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 numbers so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code 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, mark through it with an "X" and circle the correct response.

PHYSICAL EXAMINATION (PHEA screen 1 of 9)

A. WALKING/STANDING

1. Does the participant use a wheelchair, crutches or walker?..............YES Y
   Go to Item 4
   NO N

2. Does participant walk with a cane?..............YES Y
   NO N

3. The participant's gait is?..............Normal N
   Abnormal A
   Go to Item 4

   a. Dystaxic: ..................YES Y
   NO N

   b. Hemiplegic or hemiparetic: ...............NO N
      Right R
      Left L

   4. Is there arm weakness?..............NO N
      Right R
      Left L
      Both B
5. Rhomberg? .......................... 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 8
Screen 3

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

   b. Other heart procedure: ............... YES Y
      Go to Item c
      Specify:

   c. Carotid endarterectomy: ............. YES Y
      Go to Item e

   d. Site: .................................... Right R
      Left L
      Both B

   e. Other arterial revascularization: ........ YES Y
      Go to Item g

   f. Specify:

   g. Other: .................................. YES Y
      NO N
### PHYSICAL EXAMINATION (PHEA screen 3 of 9)

8. Have you ever had a balloon angioplasty on the arteries of your heart or legs? 
   - **YES** Y
   - **NO** N
   [Go to Item 10]

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. Cardiac catheterization: 
     - **YES** Y
     - **NO** N
   - d. Other arterial revascularization: 
     - **YES** Y
     - **NO** N
     [Go to Item f]
   - e. Specify:
     [Blank]
   - f. Other: 
     - **YES** Y
     - **NO** N

### PHYSICAL EXAMINATION (PHEA screen 4 of 9)

<table>
<thead>
<tr>
<th>C. NECK</th>
</tr>
</thead>
</table>
| 10. Carotid Bruits? 
  - **NO** N |
  - **Right** R |
  - **Left** L |
  - **Both** B |
| 11. Other head or neck findings? 
  - **YES** Y |
  - **NO** N |
  [Go to Item 12] |

<table>
<thead>
<tr>
<th>D. CARDIO PULMONARY</th>
</tr>
</thead>
</table>
| 12. Rhonchi? 
  - **NO** N |
  - **Right** R |
  - **Left** L |
  - **Both** B |
| 13. Rales? 
  - **YES** Y |
  - **NO** N |
  [Go to Item 16] |
| 14. Right lung rales: 
  - **YES** Y |
  - **NO** N |
  [Go to Item 15] |

| a. Basilar: 
  - **YES** Y |
  - **NO** N |
| b. Lower half: 
  - **YES** Y |
  - **NO** N |
| c. Upper Half: 
  - **YES** Y |
  - **NO** N |
### PHYSICAL EXAMINATION (PHEA screen 5 of 9)

15. Left lung rales:  
- YES  
- NO  
  
  **Go to Item 16**

a. Basilar:  
- YES  
- NO  
  
  **Go to Item 18**

b. Lower half:  
- YES  
- NO  
  
  **Go to Item 18**

c. Upper Half:  
- YES  
- NO  
  
  **Go to Item 18**

16. Other chest findings:  
- YES  
- NO  
  
  **Go to Item 17**

17. Systolic murmur:  
- YES  
- NO  
  
  **Go to Item 18**

a. Grade:  
- 1  
- 2  
- 3  
- 4  
- 5  
- 6  

b. Location:  
- Apex  
- Left lower sternal border  
- 2nd left interspace  
- 2nd right interspace  
- Other

### PHYSICAL EXAMINATION (PHEA screen 6 of 9)

18. Diastolic murmur:  
- YES  
- NO  
  
  **Go to Item 19**

a. Grade:  
- 1  
- 2  
- 3  
- 4  
- 5  
- 6  

b. Location:  
- Apex  
- Left lower sternal border  
- 2nd left interspace  
- 2nd right interspace  
- Other

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

a.  

**E. BREAST EXAMINATION**

20. Examination:  
- Performed  
- Declined  

**Go to Item 15**

21. Palpable mass:  
- YES  
- NO  
  
  **Go to Item 24**
<table>
<thead>
<tr>
<th>PHYSICAL EXAMINATION (PHIA screen 7 of 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22. Right breast mass:</strong>..............</td>
</tr>
<tr>
<td>Go to Item 23</td>
</tr>
<tr>
<td>a. Central:................................</td>
</tr>
<tr>
<td>b. Upper outer:.............................</td>
</tr>
<tr>
<td>c. Upper inner:..............................</td>
</tr>
<tr>
<td>d. Lower outer:..............................</td>
</tr>
<tr>
<td>e. Lower inner:.............................</td>
</tr>
<tr>
<td>23. Left breast mass:**........................</td>
</tr>
<tr>
<td>Go to Item 24</td>
</tr>
<tr>
<td>a. Central:................................</td>
</tr>
<tr>
<td>b. Upper outer:.............................</td>
</tr>
<tr>
<td>c. Upper inner:..............................</td>
</tr>
<tr>
<td>d. Lower outer:..............................</td>
</tr>
<tr>
<td>e. Lower inner:.............................</td>
</tr>
<tr>
<td>24. Other breast findings?...................</td>
</tr>
<tr>
<td>Go to Item 15 Screen 8</td>
</tr>
<tr>
<td>a.</td>
</tr>
</tbody>
</table>
### F. LOWER EXTREMITIES

25. Ankle edema?.........................YES Y
   NO N
   Go to Item 26

   a. Right ankle edema:...............NO N
      Mild L
      Marked R

   b. Left ankle edema:..................NO N
      Mild L
      Marked R

26. Posterior tibial pulse?...........Absent bilaterally A
   Right only R
   Left only L
   Present bilaterally P

27. Other extremity findings?.........YES Y
   Go to Item 28
   NO N

   a. ________________________________

28. Babinski?...........................NO N
   Right R
   Left L
   Both B

### C. GENERAL

29. Other significant physical findings?......YES Y
   NO N
   Go to Item 30

   a. ________________________________

### H. ADMINISTRATIVE INFORMATION

30. Date of data collection:........... month day year

31. Method of data collection:.........Computer C
   Paper form P

32. Code number of person performing this examination:...........
1. Name: ________________________________
2. ID Number: _________________________
3. Date of Birth (IDN11M,D,Y) __/__/__
4. Date of Visit (FTR1M,D,Y) __/__/__
5. Age in years: __
6. Physician Name (FTR34-36) __________________ __ __________________
7. Height (ANT1) ___"___
8. Weight (ANT4) ___
9. Average sitting BP (SBP21/SBP22) __/__/__
10. Participant currently taking antihypertensives?(MSR8a) __
11. M.D. ever said you had High Blood Pressure?(HOM10.a) __
12. M.D. ever said you had Diabetes?(HOM10.e) __
13. M.D. ever said you had Cancer?(HOM10.f) __

14. Pulmonary Function Test: Record from printout

   FEV1 _____ ml _____% of predicted
   FVC _____ ml _____% of predicted
   FEV1/FVC ______

15. Have you ever smoked cigarettes?(HOM28) __
16. Do you currently smoke cigarettes?(HOM30) __
17. Troubled by shortness of breath when hurrying?(RPA22) __
18. Do you walk slow due to breathlessness?(RPA23) __
19. Do you have to stop for breath when walking?(RPA24) __
20. Chronic Bronchitis confirmed by M.D.?(RPA29) __
21. Ever had emphysema confirmed by M.D.?(RPA33) __
22. Asthma confirmed by M.D.?(RPA36) __
23. ECG: Read tracing.
   a. Preliminary Interpretation

   

   b. Was a physician notified?  ___ No  ___ Yes
      If yes, Physician's name ________________

24. Physical examination findings:
   a. Abnormal gait: Dystaxic?(PHE3.a)
      Hemiplegic/hemiparetic?(PHE3.b) __
   
   b. Arm weakness:(PHE4) __
   c. Romberg:(PHE5) __
   d. Babinski:(PHE28) __

   e. Carotid Bruits:(PHE10) __
   f. Other Neck Findings:(PHE11)
      (If Yes, see Note Log PHE11) __

   g. Rhonchi:(PHE12) __
   h. Rales:(PHE13) __
   i. Other Pulmonary Findings:(PHE16)
      (If yes, see Note Log PHE16) __

   j. Systolic Murmur:(PHE17)
      Grade:(PHE17a) __
   k. Diastolic Murmur:(PHE18)
      Grade:(PHE18.a) __
   l. Other Heart Findings:(PHE19)
      (If Yes, see Note Log PHE19) __

   m. Breast Mass:(PHE21)
      (For referrals, return to PHE form for details.) __
n. Ankle Edema:(PHE25)

o. Posterior tibial pulse:(PHE26)

p. Other Significant Findings:(PHE29)
   (If yes, note Log PHE29)

25. History Consistent With:

   a. Rose questionnaire angina:
      What did he say Rose pain was?(MHX13)

   b. Previous diagnosis:
      Did you see a doctor?(MHX12)
      What did he say Rose pain was?(MHX13)

   c. Unstable Angina:
      Pain occurred twice as often?(MHX17)
      Pain become more severe?(MHX18)
      Pain lasted longer?(MHX19)
      Ever use nitroglycerin?(MHX20)
      Need more nitroglycerin?(MHX21)
      Get pain with less exertion?(MHX22)
      Get pain when sitting still?(MHX23)
      Get pain when sleeping?(MHX24)

   d. Previous MI:
      What did he say Rose pain was?(MHX13)
      What did he say MI pain was?(MHX27)
      Hospitalized for a heart attack?(MHX28)

   e. Possible congestive heart failure:
      Ever needed 2 pillows?(MHX43)
      Awakened by trouble breathing?(MHX44)
      Swelling go down overnight?(MHX46)

   f. Claudication:
      Leg pain relieved in 10 minutes?(MHX41)

   g. Recognized TIA or stroke:(TIA1)
      First occurred:(TIA2mm,yy)

   h. Unrecognized TIA or Stroke:
      Loss of speech?(TIA3)
      Loss of vision?(TIA10)
      Double vision?(TIA17)
      Numbness or tingling?(TIA23)
      Paralysis or weakness?(TIA32)
      Dizziness or loss of balance?(TIA40)
26. Abnormal Exercise Test: (MHX32)

27. Invasive Cardiovascular Procedure:
   a. Ever had heart or arterial surgery? (PHE6)
      Coronary bypass? (PHE7a)
      Other heart procedure? (PHE7b)
      (If yes, see Note Log PHE7b)
      Carotid endartarectomy? (PHE7c)
      Site? (PHE7d)
      Other arterial revascularization? (PHE7e)
      Specify (PHE7f)
      Other procedures? (PHE7g)
   b. Ever had balloon angioplasty? (PHE8)
      Angioplasty of coronary artery? (PHE9a)
      Angioplasty of leg artery? (PHE9b)
      Cardiac catheterization? (PHE9c)
      Other arterial revascularization? (PHE9d)
      Specify (PHE9e)
      Other angioplasty? (PHE9f)

28. Was a referral made?  
   __ No  
   ___ Yes; Specify on Alert/Referral Form

29. Code of person completing Medical Data Review __ __ __

   M.D. Review

30. M.D. reviewed Medical Data Review Report?  __ NO  __ Yes

31. M.D.'s Interpretation of ECG:

   ________________

   ________________

32. Any referrals/action taken modified by M.D.?  __ No  __ Yes

33. Any referral/action initiated by M.D.?  __ No  __ Yes
   (If yes, specify on Alert/Referral Form.)

34. Date of review by M.D.  ___ / ___ / ___

35. Code number of M.D. reviewing this form __ __ __