

CSS PHYSICAL ASSESSMENT

Date
 IDNumber
 Name
 Date of Birth

<input type="checkbox"/> Consent	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Urine, shower
Blood <input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> Cogstate <i>Stanford Pre, Stanford Post</i>	

<input type="checkbox"/> Height	<input type="checkbox"/> Weight	<input type="checkbox"/> Skinfolds
<input type="checkbox"/> Neck Circumference	<input type="checkbox"/> Pharyngeal grade	<input type="checkbox"/> Mallampati Class
<input type="checkbox"/> Back muscle	<input type="checkbox"/> Squat	<input type="checkbox"/> PPT <input type="checkbox"/> CTP
<input type="checkbox"/> Moles	<input type="checkbox"/> Skin Impression	
<input type="checkbox"/> 3 D Photos	<input type="checkbox"/> Intra-oral photos	<input type="checkbox"/> Sleep Portrait photo

<input type="checkbox"/> Allergy Test	<input type="checkbox"/> Spirometry
<input type="checkbox"/> Asthma eNO	

<input type="checkbox"/> Sleep set up	<input type="checkbox"/> Actigraph
<input type="checkbox"/> Blood pressure pre-sleep	

<input type="checkbox"/> Blood pressure morning	<input type="checkbox"/> Urine morning
<input type="checkbox"/> Blood sample	<input type="checkbox"/> DNA consent

<input type="checkbox"/> Mannitol Challenge	<input type="checkbox"/> Sputum	<input type="checkbox"/> Nasal Swab
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Questionnaires			
<input type="checkbox"/> Sleep	<input type="checkbox"/> Participant	<input type="checkbox"/> Medical	<input type="checkbox"/> FFQ No _____ Bar Code _____

Follow up before leaving		
<input type="checkbox"/> Work Loss (mobile number)	<input type="checkbox"/> Actigraph Diary, RPE	
<input type="checkbox"/> Follow up	<input type="checkbox"/> Sleep Feedback	<input type="checkbox"/> 3-D photo

HIP ACTIGRAPH	<input type="checkbox"/> YES <input type="checkbox"/> NO	Accelerometer No
WRIST ACTIGRAPH	<input type="checkbox"/> YES <input type="checkbox"/> NO	Accelerometer No.
Dominant handedness	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	
Actigraph placed on wrist (non dominant)	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	

Entered by

Entered by

BLOOD PRESSURE (5 mins rest)

RA

.....

Time	Arm Cuff size	SA <input type="checkbox"/>	A <input type="checkbox"/>	LA <input type="checkbox"/>	Temp
Min	BP	HR/Pulse			
0.	Sys _____ /Dia _____	_____			
2.	Sys _____ /Dia _____	_____			
4	Sys _____ /Dia _____	_____			
6	Sys _____ / Dia _____	_____			
8	Sys _____ / Dia _____	_____			
10	Sys _____ / Dia _____	_____			

COGSTATE : **YES** **NO** For the **TEST, SEE OK ? Y/N** **HEAR OK? Y/N** **RA**

(if N, explain in comments)

TIME STARTED 24hr clock **TIME COMPLETED** 24hr clock

Time since last COFFEE **NONE** **TEA** **NONE**

In the last 24 hours? **Drugs** **YES** **NO** **Alcohol** **YES** **NO** **Medications** **YES** **NO**

Smoker ? **YES** **NO** if **YES**, time since last **Cigarette**

STANFORD SLEEPINESS SCALE Current Rating (1-7) _____ (**before** COGSTATE)

STANFORD SLEEPINESS SCALE Current Rating (1-7) _____ (**after** COGSTATE)

Cogstate Comments

Note anything that happened during test, eg phone went off

ANTHROPOMORPHIC MEASURES **RA**

Height _____ m (0.00) **Weight** _____ kg

Waist _____ cm _____ cm

Hip _____ cm _____ cm

SKINFOLDS **RA**

Triceps _____ mm _____ mm

Subscapular _____ mm _____ mm

Abdominal _____ mm _____ mm

Suprailiac _____ mm _____ mm

SLEEP PHYSIOLOGY Measurements.....RA

Neck Circumference: *Measured at level of cricoid cartilage.*

_____ cm _____ cm



Subject seated with head neutral, mouth fully open and tongue maximally protruded. Subject instructed not to talk. Oropharynx viewed from patient's eye level and classified as follows

Pharyngeal Grade

- Class 1: Palatopharyngeal arch intersects at the edge of the tongue*
- Class 2: Palatopharyngeal arch intersects at 25% or more of the tongue diameter.*
- Class 3: Palatopharyngeal arch intersects at 50% or more of the tongue diameter.*
- Class 4: Palatopharyngeal arch intersects at 75% or more of the tongue diameter.*



Depressed Tongue

yes no

Mallampati Class

- Class 1: soft palate, fauces, uvula and tonsillar pillars visible*
- Class 2: soft palate, fauces and uvula visible*
- Class 3: soft palate and base of uvula visible*
- Class 4: soft palate not visible*



Depressed Tongue

yes no

3-D Facial Photograph yes no

Intra-oral Photograph yes no

Sleep Portrait Photograph yes no

MUSCULOSKELETAL DATA

Back Muscle Endurance [RA]

Hold duration (max time 6 minutes)	Mins Seconds
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PRESSURE PAIN THRESHOLD (PPT) [RA]

Site	Normal Sensation at test site? (Y/N)	Pressure Sensation (Y/N)	Trial 1 PPT	Trial 2 PPT	Trial 3 PPT	Trial 4 PPT
Wrist						
Leg						
Neck						
Back						

Squat Endurance Test [RA]

Hold duration (max time 6 minutes)	Mins Seconds
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COLD PAIN THRESHOLD (CPT) [RA]

Site	Cold threshold	Trial 1 CPT	Trial 2 CPT	Trial 3 CPT	Trial 4 CPT
Wrist					

CURRENT PAIN

In the past week, have you had pain over any one of these test sites?

Site	Pain (Y/N)
Wrist	
Lower Leg	
Neck	
Back	

If yes, ⇨

Comment (musculo skeletal)

MOLE COUNTS (RA)

Right Upper Arm

	Front			Back	
	Total	Raised		Total	Raised
< 2mm			< 2mm		
2-5mm			2-5mm		
>5mm			>5mm		
Atypical			Atypical		

1 or more of the following = Atypical: Discoloured, irregular border, ill defined border.

Right Lower Arm

	Front			Back	
	Total	Raised		Total	Raised
< 2mm			< 2mm		
2-5mm			2-5mm		
>5mm			>5mm		
Atypical			Atypical		

Right Hand

	Palm			Back	
	Total	Raised		Total	Raised
< 2mm			< 2mm		
2-5mm			2-5mm		
>5mm			>5mm		
Atypical			Atypical		

Date entry – zero if no moles

IMPRESSION taken off back of right hand yes no

SKIN PRICK TEST

RA

Allergins		Egg White	Grass Mix #7	Cat Hair	Dog Hair	Cockroach	-VE control
weal (mm) L							
width	Grass Pollen Rye						
Allergen		Mould	Dust mite DF	Cows Milk	Dust Mite DP	Fungus	+VE control
weal (mm) L							
width							

Date entry – zero if no weal

Time finished prick test24 hr clock

Comments

ASTHMA TESTING (RA).....

eNO_1	eNO_2	eNO_3

SPIROMETRY	Test1	Test2	Test3	Predicted	
FVC					*largest value
FEV1					*largest value
FEV1/FVC					*from best test
FEF ₂₅₋₇₅					*from best test

Comments (Spirometry)

Mannitol Challenge Test (RA)

Mannitol	FEV1_M	FOT1			
		R	R_SD	X	X_SD
Baseline					
0					
5					
10					
20					
40					
80					
160_1					
160_2					
160_3					

Data entry – blank if no readings- for all asthma results

Sputum yes no

Nasal swab yes no

Calculate 15% drop: FEV1 at dose 0mg x 0.85 =

If FEV1 drops below this value, end test, measure FOT and give bronchodilator. This is a positive test result.

Comments (Mannitol Challenge Test)

SLEEP STUDY - ROOM NUMBER

SET UP (RA)

TIME set up STARTED 24 hr clock

BLOOD PRESSURE READINGS

PRE- SLEEPING : Time 24 hr clock		
Min	BP	HR/Pulse
0.	Sys _____ /Dia _____	_____
2.	Sys _____ /Dia _____	_____
4	Sys _____ /Dia _____	_____
WAKING : Time 24 hr clock		
Min	BP	HR/Pulse
0.	Sys _____ /Dia _____	_____
2.	Sys _____ /Dia _____	_____
4	Sys _____ /Dia _____	_____

Time lights out 24 hr clock

Time woke up 24 hr clock

URINE SAMPLE

Before Dinner **yes** **no**

First Wake up **yes** **no**

FFQ **yes** **no**

CSS Questionnaire **yes** **no**

Participant Questionnaire **yes** **no**

Medical Questionnaire **yes** **no**

Comment Sleep Study