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# CCAAPS PHYSICAL EXAMINATION FORM

Indicate normal/abnormal for each body region. Answer questions indicated under each body region. For skin abnormality, refer to eczema severity index form. Answer all questions under asthma severity.

*UPE*

<i>Rhinitis</i> <b>EYES</b>	Circle: NORMAL	ABNORMAL	<b>EYES</b>
<b>EARS</b>	NORMAL	ABNORMAL	<b>EARS</b>
<b>NOSE</b>	NORMAL	ABNORMAL	<b>NOSE</b>
<b>THROAT</b>	NORMAL	ABNORMAL	<b>THROAT</b>
<b>NECK</b>	NORMAL	ABNORMAL	<b>NECK</b>
<i>Wheezing/Abnormal LRI</i> <b>LUNGS/CHEST</b>	NORMAL	ABNORMAL	<b>LUNGS-CHEST</b>
<i>Vital Sign</i> <b>HEART</b>	NORMAL	ABNORMAL	<b>HEART</b>
<i>Gastro.</i> <b>ABDOMEN</b>	NORMAL	ABNORMAL	<b>ABDOMEN</b>
<i>Skin/Eczema</i> <b>SKIN</b>	NORMAL	EVIDENCE OF ATOPIC ECZEMA	<b>SKIN</b>
			(Erythema, papulation, excoriations, lichenification)

## ASTHMA SEVERITY

*Wheezing Asthma*

### Breathlessness:

- No  Yes **While walking (infant crawling)** **BREATHLESS-WALKING**
- No  Yes **While talking (infant-softer shorter cry; difficulty feeding)** **BREATHLESS-TALKING**
- No  Yes **While at rest (infant-stops feeding)** **BREATHLESS-REST**

### Child talks in:

- No  Yes **Sentences** **TALKS-SENTENCES**
- No  Yes **Phrases** **TALKS-PHRASES**
- No  Yes **Words** **TALKS-WORDS**

### Alertness:

- No  Yes **May be agitated** **ALERT-MAY-BE-AGITATED**
- No  Yes **Usually agitated** **ALERT-USUALLY-AGITATED**
- No  Yes **Drowsy or confused** **ALERT-DROWSY-CONFUSED**

### Use of accessory muscles; suprasternal retractions:

- No  Yes **Rarely** **ACCESSORY-RARELY**
- No  Yes **Commonly** **ACCESSORY-COMMONLY**
- No  Yes **Usually** **ACCESSORY-USUALLY**

### Wheeze:

- No  Yes **Moderate, often only end expiratory** **WHEEZE-MODERATE**
- No  Yes **Loud, throughout exhalation** **WHEEZE-LOUD**
- No  Yes **Usually loud, throughout exhale and inhale** **WHEEZE-USUALLY**





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# CCAAPS PHYSICAL EXAMINATION FORM

PHYSICIAN'S DIAGNOSIS: *Child Symptom / Outcome*

### Atopic Dermatitis:

- Unlikely
  - Possible
  - Probable
  - Definitive
- ATOPIC\_DERMATITIS*

### Allergic Rhinitis:

- Unlikely
  - Possible
  - Probable
  - Definitive
- ALLERGIC\_RHINITIS*

### Allergic Asthma:

- Unlikely
  - Possible
  - Probable
  - Definitive
- ALLERGIC\_ASTHMA*

### Food Allergy: *Stim Eczema*

- Unlikely
  - Possible
  - Probable
  - Definitive
- FOOD\_ALLERGY*

## INDIVIDUAL BODY REGION QUESTIONS. *Same as front Page*

### EYES:

- EYES\_WATERY*  No  Yes **Watery Discharge?**
- No  Yes **Lid edema?** *EYES\_LID\_EDEMA*
- No  Yes **Conjunctival Injection?** *EYES\_CONJUNCTIVAL*
- EYES\_ITCHING*  No  Yes **Child appear to be itching eyes?**
- No  Yes **Allergic shiners?** *EYES\_SHINERS*

### EARS (Tympanic Membranes):

- No  Yes **Dull?** *EARS\_DULL*
- No  Yes **Effusion?** *EARS\_EFFUSION*
- No  Yes **Erythema?** *EARS\_ERYTHEMA*
- No  Yes **Discharge?** *EARS\_DISCHARGE*
- Air-fluid Level** [ ] [ ] [ ] *EARS\_AIR\_FLUID*

### NOSE:

- No  Yes **Crease present?** *NOSE\_CREASE*
- Turbinates:**
- No  Yes **Edema?** *NOSE\_EDEMA*
- No  Yes **Pale?** *NOSE\_PALE*
- No  Yes **Erythema?** *NOSE\_ERYTHEMA*
- No  Yes **Discharge?** *NOSE\_DISCHARGE*
- If Yes:**  Clear  Mucoid *NOSE\_DISCHARGE\_YES*
- No  Yes **Polyps present?** *NOSE\_POLYPS*

### LUNGS/CHEST:

- Respiratory Excursions:** *LUNGS\_RESPIRATORY*
- Normal  Abnormal
- No  Yes **Symmetrical Expansion?** *LUNGS\_SYMMETRICAL*
- No  Yes **Crackles?** *LUNGS\_CRACKLES*
- No  Yes **Coarse Ronchi?** *LUNGS\_COARSE\_RONCHI*
- No  Yes **Wheezing?** *LUNGS\_WHEEZING*
- No  Yes **Stridor?** *LUNGS\_STRIDOR*

### THROAT:

- No  Yes **Erythema?** *THROAT\_ERYTHEMA*
- No  Yes **Post nasal drainage?** *THROAT\_POST\_NASAL*
- No  Yes **Hyperemia?** *THROAT\_HYPEREMIA*
- No  Yes **Cobblestoning?** *THROAT\_COBBLESTONING*

### NECK:

- NECK\_CERVICAL*
- No  Yes **Cervical Lymphadenopathy?**
- No  Yes **Thyroid Enlargement?** *NECK\_THYROID\_ENLARGEMENT*





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# CCAAPS PHYSICAL EXAMINATION FORM

INDIVIDUAL BODY REGION QUESTIONS. ANSWER ONLY IF ABNORMAL. (cont.)

*Same as front page*

## HEART:

Describe Abnormalities: (Please Print)

HEART\_DESC

## ABDOMEN:

Describe Abnormalities: (Please Print)

ABDOMEN\_DESC

## SKIN:

Scoring Signs of Eczema Area Severity Index (EASI):



EASI SCORES:  
0 = None  
0.5 to 1.0 = Mild  
1.5 to 2.0 = Moderate  
2.5 to 3.0 = Severe  
Half-point scores are allowed.

### Head/Neck (Enter score for each)

Erythema: 

--	--

 HEAD\_ERYTHEMA

Infiltration/Papulation: 

--	--

 HEAD\_INFILTRATION

Excoriations: 

--	--

 HEAD\_EXCORIATIONS

Lichenification: 

--	--

 HEAD\_LICHENIFICATION

Area affected: 

--	--	--

 %  
(to the nearest 5%)  
HEAD\_AREA\_AFFECTED

### Trunk (Enter score for each)

Erythema: 

--	--

 TRUNK\_ERYTHEMA

Infiltration/Papulation: 

--	--

 TRUNK\_INFILTRATION

Excoriations: 

--	--

 TRUNK\_EXCORIATIONS

Lichenification: 

--	--

 TRUNK\_LICHENIFICATION

Area affected: 

--	--	--

 %  
(to the nearest 5%)  
TRUNK\_AREA\_AFFECTED

### Upper Limbs (Enter score for each)

Erythema: 

--	--

 UPPER\_LIMB\_ERYTHEMA

Infiltration/Papulation: 

--	--

 UPPER\_LIMB\_INFILTRATION

Excoriations: 

--	--

 UPPER\_LIMB\_EXCORIATION

Lichenification: 

--	--

 UPPER\_LIMB\_LICHENIFICATION

Area affected: 

--	--	--

 %  
(to the nearest 5%)  
UPPER\_LIMB\_AREA\_AFFECTED

### Lower Limbs (Enter score for each)

Erythema: 

--	--

 LOWER\_LIMB\_ERYTHEMA

Infiltration/Papulation: 

--	--

 LOWER\_LIMB\_INFILTRATION

Excoriations: 

--	--

 LOWER\_LIMB\_EXCORIATIONS

Lichenification: 

--	--

 LOWER\_LIMB\_LICHENIFICATION

Area affected: 

--	--	--

 %  
(to the nearest 5%)  
LOWER\_LIMB\_AREA\_AFFECTED





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## CCAAPS PHYSICAL EXAMINATION FORM

### Skin (cont.):

Investigator's Global Assessment (Check one only)

- SKIN-GLOBAL*
- Clear (no inflammatory signs of Atopic Dermatitis)
  - Almost clear (just perceptible erythema, and just perceptible infiltration/papulation)
  - Mild disease (mild erythema and mild papulation/infiltration)
  - Moderate disease (moderate erythema and moderate papulation/infiltration)
  - Severe disease (severe erythema and severe papulation/infiltration)
  - Very severe disease (severe erythema and severe papulation/infiltration with oozing and crusting)

### OVERALL CLINICAL IMPRESSION:

Allergic disorder? *ALLERGIC-DISORDER*

- No  Yes

*Child Symptoms/Outcome*

IF YES, list diagnosis.

1. *ALLERGIC-DISORDER-YES-1*

2. *ALLERGIC-DISORDER-YES-2*

3. *ALLERGIC-DISORDER-YES-3*

### TREATMENT RECOMMENDATIONS:

Environmental control measures? *ENV-CONTROL-MEASURES*

- No  Yes

*Intervention Effect*

IF YES, list.

1. *ENV-CONTROL-MEASURES-YES-1*

2. *ENV-CONTROL-MEASURES-YES-2*

3. *ENV-CONTROL-MEASURES-YES-3*

Physician referred?

- No  Yes

*Intervention Effect*  
*PHYSICIAN-REFERRED*

IF YES.

*PHYSICIAN-REFERRED-YES*



