................................YES Y NO N
b. Lower half..................................YES Y NO N
c. Upper half...................................YES Y NO N
PHYSICAL EXAMINATION (FEZA screen 6 of 6)

15. Left lung area: YES □ NO □
   a. Basal: YES □ NO □
   b. Lower half: YES □ NO □
   c. Upper half: YES □ NO □
   Go to Item 17

17. Systolic Murmur: YES □ NO □
   a. Grade: 1 □ 2 □ 3 □ 4 □
   b. Location: Apex □ Left lower sternal border □ Ind left interspace □ Ind right interspace □ Other □
   Go to Item 19

18. Diastolic murmur: YES □ NO □
   a. Grade: 1 □ 2 □ 3 □ 4 □
   b. Location: Apex □ Left lower sternal border □ Ind left interspace □ Ind right interspace □ Other □
   Go to Item 19

19. Other heart findings: YES □ NO □
   Go to Item 20

20. Breast Examination: Performed □ Declined □
   a. Size: S □ M □ L □
   b. Nature: Flat smooth □ Firm flat □ Hard □ Other □
   No change □
   c. Skin: Normal □ Red □ Bluish □ Other □
   Go to Item 21

21. Palpable mass: YES □ NO □
   Go to Item 20
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.</td>
<td>Right breast mass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Central</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b.</td>
<td>Upper outer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c.</td>
<td>Upper inner</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d.</td>
<td>Lower outer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e.</td>
<td>Lower inner</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23.</td>
<td>Left breast mass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Central</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b.</td>
<td>Upper outer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c.</td>
<td>Upper inner</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d.</td>
<td>Lower outer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e.</td>
<td>Lower inner</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24.</td>
<td>Other breast findings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to Item 18
Screen R
### F. LOWER EXTREMITIES

23. Ankle edema? 
   - YES: T
   - NO: N
   
   a. Right ankle edema: 
      - MILD: L
      - MARKED: R
   
   b. Left ankle edema: 
      - MILD: L
      - MARKED: R
   
   Go to item 24 if NO

24. Posterior tibial pulse? 
   - Absent bilaterally: A
   - Right only: R
   - Left only: L
   - Present bilaterally: P

25. Other extremity findings? 
   - YES: Y
   
   a. 
   
   b. 
   
   Go to item 26 if NO

26. Babinski? 
   - YES: Y
   - NO: N
   
   a. 
   
   b. 

### H. ADMINISTRATIVE INFORMATION

29. Other significant physical findings? 
   - YES: Y
   
   a. 
   
   Go to item 30 if NO

30. Date of data collection: [mm] [dd] [yyyy]

31. Method of data collection: 
   - Paper form: F
   - Computer: C

32. Code number of person performing the examination: [code]