

2. CARDIOVASCULAR MAIN SCREEN

1.

Give PULSE/ HEART BEAT characteristics: DIFFUSED, FEEBLE, INTERMITTENT, IRREGULAR, IRRITABLE, NORMAL, PROLONGED, RAPID, TUMULTUOUS, WEAK, etc.

_pul[01-16]
2.

Does Claimant experience PALPITATIONS?: (*not palpations*) [Y/N]

c_palp
3.

Are there MURMURS?: (*imperfect closure, insufficiency, thrills, or valvular/ mitral regurgitation indicate there is a murmur*) [Y/N]

c_murmur

3. MURMUR INFORMATION

(Subscreen prompted when value of c_murmur is Y)

A. Give the TIMING/ INTERVAL (1st/ SYSTOLIC or 2nd/ DIASTOLIC) of murmur:

cm_tim[1-4]

B. Is the murmur in the AXILLA, APICAL, INSUFFICIENT, REGURGITANT, or is there STENOSIS?:

cm_typ[1-5]

C. Name the specific VALVE (AORTIC, MITRAL, PULMONIC, TRI-CUSPID) identified with the murmur:

cm_val[01-05]

D. Do THRILLS accompany heart action?: [Y/N]

cm_thril

1) Give TIMING/ INTERVAL (1st/ SYSTOLIC or 2nd/ DIASTOLIC) of thrill:

cm_tht[1-4]

E. What SOUND (BELLOWING, BLOWING, CLICKING, METALLIC, RUSHING, SNAPPING etc.) are mentioned in association with the murmur?:

cm_sou[1-6]

4.

Describe NON-MURMUR hear VALVES:

c_vlv[01-05]

5.

Is there DILATATION, DISPLACEMENT, ENLARGEMENT, or HYPERTROPHY?: [Y/N]

c_enlarg

6.

Does ANASARCA, DROPSY, OEDEMA, PUFFINESS, or SWELLING exist? [Y/N]

c_oedema

4. OEDEMA INFORMATION

(Subscreen prompted when value of c_oedema is Y)

A. WHERE does anasarca, dropsy, oedema, puffiness, or swelling exist?:

co_whr[1-8]

B. How SEVERE (duration, extent, magnitude) is it?

co_sev[1-4]

7.

Does CYANOSIS (bluing from lack of oxygen) exist?: [Y/N]

c_cyanos

8.

Does DYSPNOEA, IMPAIRED BREATHING, or SHORTNESS OF BREATH occur?: [Y/N]

c_dyspne

5. DYSPNOEA INFORMATION

(Subscreen prompted when value of c_dyspne is Y)

A. UNDER WHAT CIRCUMSTANCES / CONDITIONS does dyspnoea occur?:

cd_whn[1-5]

9.

Is ARTERIOSCLEROSIS / ATHEROSCLEROSIS (hardening of the arteries), BRUIT, OR HARDENING OF VESSELS mentioned? (Y indicates has arteriosclerosis or atherosclerosis. N indicates does not): [Y/N]

c_artscl

6. SCLEROSIS INFORMATION

(Subscreen prompted when value of c_artscl is Y)

A. WHERE (arms, carotids, cervical, legs, neck, peripheral, etc.) is SCLEROSIS (hardening) found?:

ca_whr[1-5]

10.

Is CIRCULATION impaired?: [Y/N]

c_impcir

11.

How LONG has claimant had heart condition?: (*specify source*)

c_long[1-2]

[Claimant/Surgeon]

c_cslng[1-2]

12.

Heart RATING:

c_rat[1-4]

13.

RELATED diseases CAUSING or RESULTING from heart condition:

c_rel[01-14]

14.

Give additional comments regarding relative severity of condition or ability to do manual labor:

c_cmt[1-8]

7. DIARRHEA MAIN SCREEN

1.

Does claimant have DIARRHEA (flux) or DYSENTERY (bloody flux)?:
(*Doctors aren't interested in constipation unless there is a rating for it*)

d_dia[1-3]

[Claimant/Surgeon]



d_csdrh[1-3]

2.

How LONG (over all duration) has claimant suffered from diarrhea / dysentery?:

d_suf[1-3][1-6]

[Claimant/Surgeon]

d_cssf[1-3][1-6]

A. In what SEASON (at what times) does diarrhea / dysentery TYPICALLY occur?:

d_sea[1-3][1-6]

[Claimant/Surgeon]

d_cssn[1-3][1-6]

3.

How FREQUENT are diarrhea / dysentery attacks (episodes)?

d_frq[1-3][1-6]

[Claimant/Surgeon]

d_csfq[1-3][1-6]

4.

How LONG do diarrhea / dysentery ATTACKS (episodes) last?:

d_lng[1-3][1-6]

[Claimant/Surgeon]

d_csln[1-3][1-6]

5.

How MANY stools (motions) PER DAY does claimant experience?:

d_nst[1-3][1-6]

[Claimant/Surgeon]

d_csns[1-3][1-6]

A. Do stools contain BLOOD, MUCOPUS, MUCOUS, PUS, SLIME, or UNDIGESTED FOOD?:

d_sds[1-3][1-6]

[Claimant/Surgeon]

d_csst[1-3][1-6]

6.

How SEVERE is the diarrhea / dysentery (including pain information)?:

d_sev[1-3][1-6]

[Claimant/Surgeon]

d_cssv[1-3][1-6]

7.

Diarrhea / Dysentery RATING:

d_rat[1-3][1-6]

8.

Related diseases CAUSING or RESULTING from diarrhea / dysentery:

d_rel[1-3][01-15]

9.

Give additional comments regarding relative severity of condition or ability to do manual labor:

d_cmt[1-3][1-6]

NOTE - The entire diarrhea screen may be accessed up to 3 times to accommodate both diarrhea AND dysentery information. The first numerical suffix [1-3] refers to the instance of the d_dia[1-3] variable that contains the condition being described on a particular examination certificate.

8. EAR DISEASE

1. Which ear (or both) has IMPAIRMENT?:

e_ear[1-3]



9. EAR MAIN SCREEN (Subscreen prompted when value of e_ear is RIGHT, LEFT or BOTH)

2. Is claimant 'totally' DEAF in this / these ear(s)?: [Y/N] e_def[1-3]

A. What are Claimant's hearing CAPABILITIES / DEFECTS / LIMITATIONS?:
e_cap[1-3][01-14]

3. Is there OTITIS MEDIA / INFLAMMATION of the middle ear (AURAL CATARRH, DISCHARGE, DRAINAGE, INJECTION, PUS, SUPPURATION): [Y/N] e_inf[1-3]

4. Is/Are the eustachian tube(s) BLOCKED (CATARRHAL, IMPERVIOUS, INFLAMED, OBSTRUCTED, OCCLUDED, etc.): [Y/N] e_eus[1-3]

5. Is/Are the TYMPANIC MEMBRANE OR EARDRUM(S) mentioned? [Y/N] e_drm[1-3]

A. Is/Are the tympanic membrane / eardrum(s) NORMAL, PERFORATED, RETRACTED, DULL, SCARRED, or ULCERATED?:
e_dds[1-3][1-8]

6. Is there disease of the MASTOID?: [Y/N] e_mas[1-3]

A. Is there ABSCESS, DRAINING, PURULENCE, SUPPURATION, etc.?:
e_mds[1-3][1-3]

7. What OTHER CAUSES for hearing loss are mentioned?:
e_cau[1-3][01-06]

8. Hearing RATING: e_rat[1-3][01-06]

9. RELATED disease CAUSING or RESULTING from hearing disorders:
e_rel[1-3][01-14]

10. Give additional comments regarding relative severity of condition or ability to do manual labor:
e_cmt[1-3]

NOTE - The entire ear screen may be accessed up to 3 times to accommodate separate information for the left ear, right ear or for both ears. The first numerical suffix [1-3] refers to the instance of the e_ear[1-3] variable that contains the impairment being described on a particular examination certificate.

11. ENDOCRINE MAIN SCREEN

1.

Is the thyroid ENLARGED (goiter)?:

[Y/N]

k_goiter

A. What is said about the GOITER?:

k_gtrdsc

2.

Are NODULES present?:

[Y/N]

k_nodule

3.

Are there any SYMPTOMS of diabetes (sweet urine) such as DIABETES INSIPIDUS, EXCESSIVE THIRST, POLYDIPSIA, POLYURIA, etc.?:

[Y/N]

k_dbetes

4.

Diabetes / Endocrine / Goiter / Thyroid RATING: (*specify which*)

k_rat[1-2]

5.

RELATED disease CAUSING or RESULTING from diabetes or goiter disorder:

k_rel[1-9]

6.

Give additional comments regarding relative severity of condition or ability to do manual labor:

k_cmt

SYSTEM 1: ENTRY SCREEN/ RECRUIT INFORMATION

NAME:

RECIDNUM:

APPLICATION TYPE (Original/ Increase/ Renewal or restoration/ Additional):

RANK:

COMPANY:

REGIMENT:

STATE:

DESCRIPTION:

BOARD ADDRESS:

STREET

CITY

CO

STATE

CLAIMANT'S ADDRESS:

STREET

CITY

CO

STATE

EXAMINATION DATE:

PREVIOUS PENSION RATING: \$

/ MONTH OR

FOR:

BIRTHPLACE: CITY

CO

STATE

AGE:

HEIGHT: FEET

INCHES

WEIGHT:

LBS.

COMPLEXION:

EYES:

HAIR:

OCCUPATION:

DESCRIPTION

PERMANENT MARKS AND SCARS (OTHER THAN THOSE DESCRIBED BELOW):

PULSE RATE: UNSPECIFIED:

UNSPECIFIED:

SITTING:

STANDING:

AFTER EXERCISE:

RESPIRATION: UNSPECIFIED:

UNSPECIFIED:

SITTING:

STANDING:

AFTER EXERCISE:

TEMPERATURE:

BLOOD PRESSURE

CLAIMANT'S STATEMENT:

DISEASE:

TOTAL RATING:

42. EXTRA INFORMATION SCREEN



Extra Information:

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x_ext[1-9][1-4]
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12. EYE DISEASE

1. Which eye (or both) has IMPAIRMENT?:

y_eye[1-3]



13. EYE DISORDERS MAIN SCREEN

(Subscreen prompted when value of y_eye is RIGHT, LEFT or BOTH)

2.

Is/Are eye(s) (pupils) RESPONSIVE to light (and shade)?:Â

[Y/N]

y_rsp[1-3]

A. Is response of both eyes EQUAL?:

[Y/N]

y_eql[1-3]

3.

Is claimant 'totally' BLIND (AMBLYOPIA) in this/these eye(s)?:Â

[Y/N]

y_bld[1-3]

A. What are claimant's SIGHT (VISION) CAPABILITIES / LIMITATIONS?:

y_cap[1-3][01-26]

4.

What is said about the CONJUNCTIVA, including HYPEREMIA (BLOODSHOT), CONGESTION, INFLAMMATION, INJECTION, PUS SECRETION, and TRACHOMA?:

y_cnj[1-3][01-12]

5.

Is there CORNEAL INFLAMMATION (KERATITIS), SCARRING (OPACITY), or ULCERATION?:

y_cor[1-3][1-7]

6.

What other eye INFECTION or INFLAMMATION (CONGESTION) is present, including BLEPHARITIS (inflammation / infection of the eyelids), IRITIS (inflammation of the iris), and RETINITIS (inflammation of the retina)?:

y_inf[1-3][01-10]

7.

Does the claimant have a CATARACT (HAZINESS OF THE LENS, OPACITY)?:Â

[Y/N]

y_ctr[1-3]

A. What is said about the SEVERITY of the cataract, including REMOVAL or EXTRACTION?:

y_csv[1-3][1-6]

8.

Is ARCUS SENILIS present?:

[Y/N]

y_arc[1-3]

9.

Is there a CHALAZION (STYE), COLOBOMA, PANNUS, or PTERYGIUM?:

y_ptr[1-3][1-6]

10.

Is there ECTROPIUM or TRICHIASIS (ENTROPIUM)?:

y_ect[1-3][1-7]

14. EYE DISORDERS SCREEN 2

(Subscreen prompted when value of y_eye is RIGHT, LEFT or BOTH)

11.

What vision DEFECT is described, including ASTIGMATISM, MYOPIA / NEARSIGHTEDNESS, PARALYSIS, PRESBYOPIA / FARSIGHTEDNESS, and STRABISMUS?:

y_def[1-3][1-4]

12.

Eyes RATING:

y_rat[1-3][1-4]

13.

Related diseases CAUSING or RESULTING from eye disorders:

y_rel[1-3][01-14]

14.

Give additional comments regarding relative severity of condition or ability to do manual labor:

y_cmt[1-3]

NOTE - The entire eye disorders screen may be accessed up to 3 times to accommodate separate information for the left eye, right eye or for both eyes. The first numerical suffix [1-3] refers to which e_eye[1-3] variable contains the impairment being described on a particular examination certificate.

23. INFECTIOUS DISEASES & FEVERS SCREEN

1.

Which INFECTIOUS DISEASE or FEVER is reported?:

i_fev[1-4]

A. WHERE (geographic location) did claimant contract this disease?:

i_whr[1-4][1-9]

B. When (including time of year) did claimant contract this disease?:

i_wn[1-4][1-9]

2.

Is claimant CURRENTLY suffering from this disease?:

[Y/N]

i_cur[1-4]

3.

What are the COMPLICATIONS, EFFECTS, and SEVERITY of this disease?:

i_eff[1-4][01-26]

4.

RATING for this disease: (*specify which disease or fever*)

i_rat[1-4][1-9]

5.

RELATED diseases CAUSING or RESULTING from this infectious disease:

i_rel[1-4][01-26]

6.

Give additional comments regarding relative severity of condition or ability to do manual labor:

i_cmt[1-4]

NOTE - The entire infectious diseases & fevers screen may be accessed up to 4 times to accommodate separate infectious diseases. The first numerical suffix [1-4] refers to the instance of the i_fev[1-4] variable that contains the condition being described on a particular examination certificate.

25. LIVER. SPLEEN. GALLBLADDER

1. Is the LIVER, SPLEEN, or GALLBLADDER mentioned?:



f_lvspg[1-3]

28. GALLBLADDER INFO MAIN SCREEN (Subscreen prompted when value of f_lvspg[1-3] is GALLBLADDER)

2. Is gallbladder PAINFUL (SENSITIVE, SORE, TENDER)?:

[Y/N] z_pain

3. Gallbladder RATING:

z_rat[01-10]

4. RELATED diseases CAUSING or RESULTING from gallbladder disease:

z_rel[01-10]

5. Give additional comments regarding relative severity of condition or ability to do manual labor:

z_cmt

15. GASTROINTESTINAL MAIN SCREEN

1.

Is there DYSPEPSIA, GASTRITIS, GASTROINTESTINAL CATARRH, or INDIGESTION (pain after eating)?:

q_ind[1-4]

[Claimant/ Surgeon]

q_csin[1-4]

A. Describe FREQUENCY of the problem:

q_frq[1-4]

[Claimant/ Surgeon]

q_csfrq[1-4]

2.

Is there POOR ASSIMILATION, POOR / WEAK DIGESTION, MALASSIMILATION, MALABSORPTION (inability to assimilate food)?:

[Y/N]

q_malass

[Claimant/ Surgeon]

q_csmal

3.

Does claimant follow (observe) any DIET RESTRICTIONS?:

[Y/N]

q_diet

[Claimant/ Surgeon]

q_csdiet

4.

Does claimant experience NAUSEA after eating?:

[Y/N]

q_nausea

[Claimant/ Surgeon]

q_csnau

5.

Does claimant spit up or vomit FOODS?:

[Y/N]

q_vmtfd

[Claimant/ Surgeon]

q_csvmfd

6.

Does claimant vomit BLOOD (have a gastric ulcer)?:

[Y/N]

q_vmtbld

[Claimant/ Surgeon]

q_csvbld

7.

Is abdomen (bowels, colon, intestine, stomach, etc.) BLOATED, DISTENDED, ENLARGED, PROTUBERANT, SWOLLEN, TYMPANITIC, etc.?:

[Y/N]

q_abddsc

[Claimant/ Surgeon]

q_csabd

8.

Where is TENDERNESS evident?:

q_tnd[1-6]

[Claimant/ Surgeon]

q_cstn[1-6]

9.

Is there DYSPHAGIA (difficulty swallowing)?:

[Y/N]

d_dysphg

[Claimant/ Surgeon]

q_csdys

10.

Gastrointestinal disorder RATING:

q_rat[1-4]

11.

RELATED diseases CAUSING or RESULTING from gastrointestinal disorder:

q_rel[01-20]

12.

Give additional comments regarding relative severity of condition or ability to do manual labor:

q_cmt

16. GENERAL APPEARANCE MAIN SCREEN

1.

Describe claimant's GENERAL HEALTH CONDITION / APPEARANCE, including BLOOD, NUTRITION, and SKIN descriptions:

g_app[01-20]
2.

What SKIN CONDITION / DISEASE is mentioned: ABSCESSSES, BLOTCHES, CYSTS, ICHTHYOSIS, LESIONS, PSORIASIS, RASHES, SKIN ULCERS, etc.?:

g_skn[01-26]
3.

Does claimant have SCURVY?:

[Y/N]

g_scurvy
- A.

Has claimant EVER had scurvy?:

[Y/N]

g_scvevr

[Claimant / Surgeon]

g_csscv
4.

Describe CONDITION of claimant's GUMS and ALVEOLAR PROCESS:

g_gum[01-20]
5.

Describe CONDITION of claimant's TEETH:

g_tth[01-26]
6.

Describe claimant's POSTURE:

g_pst[01-10]
7.

Describe claimant's GAIT or ABILITY TO WALK:

g_gai[01-10]
8.

Describe claimant's general MUSCLE CONDITION / STRENGTH:

g_mus[01-26]
9.

Describe condition of claimant's HANDS / PALMS:

g_hnd[01-10]

17. GENERAL APPEARANCE SCREEN 2

10.

Is claimant's ability to do MANUAL LABOR IMPAIRED?:

[Y/N]

g_manlab
11.

Does claimant require the AID of another person due to general debility?

[Y/N]

g_reqaid
12.

General Appearance / Debility RATING:

g_rat[01-20]
13.

RELATED diseases CAUSING or RESULTING from general disability disorders:

g_rel[01-20]
14.

Give additional comments regarding relative severity of condition or ability to do manual labor:

g_cmt[01-10]

COLLECTION DIRECTIONS - When oedema, cyanosis, jaundice, or tremors are indicated in g_app[01-20]:

OEDEMA or CYANOSIS:	Please put additional information on the CARDIOVASCULAR screen
JAUNDICE:	Please put additional information on the LIVER screen
TREMORS:	Please put additional information on the NERVOUS SYSTEM screen

COLLECTION DIRECTIONS - When jaundice, scabies, or scarlet fever are indicated in g_skn[01-26]:

JAUNDICE:	Please put additional information on the LIVER screen
SCABIES or SCARLET FEVER:	Please put additional information on the INFECTIOUS DISEASES & FEVERS screen

24. INJURY / GUNSHOT WOUND MAIN SCREEN

1.

What CAUSED the injury?:

w_cau[1-9]

2.

List the BODY PART / ORGAN affected by the injury / gunshot wound:

w_bdy[1-9][1-9]

3.

Describe CURRENT COMPLICATIONS, DEFORMITIES, DISABILITIES, and/or IMPAIRED FUNCTIONALITY relating to the injury, including statements about pain and relative comparative measurements: (*Record both negative & positive info*)

w_dis[1-9][01-11]

4.

WHEN (time period) did the injury / gunshot wound occur?:

w_wn[1-9][1-9]

5.

WHERE (geographic location) did the injury / gunshot wound occur?:

w_whr[1-9][1-9]

6.

Injury / Gunshot wound RATING: (*specify which*)

w_rat[1-9][1-9]

7.

RELATED disease CAUSING or RESULTING from injury / gunshot wound:
(*use qualifying words*)

w_rel[1-9][01-26]

8.

Give additional comments regarding relative severity of condition or ability to do manual labor:

w_cmt[1-9][01-10]

NOTE - The entire injury / GSW screen may be accessed up to 9 times to accommodate separate injuries. The first numerical suffix [1-9] refers to the instance of the w_cau[1-9] variable that contains the condition being described on a particular examination certificate.

22. HERNIA MAIN SCREEN

1.

What KIND (location) of hernia / rupture does claimant have?:
(*DO NOT record ring information*)

h_knd[1-4][1-9]

2.

Is the hernia classified as INFLAMED, IRREDUCIBLE, OBSTRUCTED, REDUCIBLE / RETURNABLE, RETAINABLE (with truss), STRANGULATED?:

h_cls[1-4][1-9]

3.

What is the SIZE of the tumor / mass?:

h_siz[1-4][1-9]

4.

How long (LENGTH OF TIME) has claimant had hernia?:

h_lng[1-4][1-9]

[Claimant/Surgeon]

h_csln[1-4][1-9]

5.

Is/Are HYDROCELE and/or VARICOCELE present?:

[Y/N]

h_var[1-4]

6.

Does hernia ENTER (involve) the SCROTUM (TESTICLES or TESTICULAR SAC)?:

[Y/N]

h_scr[1-4]

7.

Hernia / Hydrocele / Varicocele RATING: (*specify which*)

h_rat[1-4][1-9]

8.

RELATED diseases CAUSING or RESULTING from hernia / hydrocele / varicocele:

h_rel[1-4][1-9]

9.

Give additional comments regarding relative severity of condition or ability to do manual labor:

h_cmt[1-4]

NOTE - The entire hernia screen may be accessed up to 4 times to accommodate more than one hernia. The first numerical suffix [1-4] refers to which h_knd[1-4] variable contains the hernia described.

25. LIVER. SPLEEN. GALLBLADDER

1. Is the LIVER, SPLEEN, or GALLBLADDER mentioned?:

f_lvspg[1-3]



26. LIVER INFO MAIN SCREEN

(Subscreen prompted when value of f_lvspg[1-3] is LIVER)

2. Is liver (hepatic dullness) ENLARGED, CONGESTED, or PALPABLE?:

[Y/N]

I_enlarg

A. Describe possible ENLARGEMENT (ONLY if description is unclear):

I_nlg[01-10]

3. Is liver PAINFUL (SENSITIVE, SORE, TENDER)?:

[Y/N]

I_pain

4. Is liver ATROPHIED, CONTRACTED, HARDENED, INDURATED, NECROTIC, or TORPID?:

[Y/N]

I_atrphy

5. Is there ASCITES or FLUID in the abdomen?:

[Y/N]

I_ascite

6. Is JAUNDICE, ICTERUS, YELLOWNESS of SKIN or EYES (CONJUNCTIVA) mentioned?:

[Y/N]

I_yellow

A. Is the urine unusually DARK?:

[Y/N]

I_dkurin

7. What CAUSED liver disorder?:

I_cau[01-10]

8. Liver RATING:

I_rat[01-10]

9. RELATED diseases CAUSING or RESULTING from liver disease:

I_rel[01-10]

10. Give additional comments regarding relative severity of condition or ability to do manual labor:

I_cmt

38. RHEUMATISM / MUSCULO-SKELETAL

1. WHERE (back, extremities, shoulders, etc.) on body is problem manifest?:

r_whr[01-26]

39. RHEUMATISM INDICATORS

(Subscreen prompted when value entered into r_whr)

A. Is there PAIN / TENDERNESS in this region?: (*lumbago is back pain*)

[Y/N]

ri_pn[01-20]

B. Is there ENLARGEMENT, SWELLING, or THICKENING?:

[Y/N]

ri_sw[01-26]

C. Is there CRACKLING or CREPITATION of the joints, muscles, etc?:

[Y/N]

ri_cr[01-26]

D. Is there associated muscular ATROPHY (WASTING) or WEAKNESS?:

[Y/N]

ri_at[01-20]

E. What is the SEVERITY of motion restriction (limitation) including stiffness and ankylosis?:
(*specify 'BY' or 'TO'*)

ri_rs[1-9, a-k][01-26]

2. Is there SCIATICA?: [Y/N] r_sctica

3. Describe any SPINAL CURVATURE or other DEFORMITY (KYPHOSIS, SCOLIOSIS, etc.):

r_spn[01-10]

4. Rheumatism / Musculo-Skeletal RATING:

r_rat[01-10]

5. RELATED diseases CAUSING or RESULTING from rheumatism or musculo-skeletal problem:
(*use qualifying words*)

r_rel[01-20]

6. Give additional comments regarding relative severity of condition or ability to do manual labor.

r_cmt

NOTE - In questions 1A-1E, the numerical suffix [01-26] refers to which body part has the condition being described in question 1 variable WHERE (r_whr[01-26]).

For each body part entered into question 1 (r_whr) the inputter can input up to 26 instances of Motion Restriction in question 1E. For the first 9 body parts entered in question 1 (variable r_whr) the Motion Restriction variable is labeled from 1 to 9 (ri_rs[1-9][01-26]). The 10th to 21st body parts are labeled by letters a-k (ri_rs[a-k][01-26]).

30. NERVOUS SYSTEM MAIN SCREEN

1.

Does claimant have trouble with BALANCE AT REST?:

[Y/N]

n_balnce

2.

Does claimant have difficulty with BALANCE ON MOVEMENT / INCOORDINATION or ATAXIA (difficulty keeping BALANCE WHILE WALKING)?:

[Y/N]

n_incoor

3.

Does claimant have APHASIA (difficulty SPEAKING)?:

[Y/N]

n_aphsia

4.

Is there PALSY, PARALYSIS (-PLEGIA), PARESIS, or weakness?:

[Y/N]

n_parlys

A. What PART of the body is affected?:

n_wpa[01-20]

5.

Which of claimant's REFLEXES are affected?:

n_rfl[01-15]

A. Are reflexes INCREASED / DECREASED?:

n_rds[01-15]

B. Is the increase / decrease UNILATERAL (one side) or BILATERAL (both sides)?:

n_rsd[01-15]

6.

Does claimant have PARALYSIS AGITANS (PARKINSON'S DISEASE), TREMORS or a TREMULOUS TONGUE?:

[Y/N]

n_tremor

7.

Is there HYPERAESTHESIA or NEURALGIA?:

n_nrg[01-15]

A. WHERE is the hyperaesthesia or neuralgia?:

n_wne[01-15]

8.

Is there SENSORY PARALYSIS (ANAESTHESIA, HYPAESTHESIA, NUMBNESS)?:

[Y/N]

n_sense

A. WHERE is the sensory paralysis?:

n_wsp[01-20]

NOTE - In question 5, the numerical suffix [01-15] refers to which reflex is affected. Since questions 5A and 5B are associated with question 5, the numerical suffix for n_rfl[01-15] should be matched with the numerical suffix for n_rds[01-15] and n_rsd[01-15] to know the intensity and area of each affected reflex.

Similarly, in question 7, the numerical suffix [01-15] refers to which hyperaesthesia or neuralgia designation is being described. Since question 7A is associated with question 7, the numerical suffix for n_nrg[01-15] should be matched with the numerical suffix for n_wne[01-15] to know which body parts have neuralgia and/or hyperaethesia.

31. NERVOUS SYSTEM SCREEN 2

9.	Does claimant suffer from attacks of VERTIGO or DIZZINESS?:	[Y/N]	n_vrtigo
10.	Does claimant suffer from headaches?:	[Y/N]	n_hedach
	A. DESCRIBE headaches (FREQUENCY, LOCATION, SEVERITY):		
	n_hds[01-10]		
11.	Is claimant ANXIOUS (EXCITABLE, IRRITABLE, NERVOUS, etc.)?:	[Y/N]	n_anxious
12.	Does claimant experience ATTACKS, CONVULSIONS, EPILEPSY, FITS, SEIZURES, SPASMS, etc?:	[Y/N]	n_eplpsy
13.	Is MEMORY LOSS present?:	[Y/N]	n_memlos
14.	Describe indicators of MENTAL ILLNESS and/or LOSS OF MENTAL POWER, INCLUDING SENILITY:		
	n_mil[01-26]		
15.	What CAUSED the neurological (physical or mental) condition?: (*APOPLEXY, MULTIPLE SCLEROSIS, and STROKE should go here*)		
	n_cau[01-10]		
16.	Does nervous (physical or mental) condition make claimant DEPENDENT on others for HELP?:	[Y/N]	n_depend
17.	Central & Peripheral Nervous System RATING:		
	n_rat[01-10]		
18.	RELATED diseases CAUSING or RESULTING from nervous system disorder:		
	n_rel[01-20]		
19.	Give additional comments regarding relative severity of condition or ability to do manual labor:		
	n_cmt[01-20]		

41. NORMAL (HEALTHY) MAIN SCREEN

NORMAL (organs / systems):



o_nrm[01-26]

BODY PART MEASUREMENTS (normal / healthy, circumferences):

LEFT: (*specify body parts*)

RIGHT: (*specify body parts*)

o_mea[01-36]

o_mea[01-36]

NOTE - Even numbered instances of the Body Part Measurements variable (o_mea) provide the measurements for left sided body parts. Odd numbered instances provide measurements for right sided body parts.

32. RECTUM / HEMORRHOIDS (PILES)

1.

Does claimant have HEMORRHOIDS / PILES or ENLARGED (ENGORGED, TORTUOUS) rectal veins (vessels, masses, tumors)?:

[Y/N]

m_hmrrhd

A.

Are hemorrhoids ULCERATED (EXCORIATED, FISSURED)?:

[Y/N]

m_hulcrt

B.

Are hemorrhoids BLEEDING?:

[Y/N]

m_hbleed

C.

Are hemorrhoids PROLAPSED / PROTRUDING?:

[Y/N]

m_hprlps

D.

Are hemorrhoids TENDER (BURNING, CONGESTED, CONTAINING PUS, INFLAMED, PAINFUL, SORE, SWOLLEN)?:

[Y/N]

m_htnder

2.

Is rectum (anus, bowels) ABNORMAL / IRRITATED?:

[Y/N]

m_rectum

a.

Is rectum ULCERATED (EXCORIATED, FISSURED)?:

[Y/N]

m_rulcrt

B.

Is rectum BLEEDING?:

[Y/N]

m_rbleed

C.

Is rectum PROLAPSED / PROTRUDING?:

[Y/N]

m_rprlps

D.

Is rectum TENDER (BURNING, CONGESTED, ENGORGED, EXUDING PUS, INFLAMED, PAINFUL, PROCTITIS, RECTITIS, SORE)?:

[Y/N]

m_rtnder

3.

Is anal sphincter SCARRED (CICATRiced, CONSTRICTED)?:

[Y/N]

m_spscar

4.

Is anal sphincter ENLARGED / LOOSE / PATULOUS / RELAXED?:

[Y/N]

m_sploos

5.

Are there rectal FISTULAS?:

[Y/N]

m_fstula

6.

Does claimant have PRURITUS ANI (ITCHING)?:

[Y/N]

m_prurts

7.

Disease of the rectum (including hemorrhoids) RATING:

m_rat[01-10]

8.

RELATED diseases CAUSING or RESULTING from disease of rectum: (*use qualifying words*)

m_rel[01-20]

9.

Give additional comments regarding relative severity of condition or ability to do manual labor.

m_cmt[01-10]

33. RESPIRATORY MAIN SCREEN

1.

Where in the UPPER respiratory tract (fauces, larynx, nares, nose, pharynx, respiratory membranes, throat) does claimant have INFLAMMATION (-ITIS, CATARRH, ENLARGEMENT, SORENESS)?:

p_urs[01-26]

2.

Is there lung DULLNESS on percussion, CONSOLIDATION, HEPATIZATION?:

[Y/N]

p_dull

34. DULLNESS INFORMATION

(Subscreen prompted when value of p_dull is Y)

A.

WHERE does DULLNESS / CONSOLIDATION / HEPATIZATION occur?:

pd_wh[01-10]

3.

Which respiratory SOUNDS (CREPITUS, RALES, RESPIRATORY / VESICULAR MURMUR, TUBULAR / BRONCHIAL BREATHING, INCREASED / DECREASED vocal fremitus, or RONCHAE) are present?:

p_snd[01-20]

4.

Does claimant have a COUGH or EXPECTORATION?:

[Y/N]

p_cough

35. COUGH INFORMATION

(Subscreen prompted when value of p_cough is Y)

A.

DESCRIBE cough / expectoration (BLOOD / HEMOPTYSIS, DRY, PRODUCTIVE, etc.):

pc_ds[01-10]

B.

What is said about DURATION or FREQUENCY of cough?:

pc_fr[01-10]

5.

Which of the following BREATHING SIGNS of respiratory disease are present:
APNEA, CONGESTION, DYSPNOEA (SHORTNESS OF BREATH), IMPAIRED BREATHING, etc.?:

p_bre[01-10]

36. DURATION / PATTERN INFORMATION

(Subscreen prompted when value entered into p_bre)

A.

What is said about DURATION (frequency) or PATTERN of current problem?:

pb_frq[01-10][1-9]

6.

Which lower respiratory DISEASE is mentioned?: ASTHMA, BRONCHITIS, CATARRH, EMPHYSEMA, PLEURITIS, PNEUMONIA, TUBERCULOSIS / CONSUMPTION, etc.?:

p_lrs[01-10]

36. DURATION / PATTERN INFORMATION

(Subscreen prompted when value entered into p_lrs)

A.

What is said about DURATION (frequency) or PATTERN of current problem?:

pl_frq[01-10][1-9]

7.

Is claimant PIGEON / CHICKEN-BREASTED (Pectus Carinatum)?:

[Y/N]

p_pctcar

8.

Is the chest SUNKEN, DEPRESSED, EXCAVATED (Pectus Excavatum)?:

[Y/N]

p_pctexc

9.

Are chest MEASUREMENTS given?:

[Y/N]

p_measur

37. MEASUREMENT INFORMATION

(Subscreen prompted when value of p_measur is Y)

At Expiration:

pm_expir

At Rest:

pm_rest

At Inspiration:

pm_insp

Unspecified:

pm_unsp[1]

Unspecified:

pm_unsp[2]

Unspecified:

pm_unsp[3]

10.

Respiratory RATING:

p_rat[01-10]

11.

RELATED diseases CAUSING or RESULTING from disease of respiratory ailment:

p_rel[01-20]

12.

Give additional comments regarding relative severity of condition or ability to do manual labor:

p_cmt[01-10]

25. LIVER. SPLEEN. GALLBLADDER

1. Is the LIVER, SPLEEN, or GALLBLADDER mentioned?:



f_lvspg[1-3]

27. SPLEEN INFO MAIN SCREEN (Subscreen prompted when value of f_lvspg[1-3] is SPLEEN)

2. Is spleen ENLARGED / PALPABLE?:

[Y/N] s_enlarg

A. Describe possible ENLARGEMENT (ONLY if description is unclear):

s_nlg[01-10]

3. Is spleen PAINFUL (SENSITIVE, SORE, TENDER)?:

[Y/N] s_pain

4. Spleen RATING:

s_rat[01-10]

5. RELATED diseases CAUSING or RESULTING from spleen disease:

s_rel[01-10]

6. Give additional comments regarding relative severity of condition or ability to do manual labor:

s_cmt

29. NEOPLASM / TUMOR MAIN SCREEN

1. Which CANCER (CARCINOMA), NEOPLASM, TUMOR (POLYP, -OMA, etc.) is described?:
(*DO NOT include atheromas, hemorrhoids / piles, or hernias*) 

t_tmr[1-4]

A. What is said about CANCER / NEOPLASM / TUMOR?:

t_dsc[1-4][1-9]

B. Is tumor (polyp, etc.) or neoplasm (cancer) thought to be malignant?: [Y/N] t_mal[1-4]

2. Cancer / Neoplasm / Tumor RATING: (*specify which*)

t_rat[1-4][1-9]

3. RELATED diseases CAUSING or RESULTING from cancer / neoplasm / tumor:

t_rel[1-4][1-9]

4. Give additional comments regarding relative severity of condition or ability to do manual labor:

t_cmt[1-4][1-9]

NOTE - The entire neoplasm / tumor screen may be accessed up to 4 times to accommodate separate neoplasms and/or tumors. The first numerical suffix [1-4] refers to the instance of the t_tmr[1-4] variable that contains the condition being described on a particular examination certificate.

19. GENITO-URINARY MAIN SCREEN

1.

Describe URINE / URINALYSIS (ACID, ALBUMIN, ALKALI, BLOOD, COLOR, DEPOSITS, MUCUS, PUS, SUGAR, etc.)
(*include specific gravity < 1.010 or > 1.030*)

u_urn[01-26]

2.

What is said about FREQUENCY of urination (micturition)?:

u_frq[01-10]

3.

Is urination / micturition sometimes (anytime) PAINFUL / DIFFICULT?:

[Y/N]

u_urdiff

4.

Is a CATHETER used to void the urine?:

[Y/N]

u_cathtr

5.

Is there TENDERNESS / PAIN / SENSITIVITY in the BLADDER, KIDNEYS (including back pain associated with kidneys), PROSTATE REGION, or URETHRA, etc.?:

u_tnd[01-10]

6.

Does claimant have NEPHRITIS (inflamed kidney) or PYELONEPHRITIS?:

[Y/N]

u_nphrts

7.

Does claimant have CYSTITIS (INFLAMMATION of the bladder) / INFECTION of the bladder / CATARRH of the bladder?:

[Y/N]

u_cystts

8.

Does claimant have BLADDER STONES / CALCULUS (CALCULI)?:

[Y/N]

u_calcul

20. GENITO-URINARY SCREEN 2

9.

Does claimant have URAEMIA?:

[Y/N]

u_uremia

10.

Is there a URETHRAL STRICTURE or OBSTRUCTION?:

[Y/N]

u_strctr

11.

What is said about PROSTATE ENLARGEMENT / PROSTATITIS?: (*NOT tenderness*)

u_prs[01-10]

12.

What is said about the TESTES (other than hernia or injury / gun shot wound)?:

u_tst[01-26]

13.

Genito-urinary / Bladder / Kidney RATING: (*specify which*)

u_rat[01-10]

14.

RELATED diseases CAUSING or RESULTING from genito-urinary disease:

u_rel[01-10]

15.

Give additional comments regarding relative severity of condition or ability to do manual labor:

u_cmt

40. VARICOSE VEINS MAIN SCREEN

(*DO NOT record LOCATION or SIZE of the varicose veins. Varicose veins other than those in legs go on the injury screen*)



1.	Are varicose veins (varix) present in the LOWER EXTREMITIES?:	[Y/N]	v_veins
2.	Have the varicose veins caused skin problems such as ACUTE ULCERS, DERMATITIS, ECZEMA, RUPTURES, or ULCERATIONS?:	[Y/N]	v_sknprb
3.	Is there evidence of CHRONIC SCARRING or THICKENING?:	[Y/N]	v_scar
4.	Have the varicose veins caused BROWN SPOTS, DISCOLORATION or HYPERPIGMENTATION?:	[Y/N]	v_discol
5.	Is there OEDEMA (EDEMA, PITTING OEDEMA) or SWELLING of the lower extremities?:	[Y/N]	v_oedema
6.	Is there CYANOSIS (bluing) of the feet or lower extremities?:	[Y/N]	v_cyanos
7.	Are there indications of resulting PAIN, SORENESS, SENSITIVITY, TORTUOUSNESS, etc.?:	[Y/N]	v_pain
8.	Are there indications of IMPAIRED / IMPEDED MOTION or LAMENESS associated with the varicose veins?:	[Y/N]	v_impmot
9.	Varicose Veins RATING:		v_rat[01-10]
10.	RELATED diseases CAUSING or RESULTING from varicose veins:		v_rel[01-10]
11.	Give additional comments regarding relative severity of condition or ability to do manual labor.		v_cmt