The purpose of this form is to record results from the Physical Exam, including edema. This form is completed as part of the visit.

LUNG SOUNDS (NOTE: LUNG SOUNDS WILL NOT BE COLLECTED.)

1. Number of areas in which lung sounds were recorded ..................................................  
   0........no lung sounds recorded
   1.......one area
   2.......two areas
   3.......three areas
   4.......all four areas

1a. If fewer than 4 areas were recorded, specify reason ________________________________

LOWER EXTREMITY EDEMA

2. Right Ankle/Leg Edema ................................................................................................  
   0.......None
   1.......mild pitting edema (pitting below mid-point)
   2.......marked pitting edema (pitting above mid-point)
   3.......not examined, specify reason ________________________________

3. Left Ankle/Leg Edema ...................................................................................................
   0.......None
   1.......mild pitting edema (pitting below mid-point)
   2.......marked pitting edema (pitting above mid-point)
   3.......not examined, specify reason ________________________________