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SUBJECT ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXAMINER INITIALS: \_\_\_\_\_

LOCATION OF EXAM: BLOOD CENTER

SUBJECT'S HOME

OTHER  \_\_\_\_\_  
(SPECIFY)

EXAM RESULT: \_\_\_\_\_

# PHASE EIGHT LEVEL 1 EXAMINATION HTLV OUTCOMES STUDY



1827

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### A. General Examination

INTRODUCTION: I am now going to give you a short physical exam very similar to the one(s) you've had before. I'll be checking how your nerves and muscles perform certain tasks. In addition, I'll be checking for any swelling in your lymph nodes. The information from this exam will be reviewed when results of your lab tests are available. We may want to talk with you after that review to discuss any findings. First, I'd like to take a weight measurement and ask you some questions.

A-1. Weight (without shoes or outdoor garments)-----> 

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 KG. OR 

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 LBS.

A-1a: Measurement method used:

- HOST scale
- Other scale
- Subject's verbal report
- Other

(SPECIFY)

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A-1b. Height (without shoes) 

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 Feet 

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 Inches OR 

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 Centimeters

A-1c: Measurement method used:

- HOST tapemeasure
- Other ruler
- Subject's verbal report

A-2. (ASK) Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from standing up from a chair or walking? (MARK ALL THAT APPLY)

- No restriction, per subject
- Recent surgery
- Injury
- Physical handicap
- Obesity
- Other

(SPECIFY)

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A-3. (DO NOT ASK) Examiner's observations of unreported apparent restrictions (MARK ALL THAT APPLY):

- No restrictions, per examiner
- Recent surgery
- Injury
- Use of cane/crutches/other device
- Physical handicap
- Obesity (20% over ideal body weight)
- Pregnancy
- Joint replacement/amputation/prosthesis
- Tendonitis/arthritis
- Edema (lower extremities)/leg or foot sore
- Difficulty walking/elderly/frail
- Multiple problems with feet, knees, legs
- Other

(SPECIFY)

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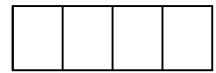
A-4. (ASK) Which hand do you use to write? (USE FOR C-5.)  Right  Left

PALPATE NODES ON RIGHT AND LEFT SIDE (EXCEPT SUBMENTAL NODE ON MIDLINE). IF PALPABLE, CODE SIZE IN CENTIMETERS, AND CATEGORIZE AS SOLITARY OR MULTIPLE.

LOCATION	RIGHT			LEFT		
B-1. Anterior cervical nodes	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple
	<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-2)		<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-2)	
B-2. Submandibular nodes	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple
	<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-3)		<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-3)	
B-3. Submental node ( <b>ALONG THE MIDLINE</b> )			<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple	
			<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-4)		
B-4. Supraclavicular nodes	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple
	<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-5)		<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-5)	
B-5. Posterior auricular nodes	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple
	<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-6)		<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-6)	
B-6. Occipital nodes	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple
	<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-7)		<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-7)	
B-7. Posterior cervical nodes	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple
	<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-8)		<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (B-8)	
B-8. Epitrochlear nodes	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple	<input type="radio"/> Palpable	<input type="radio"/> <1.0 cm <input type="radio"/> >= 1.0 cm	<input type="radio"/> Solitary <input type="radio"/> Multiple
	<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (C-1)		<input type="radio"/> Nonpalpable <input type="radio"/> Not examined	} (C-1)	

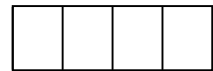


### C. NEUROMUSCULAR EXAM



DEMONSTRATE EACH MANEUVER. ASK THE SUBJECT TO PERFORM EACH ONE AFTER YOU.

MANEUVER	DEGREE OF IMPAIRMENT
<p>C-1. Rise from chair without using hands</p> <p> <input type="radio"/> Impaired performance  <input type="radio"/> Normal performance  <input type="radio"/> Not attempted </p> <p>} (C-2) →</p>	<p> <input type="radio"/> Steadies body with hands  <input type="radio"/> Uses hands to push up  <input type="radio"/> Unable to perform </p>
<p>C-2. Walk on heels for 10 feet</p> <p> <input type="radio"/> Impaired performance  <input type="radio"/> Normal performance  <input type="radio"/> Not attempted </p> <p>} (C-3) →</p>	<p> <input type="radio"/> Walks 7 feet without abnormality or 10 feet with some abnormality in gait  <input type="radio"/> Walks &lt;7 feet and/or noticeable abnormality in gait  <input type="radio"/> Unable to perform </p>
<p>C-3. Walk on toes for 10 feet.</p> <p> <input type="radio"/> Impaired performance  <input type="radio"/> Normal performance  <input type="radio"/> Not attempted </p> <p>} (C-4) →</p>	<p> <input type="radio"/> Walks 7 feet without abnormality or 10 feet with some abnormality in gait  <input type="radio"/> Walks &lt;7 feet and/or noticeable abnormality in gait  <input type="radio"/> Unable to perform </p>
<p>C-4. Walk forward heels-to-toes for 10 feet in a straight line</p> <p> <input type="radio"/> Impaired performance  <input type="radio"/> Normal performance  <input type="radio"/> Not attempted </p> <p>} (C-5) →</p>	<p> <input type="radio"/> Walks 7 feet without abnormality or 10 feet with some abnormality in gait  <input type="radio"/> Walks &lt;7 feet and/or noticeable abnormality in gait  <input type="radio"/> Unable to perform </p>
<p>C-5. Feel tuning fork on great toe of dominant foot (from A-4) over the interphalangeal joint</p> <p> <input type="radio"/> Impaired performance  <input type="radio"/> Normal performance (&lt;=4 second gap)  <input type="radio"/> Not attempted </p> <p>} (C-6) →</p>	<p> <input type="radio"/> Subject does not feel vibrations  <input type="radio"/> Examiner felt vibrations &gt;= 5 sec. longer than subject </p>



C-6. **Plantar reflex** in response to blunt object lightly moved from heel, up lateral aspect, curving medially across ball of foot to great toe.

**RIGHT LEFT**

- Normal (downward flexion)
- Absent
- Reflex response not attempted

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- Abnormal (Babinski sign, dorsiflexion of great toe and/or fanning of other toes)
- Unable to assess due to withdrawal/hypersensitivity

C-7. **Patellar reflex** in response to one brisk tap with pointed end of a reflex hammer.

**RIGHT LEFT**

- Normal contraction of quadriceps and knee extension
- Absent
- Reflex response not attempted

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- Knee extension present but diminished or weak
- Hyperactive, enhanced contraction and/or extension
- Hyperactive with contractions and maintained stretch

C-8. **Fine touch.** To test sensation using an unfolded paper clip point to gently touch the dorsal surface of both feet.

SITE	RIGHT	LEFT
Dorsal surface of foot.	<input type="radio"/> Normal sensation <input type="radio"/> Lack of sensation <input type="radio"/> Patient unable to cooperate <input type="radio"/> Not examined (Specify) <input type="text"/>	<input type="radio"/> Normal sensation <input type="radio"/> Lack of sensation <input type="radio"/> Patient unable to cooperate <input type="radio"/> Not examined (Specify) <input type="text"/>

C-9. (DO NOT ASK) Were needle tracks observed anywhere on the subject's body?

- YES
- NO (C-11)

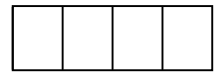
C-10. (DO NOT ASK) Where were the needle tracks located? (GO TO C11 - Monofilament test)

[SPECIFY LOCATION(S)]

CODE RESULT OF EXAMINATION ON FRONT COVER (EC=EXAM COMPLETE; PE=PARTIAL EXAM). COMPLETE SECTION D ON NEXT PAGE (OPTIONAL).



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**D. POST-EXAM COMMENTS (OPTIONAL)**

**D-1. EXAMINER COMMENTS/RECOMMENDATIONS**

Signature:

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**D-2. PHYSICIAN COMMENTS/RECOMMENDATIONS**

Signature:

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_



