# Follow-up Visit

## Physical Exam

### Marking Instructions
- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make NO stray marks.
- Do NOT fold this form.

### Legend
- $\square$ = Further Evaluation

<table>
<thead>
<tr>
<th>No.</th>
<th>ID Number</th>
<th>Date</th>
<th>Weight</th>
<th>Blood Pressure</th>
<th>Oral Temperature</th>
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### Skin/Hair/Nails (Excluding Genital Area)

- **a. Fungal Infection Lesions (excluding athlete's foot)**
- **b. Herpes Zoster (active)**
- **c. Molluscum Contagiosum**
- **d. Seborrhea**
- **e. Psoriasis**
- **f. Jaundice**
- **g. Spider Angioma**
- **h. Other (please describe below)**

### Kaposi's Sarcoma

- **§ 1) Skin Lesions**
  - NO
  - YES
  - **IF YES: Number of Lesions**
  - 1-2
  - 3-10
  - >10
  - Diameter of largest lesion in cms.

- **§ 2) Oral Lesions**

- **§ 3) Anal/perianal Lesions**
  - Not examined

### Comments:

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7. OROPHARYNGEAL

§ a. Consistent with oral thrush/candidiasis  

IF YES:  
- KOH negative  
- OR-  
- KOH positive

§ b. Consistent with herpetic lesions
§ c. Gingivitis/gum disease
§ d. Oral hairy leukoplakia

e. Other (please describe below)

8. EYES

a. Conjunctiva
   1) Redness
   2) Discharge
b. Scleral icterus
c. Other (please describe below)

9. LYMPH NODES

a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?

b. Presence of node ≥1 cm

1) Occipital
   Right
   Left

2) Post. auricular
   Right
   Left

3) Pre-auricular
   Right
   Left

4) Submental/submandibular
   Right
   Left

5) Ant. cervical
   Right
   Left

6) Post. cervical
   Right
   Left

7) Supraclavicular
   Right
   Left

8) Axillary
   Right
   Left

9) Epitrochlear
   Right
   Left

c. What is the diameter of the largest node present?
   - 1-2 cm
   - 2.1-4 cm
   - >4 cm

d. Are any of the nodes tender?

e. Are any of the nodes matted?
10. ABDOMEN

§ a. Liver
Percussed size in mid-clavicular line

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1. Ascites
2. Caput Medusa

§ b. Spleen (Rt. lateral decubitus, flexed knees/hips)
Palpable on inspiration below left costal margin

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Size below LCM

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c. Other (please describe below)

11. ANAL/RECTAL EXAMINATION

a. Discharge
b. Herpetic lesions
c. Warts
d. Prostate
   1) Enlarged
   2) Tender
e. Digital exam
   1) Tender anal canal
   f. Hemorrhoids, external
g. Laceration/Fissure/Fistula
h. Other (please describe below)

12. GENITALIA

a. Urethral discharge
b. Testicular atrophy
c. Skin
   1) Condyloma acuminata (warts)
   2) Pediculosis
   3) Tinea cruris/Candida
   4) Herpetic lesions (active)
   Other (please describe below)

13. EXAMINER'S IMPRESSIONS (use back of page if necessary)

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>General Appearance</td>
<td></td>
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<tr>
<td>Chest and Lungs</td>
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<tr>
<td>Heart</td>
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<tr>
<td>Extremities</td>
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<tr>
<td>Neurological Exam</td>
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14. PERIPHERAL NEUROPATHY SCREENING

a. Perception of vibration (at great toe)  NO  YES

IF YES: Vibration was felt for:

○ >10 sec. (normal)
○ 5–10 sec. (mild loss)
○ >0 and <5 sec. (moderate loss)
○ 0 sec. (severe loss)
○ Unable to evaluate

b. Deep tendon reflexes (ankle reflexes)  NO  YES

IF YES: Reflexes felt were:

○ Absent
○ Hypoactive
○ Normal deep tendon reflexes
○ Hyperactive deep tendon reflexes (e.g., with prominent spread)
○ Clonus
○ Unable to evaluate

Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
LIPODYSTROPHY SELF-REPORT QUESTIONNAIRE

1a. Since your last visit in [MONTH], have you noticed any changes in the distribution or in the amount of your body fat (either loss or gain)? [Changes include first time occurrences and increases or decreases in severity since your last visit.]
   ○ NO (IF "NO", SKIP TO QUESTION 3)
   ○ YES

1b. If "yes" which parts of your body were affected, and how severely?

[ASK EACH ITEM AND RECORD ANSWER]

- 1) Facial fat loss (sunken cheeks)
- 2) Arm fat loss
- 3) Leg fat loss
- 4) Buttocks fat loss
- 5) Belly (abdomen) fat gain
- 6) Fat pad (hump) on back of neck
- 7) Breasts fatter
- 8) Other (if Yes, specify below)

If No, go to next question.
If Yes, indicate severity of symptom.

<table>
<thead>
<tr>
<th>Current Severity</th>
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<tbody>
<tr>
<td>None</td>
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<tr>
<td>No</td>
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<tr>
<td>Yes</td>
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</tbody>
</table>

1c. Since you've noticed these changes, have you taken actions that would influence your fat distribution such as:

[ASK EACH ITEM AND RECORD ANSWER]

- 1) Changing diet
- 2) Changing HIV medications
- 3) Exercise/Weight lifting
- 4) Taking supplements
- 5) Taking growth hormone or steroids
- 6) Liposuction surgery
- 7) Other (if Yes, specify below)

2. Since your last visit in [MONTH], have you noticed any change in:

- 1) Shirt neck size
- 2) Trouser waist size

If No, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.

<table>
<thead>
<tr>
<th>Mark only one</th>
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</thead>
<tbody>
<tr>
<td>Increase</td>
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<tr>
<td>&lt;1 in.</td>
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<tr>
<td>No</td>
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</tbody>
</table>

3. Since your last visit in [Month], have you been told by a medical practitioner that you have:

- 1) High blood cholesterol level?
- 2) High blood triglyceride level?
- 3) High blood pressure?

4. Since your last visit in [Month], have you been told by a medical practitioner that you have high blood sugar, diabetes, or sugar diabetes?
   ○ No (IF "NO", GO TO NEXT PAGE)
   ○ Yes

5. Have you taken insulin since your last visit?
   ○ No (IF "NO", GO TO NEXT PAGE)
   ○ Yes

6. Are you now taking insulin?
   ○ Yes

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**LIPODYSTROPHY PHYSICAL EXAMINATION**

1. Weight: recorded on page 1
2. Height: inches
3. Waist Girth: cm
4. Hip Girth: cm
5. Mid-Arm Girth: cm
6. Thigh Girth: cm

(see instructions) (see instructions) (see instructions) (see instructions) (see instructions) (see instructions)

<table>
<thead>
<tr>
<th>7. Fat Wasting (see severity definitions below):</th>
<th>Severity*</th>
</tr>
</thead>
<tbody>
<tr>
<td>If None, go to next question. If Yes, indicate severity of symptom.</td>
<td>Mild</td>
</tr>
<tr>
<td>1) Facial fat loss (sunken cheeks)</td>
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<tr>
<td>2) Arms</td>
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<td>3) Legs</td>
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<td>4) Buttocks</td>
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</table>

<table>
<thead>
<tr>
<th>8. Fat Accumulation:</th>
<th>Severity*</th>
</tr>
</thead>
<tbody>
<tr>
<td>If None, go to next question. If Yes, indicate severity of symptom.</td>
<td>Mild</td>
</tr>
<tr>
<td>1) Moon facies</td>
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<tr>
<td>2) Abdomen</td>
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<tr>
<td>3) Back of Neck</td>
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<td>4) Breasts</td>
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</table>

9. Other physical exam findings noted related to fat distribution:

Specify:

*Definitions:*

None: Patient does not exhibit any signs of fat maldistribution. (Not noted by patient or clinician)

Mild: Mild signs noted only after close inspection by patient or clinician.

Moderate: Signs of fat maldistribution are noticed by patient or clinician without specifically looking for it. Patient may complain that current clothing has become tighter.

Severe: Signs of fat maldistribution easily noted by casual observer. Symptoms have required a change in size of clothing or undergarments worn.