Coding History and Physical

ID Variables:

ABC\_ID

CHIM\_ID

GENDER

BDAY

EXAM\_DATE

INT\_ID (created in SAS)

AGE

Data sources:

• Chapel Hill Internal Medicine—Medical History Update

• Template for History and Physical

• Review of approximately 8 history and physical forms.

Assumptions: I think the “Chapel Hill Internal Medicine—Medical History Update” is used to collect self-reported information from the participant and then LeVonne uses this sheet when she interviews/examines the participant to complete the History and Review of Systems part of the history and physical template.

Other Comment:

• I think what is outlined below will allow for capture of most of the data without a need for more than minor modifications as we go along.

• PLEASE NOTE: Up to the review of systems, the order may vary a bit, so the person who enters the data will need to take this into account.

**History of the Present Illness:** This is a very open ended part of the history that typically starts with a question like, “Do you have any concerns about your health today?” Thus, I do not think we can pre-code for all possible answers. I think we should code as follows:

| **History of Present Illness** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| --- | --- | --- |
| Any health concern mentioned | Yes or no: if yes enter all that are noted in prepared fields for common conditions or in free text. | HPI\_CONCERN |
|  | --Alzheimer’s  --arthritis: degenerative or osteoarthritis  --arthritis: rheumatoid  --cancer: breast  --cancer: lung  --cancer: colon  --cancer: prostate  --melanoma  --diabetes  --dementia  --glaucoma  --heart attack or coronary disease  --high cholesterol  --hypertension  --obesity  --sickle cell  --stroke  --other: list in text field | HPI\_ALZ  HPI\_ART  HPI\_RHEU  HPI\_BCANCER  HPI\_LCANCER  HPI\_COLON  HPI\_PCANCER  HPI\_MEL  HPI\_DIAB  HPI\_DEM  HPI\_GLAU  HPI\_HA  HPI\_CHOL  HPI\_HYP  HPI\_OBES  HPI\_SC  HPI\_STROKE  HPI\_OTH1-HPI\_OTH3  (text fields) |

|  |  |  |
| --- | --- | --- |
| **Problem List/Past Medical**: |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| Hospitalization | Yes or no: include text field for yes | PMP\_HOSP, PMP\_HOSP\_S  PMP\_HOSP2- PMP\_HOSP6,  PMP\_HOSP2\_S -PMP\_HOSP6\_S |
| Primary care doctor | Yes or no: include text field for yes | PMP\_DOC, PMP\_DOC\_S |
| Immunizations | SEE IMMUNIZATION SECTION BELOW |  |
| Health conditions | --Alzheimer’s  --arthritis: degenerative or osteoarthritis  --arthritis: rheumatoid  --cancer: breast  --cancer: lung  --cancer: colon  --cancer: prostate  --melanoma  --diabetes  --dementia  --glaucoma  --heart attack or coronary disease  --high cholesterol  --hypertension  --sickle cell  --stroke  --other: list in text field | PMP\_ALZ  PMP\_ART  PMP\_RHEU  PMP\_BCANCER  PMP\_LCANCER  PMP\_COLON  PMP\_PCANCER  PMP\_MEL  PMP\_DIAB  PMP\_DEM  PMP\_GLAU  PMP\_HA  PMP\_CHOL  PMP\_HYP  PMP\_SC  PMP\_STROKE  PMP\_OTH1-PMP\_OTH4  (text fields) |

• Allergies:

|  |  |  |
| --- | --- | --- |
| **Allergies** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| Medications | Yes or no; if yes, list in field | ALG\_MED  ALG\_MED\_S |
| Foods | Yes or no; if yes, list in field | ALG\_FOOD  ALG\_FOOD\_S |
| Other | Yes or no; if yes, list in field | ALG\_OTH  ALG\_OTH\_S |

• Immunization history:

|  |  |  |
| --- | --- | --- |
| **Immunizations** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| Td, Tdap | Yes or no; if yes date | IMM\_TD, IMM\_TD\_DT |
| influenza | Yes or no; if yes date | IMM\_FLU, IMM\_FLU\_DT |
| Hepatitis A | Yes or no; if yes date | IMM\_HEPA, IMM\_HEPA\_DT |
| Hepatitis B | Yes or no; if yes date | IMM\_HEPB, IMM\_HEPB\_DT |
| pneumococal | Yes or no; if yes date | IMM\_PNEU, IMM\_PNEU\_DT |

• Family history: these are taken for the medical history update

| **Family History** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| --- | --- | --- |
| **Mother** |  |  |
| Age | Continuous variable | M\_AGE |
| Age, Estimated |  | M\_AGE\_EST |
| Alive/Deceased | Deceased=0, Alive=1 | M\_ALIVE |
| Any condition listed | Yes or no; if yes, code per next question |  |
| Conditions | --Alzheimer’s  --arthritis: degenerative or osteoarthritis  --arthritis: rheumatoid  --cancer: breast  --cancer: lung  --cancer: colon  --melanoma  --diabetes  --dementia  --glaucoma  --heart attack or coronary disease  --high cholesterol  --hypertension  --sickle cell  --stroke  --other: list in text field | M\_ALZ  M\_ART  M\_RHEU  M\_BCANCER  M\_LCANCER  M\_COLON  M\_MEL  M\_DIAB  M\_DEMENT  M\_GLAU  M\_HA  M\_CHOL  M\_HYP  M\_SC  M\_STROKE  M\_OTH1-M\_OTH4  (text fields) |
| **Father** |  |  |
| Age | Continuous variable | F\_AGE |
| Age, Estimated |  | F\_AGE\_EST |
| Alive/Deceased | Deceased=0, Alive=1 | F\_ALIVE |
| Any condition listed | Yes or no; if yes, code per next question |  |
| Conditions | --Alzheimer’s  --arthritis: degenerative or osteoarthritis  --arthritis: rheumatoid  --cancer: lung  --cancer: colon  --cancer: prostate  --melanoma  --diabetes  --dementia  --glaucoma  --heart attack or coronary disease  --high cholesterol  --hypertension  --sickle cell  --stroke  --other: list in text field | F\_ALZ  F\_ART  F\_RHEU  F\_LCANCER  F\_COLON  F\_PCANCER  F\_MEL  F\_DIAB  F\_DEMENT  F\_GLAU  F\_HA  F\_CHOL  F\_HYP  F\_SC  F\_STROKE  F\_OTH1-F\_OTH5  (text fields) |
| **Any Sib or ½ sib** |  |  |
| Age | Continuous variable | S\_AGE, S\_AGE\_2-S\_AGE\_6 |
| Age, Estimated |  | S\_AGE\_EST, S\_AGE\_EST\_2-S\_AGE\_EST\_6 |
| Sib Comments |  | S\_S |
| Gender | M=Male, F=Female | S\_GEND,  S\_GEND\_2-S\_GEND\_6 |
| Relationship | Half is only type specified as of 8/12/11 | S\_RELAT,  S\_RELAT\_2-S\_RELAT\_6 |
| Alive/Deceased | Deceased=0, Alive=1 | S\_ALIVE,  S\_ALIVE\_2-S\_ALIVE\_6 |
| Conditions | --arthritis: degenerative or osteoarthritis  --arthritis: rheumatoid  --cancer: breast  --cancer: lung  --cancer: colon  --cancer: prostate  --melanoma  --diabetes  --dementia  --glaucoma  --heart attack or coronary disease  --high cholesterol  --hypertension  --sickle cell  --stroke  --other: list in text field | S\_ART, S\_ART\_2-S\_ART\_6  S\_RHEU, S\_RHEU\_2-S\_RHEU\_6  S\_BCANCER, S\_BCANCER\_2-S\_BCANCER\_6  S\_LCANCER, S\_LCANCER\_2-S\_LCANCER\_6  S\_COLON, S\_COLON\_2-S\_COLON\_6  S\_PCANCER, S\_PCANCER\_2-S\_PCANCER\_6  S\_MEL, S\_MEL\_2-S\_MEL\_6  S\_DIAB, S\_DIAB\_2-S\_DIAB\_6  S\_DEMENT, S\_DEMEMT\_2-S\_DEMENT\_6  S\_GLAU, S\_GLAU\_2-S\_GLAU\_6  S\_HA, S\_HA\_2-S\_HA\_6  S\_CHOL, S\_CHOL\_2-S\_CHOL\_6  S\_HYP, S\_HYP\_2-S\_HYP\_6  S\_SC, S\_SC\_2-S\_SC\_6  S\_STROKE, S\_STROKE\_2-S\_STROKE\_6  S\_OTH1-S\_OTH4,  S\_OTH1\_2-S\_OTH3\_2, etc  (text fields) |
|  | Other comments | S\_OTHER |

• Social history:

|  |  |  |
| --- | --- | --- |
| **Social history** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| Alcohol use | Yes or no; include field for comments | SH\_ALC, SH\_ALC\_S |
| Tobacco use | Yes or no; include field for comments | SH\_TOB, SH\_TOB\_S  (derived) SH\_ANYSMK (any smoking) |
| Regular physical activity (exercise) | Yes or no; include field for comments | SH\_PHYS, SH\_PHYS\_S |
| Drug use | Yes or no; include field for comments | SH\_DRUG, SH\_DRUG\_S |

* Medications: Though some medications have more than one indication, many are only used for a specific condition. Thus, I think it would be possible to code medications for the conditions of interest, but either LeVonne or I would need to do this. We should probably capture the medications in free text.

|  |  |  |
| --- | --- | --- |
| **Medications** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| Any medication mentioned including over the counter meds | Yes or no: allow ~~10~~ 7 different fields and text fields for meds. Also, for each medication, include another variable for classification of medication by Dr. Keyserling and/or Powell-Tilman with the following options  --arthritis **(1)**  --high blood pressure  **(2)**  --high cholesterol  **(3)**  --diabetes **(4)**  --other  **(5)** | MED\_ANY  MED1 – MED7  (text fields for name of medication)  Derived Variables from Dr. Keyserling:  Z\_ANXIETY\_MED Z\_BP\_MED Z\_CHOL\_MED Z\_DEPRESSION\_MED Z\_DIABETES\_MED (any)  Z\_INSULIN Z\_ORAL\_MED  MED\_TYPE1 – MED\_TYPE7  (numeric variable for classification of medication)  (not yet created) |

• Pregnancy/Birth History:

|  |  |  |
| --- | --- | --- |
| **Pregnancy/Birth History** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| Pregnancies (gravid), number | Continuous variable | PREG\_GRAVID (Ever pregnant)  PREG\_NUM (# pregnancies) |
| Deliveries | Yes or no: allow text field for comment | PREG\_DELIV (# deliveries),  PREG\_DELIV\_S |
| Abortions/miscarriages | Continuous variable; include comment field | PREG\_ABORT (# abortions), PREG\_ABORT\_S |

• Past surgical history: I have listed a common procedures…for others will use text fields

|  |  |  |
| --- | --- | --- |
| **Past Surgical History** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| Appendectomy | Yes or no: | PSH\_APPEN |
| Cholecystectomy (gall bladder removed) | Yes or no: | PSH\_CHOLEC |
| Ectopic pregnancy | Yes or no: | PSH\_ECT |
| Hysterectomy | Yes or no: | PSH\_HYST |
| Orthopedic surgery | Yes or no: | PSH\_ORTHO |
| Other procedure | Yes or no: allow ~~5~~ 3 different text fields | PSH\_OTH\_1 – PSH\_OTH\_3 |

• Health Maintenance:

| **Health Maintenance** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| --- | --- | --- |
| Breast exam | Yes or no: | HM\_BREAST |
| Cholesterol check | Yes or no: | HM\_CHOL |
| Colonoscopy | Yes or no: | HM\_COLON |
| Mammogram | Yes or no: | HM\_MAM |
| Pap smear | Yes or no: allow text field for comment | HM\_PAP, HM\_PAP\_S |
| Other | Yes or no: | HM\_OTH |

• Review of systems: the order is slightly different comparing the template that LeVonne sent compared to History and Physical Report #2. I would review some of the additional History and Physical Reports that we have and see if the order is similar to Report #2. I suggest coding each of the items on the form as a separate variable, yes/no.

| **Review of Systems** |  | Variable Name  (0=No, 1=Yes, 2=DK/Not Sure) |
| --- | --- | --- |
| General |  |  |
|  | -yes or no: any concern, overall | GEN\_ANY |
|  | -yes or no: weight gain | GEN\_WTGAIN |
|  | -yes or no: weight loss | GEN\_WTLOSS |
|  | -yes or no: anorexia | GEN\_ANOREX |
|  | -yes or no: fatigue | GEN\_FATIG |
|  | -yes or no: fever and night sweats | GEN\_FEVER |
| skin | -yes or no: no present or no concern | SKIN\_NC |
|  | -yes or no: change in wart or mole | SKIN\_WART |
|  | -yes or no: dryness | SKIN\_DRY |
|  | -yes or no: rash | SKIN\_RASH |
| HEENT | -yes or no: not present or no concern | HEENT\_NC |
|  | -yes or no: wears glasses/contact lenses | HEENT\_GLASSES |
|  | -yes or no: decreased night vision | HEENT\_NVISION |
|  | -yes or no: double vision | HEENT\_DOUBVIS |
|  | -yes or no: visual disturbances | HEENT\_VISDIST |
|  | -yes or no: decreased hearing | HEENT\_DECHEAR |
|  | -yes or no: ringing in ears | HEENT\_RINGING |
|  | -yes or no: nose bleed | HEENT\_NOSEBLD |
|  | -yes or no: seasonal allergies | HEENT\_ALLERG |
|  | yes or no: rhinitis | HEENT\_RHIN |
|  | yes or no: sinus pain | HEENT\_SINUS |
|  | yes or no: hoarseness | HEENT\_HOARSE |
|  | yes or no: oral ulcers | HEENT\_ORALULC |
|  | yes or no: sore throat | HEENT\_SORETHRT |
| Respiratory | yes or no: not present or no concern | RESP\_NC |
|  | yes or no: cough | RESP\_COUGH |
|  | yes or no: hemoptysis | RESP\_HEMO |
|  | yes or no: wheezing | RESP\_WHEEZE |
| Breasts | yes or no: not present or no concern | BRST\_NC |
|  | yes or no: breast mass | BRST\_MASS |
|  | yes or no: gynecomastia | BRST\_GYNE |
| Cardiovascular | yes or no: not present or no concern | CARDIO\_NC |
|  | yes or no: fainting | CARDIO\_FAINT |
|  | yes or no: chest pain | CARDIO\_CHSTPAIN |
|  | yes or no: elevated blood pressure | CARDIO\_ELVBP |
|  | yes or no: palpitations | CARDIO\_PALP |
|  | yes or no: leg pain and/or swelling | CARDIO\_LEGPAIN |
|  | yes or no: shortness of breath | CARDIO\_SHRTBRTH |
| Gastrointestinal | yes or no: not present or no concern | GASTRO\_NC |
|  | yes or no: abdominal pain | GASTRO\_ABPAIN |
|  | yes or no: black, tarry stool | GASTRO\_BKSTOOL |
|  | yes or no: change in bowel habits | GASTRO\_CHGBOWEL |
|  | yes or no: constipation | GASTRO\_CONST |
|  | yes or no: diarrhea | GASTRO\_DIAR |
|  | yes or no: difficulty swallowing | GASTRO\_DIFSWALL |
|  | yes or no: heartburn | GASTRO\_HBURN |
|  | yes or no: indigestion | GASTRO\_IND |
|  | yes or no: nausea or vomiting | GASTRO\_NAUSEA |
| Female Genitourinary | yes or no: not present or no concern | FG\_NC |
|  | yes or no: dysmenorrhea | FG\_DYSMEN |
|  | yes or no: dyspareunia | FG\_DYSPAR |
|  | yes or no: dysuria | FG\_DYSURIA |
|  | yes or no: hematuria | FG\_HEMAT |
|  | yes or no: incontenance | FG\_INCONT |
|  | yes or no: menstrual irregularities | FG\_MENST |
|  | yes or no: stones | FG\_STONES |
| Male genitourinary | yes or no: blood in urine? | MG\_BLOOD |
|  | yes or no: Urination pain? | MG\_DYSURIA |
|  | yes or no: Hesitancy? | MG\_HESITANT |
|  | yes or no: Impotent? | MG\_IMPOTENT |
|  | yes or no: Incontinence? | MG\_INCONTIN |
|  | yes or no: Nocturia? | MG\_NOCTURIA |
|  | yes or no: Penile lesions? | MG\_LESIONS |
|  | yes or no: Testes mass? | MG\_TESTES |
|  | yes or no: Kidney Stones? | MG\_STONES |
| Musculoskeletal | yes or no: not present or no concern | MUSC\_NC |
|  | yes or no: back pain | MUSC\_BACKPAIN |
|  | yes or no: joint pain | MUSC\_JNTPAIN |
|  | yes or no: muscle weakness | MUSC\_MUSCWK |
| Neurological | yes or no: not present or no concern | NEURO\_NC |
|  | yes or no: numbness | NEURO\_NUMB |
|  | yes or no: decreased memory | NEURO\_DECMEM |
|  | yes or no: dizziness | NEURO\_DIZZY |
|  | yes or no: headaches | NEURO\_HACHE |
|  | yes or no: seizures | NEURO\_SEIZ |
|  | yes or no: stroke | NEURO\_STROKE |
|  | yes or no: tremor | NEURO\_TREMOR |
|  | yes or no: unsteadiness | NEURO\_UNSTEAD |
| Psychiatric | yes or no: not present or no concern | PSYC\_NC |
|  | yes or no: anxiety | PSYC\_ANX |
|  | yes or no: depression | PSYC\_DEP |
|  | yes or no: insomnia | PSYC\_INS |
|  | yes or no: suicidal ideation | PSYC\_SUIC |
| Endocrine | yes or no: not present or no concern | ENDO\_NC |
|  | yes or no: hot flashes | ENDO\_FLASH |
|  | yes or no: cold intolerance | ENDO\_COLD |
|  | yes or no: excessive thirst | ENDO\_THIRST |
|  | yes or no: heat intolerance | ENDO\_HEAT |
| Hematology | yes or no: not present or no concern | HEMAT\_NC |
|  | yes or no: excessive bleeding | HEMAT\_BLEED |
|  | yes or no: anemia | HEMAT\_ANEMIA |
|  | yes or no: blood clots | HEMAT\_BCLOT |
|  | yes or no: enlarged lymph nodes | HEMAT\_LYMPH |

**3—Physical Exam**: I met with LeVonne on 7/2/10 and she showed me how the software works. For most of the physical exam items, she can click on a component of the exam and this produces a pop-up menu with many choices. Further, she can click on additional findings and get more choices. We decided it would not be worth it to build a data entry template that includes all the possible options. Instead, we felt is appropriate to code as normal vs. abnormal for most of the exam variables and allow for a text field to describe the abnormal findings.

|  |  |  |
| --- | --- | --- |
| **Physical Exam** |  | Variable Name |
| **Vitals** |  |  |
| Weight (lbs) | Continuous variable: range 50 to 600 | PE\_WEIGHT |
| Height (inches) | Continuous variable: range 50 to 90 | PE\_HEIGHT |
| Waist (inches) | Continuous variable: range 20 to 90 | PE\_WAIST |
| Body surface area | Continuous variable: range 1 to 5 | PE\_BSA |
| BMI | Continuous variable: range 15 to 90 | PE\_BMI |
| Temp (F) | Continuous variable: range 94 to 105 | PE\_TEMP |
| Pulse | Continuous variable: range 40 to 160 | PE\_PULSE |
| Respirations | Continuous variable: range 6 to 50 | PE\_RESP |
| Systolic BP | Continuous variable: range 70 to 350 | PE\_SYSTOLIC |
| Diastolic | Continuous variable: range 20 to 200 | PE\_DIASTOLIC |
| Hips (inches) | Continuous variable: range 20 to 90 | PE\_HIPS |
|  |  |  |
| **General** |  | 0=normal, 1=abnormal |
| Mental status | normal: alert  abnormal: | PE\_ALERT |
| Distress | normal  abnormal: | PE\_DISTRESS |
| Orientation | normal: oriented x 4  abnormal: | PE\_ORIENT |
| Nutrition | Yes or no: well nourished  abnormal: include text field | PE\_NUT, PE\_NUT\_S |
| Posture | normal  abnormal: | PE\_POST |
| Hydration | Normal: well hydrated  abnormal: | PE\_HYD |
| Voice | normal  abnormal: | PE\_VOICE |
| **Skin** |  | Variable Name  0=normal, 1=abnormal |
| general | Normal:  abnormal: include text field | PE\_SKIN, PE\_SKIN\_S |
| Lesions | Normal: no lesions  abnormal: include text field | PE\_LESION,  PE\_LESION\_S |
| Rashes | Normal: no rashes  abnormal: include text field | PE\_RASH, PE\_RASH\_S |
| **HEENT** |  |  |
| Head | normal  abnormal: | PE\_HEAD |
| **Ear** |  |  |
| Pinna | normal  abnormal: | PE\_PINNA |
| Auditory canal | normal  abnormal: include text field | PE\_AUD, PE\_AUD\_S |
| Tympanic membrane | normal  abnormal: | PE\_TYMP |
| Mastoid | normal  abnormal: | PE\_MAST |
| **Eye** |  |  |
| Eyeball | normal  abnormal: include text field | PE\_EYEBALL, PE\_EYEBALL\_S |
| Fundi | normal  abnormal: include text field | PE\_FUNDI, PE\_FUNDI\_S |
| Sclera/conjunctiva | normal  abnormal: | PE\_SCLERA |
| Pupil | Normal: direct reaction to light normal, equal and round  abnormal: | PE\_PUPIL |
| **Nose & Sinuses** |  |  |
| nose | normal  abnormal: | PE\_NOSE |
| **Mouth and Throat** |  |  |
| Lower teeth | normal  abnormal: teeth missing  abnormal other: include text field | PE\_LOWTEETH, PE\_LOWTEETH\_S |
| Oropharynx | Normal: no discharge, exudates, thrush, or ulcerations. Not conjested  abnormal: | PE\_ORO |
| Floor of mouth | Normal: (no dentures considered normal) - abnormal: | PE\_FLMOUTH |
| Tonsils | Normal - abnormal: | PE\_TONSIL |
| Upper teeth | normal  abnormal: include text field | PE\_UPTEETH, PE\_UPTEETH\_S |
| **Neck** |  | Variable Name  0=normal, 1=abnormal |
| Carotid arteries | Normal: normal upstroke and runoff  abnormal: | PE\_CAR |
| Neck | Normal: supple. Non tender. No masses.  Abnormal: | PE\_NECK |
| Trachea | Normal: midline  abnormal: | PE\_TRAC |
| Thyroid | Normal: Gland – normal size and consistency  abnormal: | PE\_THYR |
| Nodules | Normal: no nodules  abnormal: | PE\_NOD |
| **Chest and Lung Exam** |  |  |
| *General* | Normal: normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.  Abnormal: | PE\_CHGEN |
| Excursion | Normal:  abnormal: | PE\_EXCURS |
| Symmetry | Normal:  abnormal: | PE\_SYMM |
| Resp Effort | Normal:  abnormal: | PE\_EFFORT |
| Accessory muscles | Normal:  abnormal: | PE\_MUSCLE |
| Auscultation | Normal:  abnormal: | PE\_AUSCULT |
| Breath sounds | Normal:  abnormal: | PE\_BREATH |
| Adventitious sounds | Normal: no adventitious sounds  abnormal: | PE\_ADVEN |
| **Breast** | Breast exam | PE\_BREAST |
| **Cardiovascular** |  |  |
| Cardiovascular | Normal: on palpation, PMI is normal in location and amplitude, no palpable S3 or S4. Normal cardiac borders, normal heart sounds, regular rate and rhythm with no murmurs, abdominal aorta auscultation reveals no bruits, normal pedal pulses bilaterally and no digital clubbing, cyanosis, edema, increased warmth or tenderness.  abnormal: | PE\_CARDIO |
| PMI Normal |  | PE\_PMI |
| Palpable S3/S4 |  | PE\_CARDIO\_PALP |
| Cardiac borders |  | PE\_BORDERS |
| Heart sounds |  | PE\_SOUNDS |
| Murmurs |  | PE\_MURMURS |
| Pedal pulse |  | PE\_PEDAL |
| Digit clubbing |  | PE\_CLUBBING |
| Cyanosis |  | PE\_CYANOSIS |
| Edema |  | PE\_EDEMA |
| Warm/tender |  | PE\_WARM |
| **Abdomen** |  |  |
| Inspection | Normal: no mass, soft, non tender and no hernias  abnormal: | PE\_ABD |
| Abdom tender |  | PE\_TENDER |
| Hernia |  | PE\_HERNIA |
| Palpation/percussion | Normal: No rebound tenderness, no rigidity (guarding), no hepatosplenomegaly, and no palpable abdominal masses  abnormal: | PE\_PALP |
| Rebound tender |  | PE\_REBOUND |
| Rigidity |  | PE\_RIGIDITY |
| Hepatosplenomeg |  | PE\_HEPATO |
| Auscultation | Normal: bowel sounds normal an no abdominal bruits  abnormal: | PE\_AUS |
| **Neurologic** |  |  |
| General | Normal: normal attention span and ability to concentrate, pupils equal and reactive to light and accommodation, normal sensation of trigeminal nerves, symmetrical functioning of facial nerves, normal hearing, normal gag reflex, symmetrical functioning of accessory nerves, symmetrical functioning of hypoglossal nerve and normal sensation.  abnormal: | PE\_NEURO |
| Attention |  | PE\_ATTENT |
| Pupils |  | PE\_PUPILS |
| Trigeminals |  | PE\_TRIGEM |
| Facial nerves |  | PE\_FACE |
| Hearing |  | PE\_HEAR |
| Gag reflex |  | PE\_GAG |
| Access. Nerves |  | PE\_ACCESS |
| Hypoglossal |  | PE\_HYPOG |
| **Muscle strength and tone** |  |  |
| Upper extremities | Normal: normal is 5/5 for all groups; if any less than 5/5, record as abnormal an describe below  abnormal: | PE\_UPEX |
| Lower extremities | Normal: normal is 5/5 for all groups; if any less then 5/5, record as abnormal an describe below  abnormal: | PE\_LOEX |
| Reflexes | Normal: 1 to 3 is acceptable as normal—if the value is the same for the reflex at the same level. If not, code as abnormal and describe.  abnormal: | PE\_REFL |
| Coordination | Normal: Romberg sign negative. No impairment of heel-to-shin or impairment of finger-to-nose.  abnormal: | PE\_COORD |
| Gait | Normal:  abnormal: | PE\_GAIT |
| Brainstem reflexes | Normal: consensual papillary rxn to light normal and gag reflex normal  abnormal: | PE\_BSTEM |
| **Musculoskeletal** |  |  |
| General joints and muscles | Normal: no joint tenderness, joint swelling, or joint erythema  abnormal: | PE\_JOINT |
| **Lymphatic** |  |  |
| General head and neck | Normal: no localized lymphadenopathy  abnormal: | PE\_LHEAD |
| General axillary region | Normal: no localized lymphadenopathy  abnormal: | PE\_LAXI |
| General femoral and Inguinal lymphatics | Normal: no localized lymphadenopathy  abnormal: | PE\_LFEM |
|  | Other comments | OTHER |

Labs

CHIM\_LAB (N, blank) labs done at Chapel Hill Internal Medicine

LAB\_DATE (date labs drawn, usually but not always the same as exam date)

|  |  |
| --- | --- |
| **Cholesterol Panel** | Actual Value |
| Total | CHOL\_TOT |
| HDL Cholest. | CHOL\_HDL |
| Triglycerides | CHOL\_TRIG |
| LDL Cholest. | CHOL\_LDL |
| Chol/HDLC | CHOL\_HDLC\_RAT |
| **Comprehensive Metabolic Panel** | |
| Glucose | CMP\_GLUCOSE |
| Urea Nitrogen (BUN) | CMP\_UREA |
| Creatinine | CMP\_CREAT |
| eGFR | CMP\_eGFR |
| BUN/Creatinine | CMP\_BUN\_CREAT |
| Sodium | CMP\_NA |
| Potassium | CMP\_K |
| Chloride | CMP\_CL |
| Carbon dioxide | CMP\_CO2 |
| Calcium | CMP\_CA |
| Protein (tot) | CMP\_PROT |
| Albumin | CMP\_ALB |
| Globulin | CMP\_GLOB |
| Alb/Glob ratio | CMP\_ALB\_GLOB |
| Bilirubin | CMP\_BILI |
| Alkaline Phosp | CMP\_ALKPHOS |
| AST | CMP\_AST |
| ALT | CMP\_ALT |
| **Hemoglobin** |  |
| Hb A1c | HEM\_A1C |
| **Vitamin D Panel** |  |
| Vit. D, Total | VITD\_TOTAL |
| Vit. D, D3 | VITD\_D3 |
| Vit. D, D2 | VITD\_D2 |
| **Carotene** |  |
| Serum carotene | CAROT\_SERUM |
| **Complete Blood Count (CBC) with Differential** | |
| White cells | CBC\_WHITE |
| Red cells | CBC\_RED |
| Hemoglobin | CBC\_HEMOG |
| Hematocrit | CBC\_HCT |
| Mean cell vol | CBC\_MCV |
| Mean hemoglob | CBC\_MCH |
| Mean Hb concen. | CBC\_MCHC |
| Red cell width | CBC\_RDW |
| Platelets | CBC\_PLATELET |
| Abs Neutrophils | CBC\_ABS\_NEUT |
| Abs Lymphocytes | CBC\_ABS\_LYM |
| Abs Monocytes | CBC\_ABS\_MONO |
| Abs Eosinophils | CBC\_ABS\_EOSIN |
| Abs Basophils | CBC\_ABS\_BASO |
| Neutrophils | CBC\_NEUTRO |
| Lymphocytes | CBC\_LYMPHO |
| Monocytes | CBC\_MONO |
| Eosinophils | CBC\_EOSINO |
| Basophils | CBC\_BASO |