



PHYSICAL EXAMINATION (PHEA screen 2 of 9)

5. Romberg?.....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  
 NO N

Go to Item c

Specify: \_\_\_\_\_

c. Carotid endarterectomy:.....YES Y  
 NO N

Go to Item e

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

e. Other arterial revascularization:.....YES Y  
 NO N

Go to Item g

f. Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

g. Other:.....YES Y  
 NO N

PHYSICAL EXAMINATION (PHEA screen 3 of 9)

<p>8. Have you ever had a balloon angioplasty on the arteries of your heart or legs?.....YES Y</p> <p style="text-align: right;">NO N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px;">Go to Item 10 Screen 4</div>	<p>9. [Probe for type of procedure]</p> <p>a. Angioplasty of coronary artery(ies):.....YES Y</p> <p style="text-align: right;">NO N</p> <p>b. Angioplasty of lower extremity arteries:..YES Y</p> <p style="text-align: right;">NO N</p> <p>c. Cardiac catheterization:.....YES Y</p> <p style="text-align: right;">NO N</p> <p>d. Other arterial revascularization:.....YES Y</p> <p style="text-align: right;">NO N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px;">Go to Item f</div> <p>e. Specify:</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <p>f. Other:.....YES Y</p> <p style="text-align: right;">NO N</p>														

PHYSICAL EXAMINATION (PHEA screen 4 of 9)

<p>C. NECK</p> <p>10. Carotid Bruits?.....NO N</p> <p style="text-align: right;">Right R</p> <p style="text-align: right;">Left L</p> <p style="text-align: right;">Both B</p> <p>11. Other head or neck findings?.....YES Y</p> <p style="text-align: right;">NO N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px;">Go to Item 12</div> <p>a. _____</p> <p>_____</p> <p>_____</p> <p>D. CARDIO PULMONARY</p>	<p>12. Rhonchi?.....NO N</p> <p style="text-align: right;">Right R</p> <p style="text-align: right;">Left L</p> <p style="text-align: right;">Both B</p> <p>13. Rales?.....YES Y</p> <p style="text-align: right;">NO N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px;">Go to Item 16 Screen 5</div> <p>14. Right lung rales:.....YES Y</p> <p style="text-align: right;">NO N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px;">Go to Item 15 Screen 5</div> <p>a. Basilar:.....YES Y</p> <p style="text-align: right;">NO N</p> <p>b. Lower half:.....YES Y</p> <p style="text-align: right;">NO N</p> <p>c. Upper Half:.....YES Y</p> <p style="text-align: right;">NO N</p>
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PHYSICAL EXAMINATION (PHEA screen 5 of 9)

15. Left lung rales:.....YES Y	17. Systolic murmur?.....YES Y
<input type="checkbox"/> NO N <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 16</div>	<input type="checkbox"/> NO N <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 18 Screen 6</div>
<input type="checkbox"/> DON'T KNOW D a. Basilar:.....YES Y NO N	a. Grade:..... 1 2 3 4 5 6
b. Lower half:.....YES Y	b. Location:.....Apex A
NO N	Left lower sternal border S
c. Upper Half:.....YES Y	2nd left interspace L
NO N	2nd right interspace R
16. Other chest findings?.....YES Y	Other O
<input type="checkbox"/> NO N <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 17</div>	
a. _____	
_____	
_____	

PHYSICAL EXAMINATION (PHEA screen 6 of 9)

18. Diastolic murmur?.....YES Y	19. Other heart findings?.....YES Y
<input type="checkbox"/> NO N <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 19</div>	<input type="checkbox"/> NO Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 20</div>
<input type="checkbox"/> DON'T KNOW D	a. _____
a. Grade:..... 1 2 3 4 5 6	_____
b. Location:.....Apex A	_____
Left lower sternal border S	E. BREAST EXAMINATION
2nd left interspace L	20. Examination?.....Performed P
2nd right interspace R	Declined D
Other O	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 25 Screen 8</div>
	Not offered-male M
	Field center doesn't offer F
	21. Palpable mass?.....YES Y
	<input type="checkbox"/> NO N <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 24 Screen 7</div>

PHYSICAL EXAMINATION (PHEA screen 7 of 9)

22. Right breast mass:.....YES Y  
NO N  
 Go to Item 23

a. Central:.....YES Y  
NO N

b. Upper outer:.....YES Y  
NO N

c. Upper inner:.....YES Y  
NO N

d. Lower outer:.....YES Y  
NO N

e. Lower inner:.....YES Y  
NO N

23. Left breast mass:.....YES Y  
NO N  
 Go to Item 14

a. Central:.....YES Y  
NO N

b. Upper outer:.....YES Y  
NO N

c. Upper inner:.....YES Y  
NO N

d. Lower outer:.....YES Y  
NO N

e. Lower inner:.....YES Y  
NO N

24. Other breast findings?.....YES Y  
NO N  
 Go to Item 25  
Screen 8

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL EXAMINATION (PHEA screen 8 of 9)

F. LOWER EXTREMITIES		26. Posterior tibial pulse?.....Absent bilaterally	A
25. Ankle edema?.....YES	Y	Right only	R
	NO	Left only	L
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 26</div>		Present bilaterally	P
a. Right ankle edema:.....NO	N	27. Other extremity findings?.....YES	Y
	Mild		NO
	L		N
	Marked	<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 28</div>	
	R	a. _____	
b. Left ankle edema:.....NO	N	_____	
	Mild	_____	
	L		
	Marked	28. Babinski?.....NO	N
	R	Right	R
		Left	L
		Both	B

PHYSICAL EXAMINATION (PHEA screen 9 of 9)

G. GENERAL		H. ADMINISTRATIVE INFORMATION	
29. Other significant physical findings?.....YES	Y	30. Date of data collection:.....	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
	NO		month      day      year
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Go to Item 30</div>		31. Method of data collection:.....Computer	C
a. _____			Paper form      P
_____		32. Code number of person performing this examination:.....	<input type="text"/> <input type="text"/> <input type="text"/>
_____			