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.

1. DATE

   JAN   FEB   MAR   APR   MAY   JUNE   JULY   AUG   SEPT   OCT   NOV   DEC
   01  02  03  04  05  06  07  08  09 10  11 12  13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

2. WEIGHT

3. FIRST READING

   Systolic Blood Pressure
   Sitting, Right Arm

4. Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?
   YES ☐ NO ☐

   Did participant sit quietly for about 5 minutes prior to first BP reading?
   YES ☐ NO ☐

   Did participant sit quietly for about 5 minutes prior to second BP reading?
   YES ☐ NO ☐

5. ORAL TEMPERATURE

   At least 30 minutes after smoking, eating, or drinking
   °F

6. SKIN/HAIR/NAILS (Excluding genital area)
   a. Fungal infection lesions (excluding athlete’s foot)
      1) Intertriginous candida
      2) Tinea versicolor
      3) Onychomycosis
   b. Herpes Zoster (active)
   c. Molluscum contagiosum
   d. Seborrhea
   e. Psoriasis
   f. Jaundice
   g. Spider Angioma
   h. Other (please describe below)

   i. Kaposi’s Sarcoma

   1) Skin Lesions
      YES ☐ NO ☐
      If YES: Number of lesions
      1-2 ☐ 3-10 ☐ >10 ☐
      Diameter of largest lesion in cms.
      ☐

   2) Oral lesions
      YES ☐ NO ☐

   3) Anal/perianal lesions
      YES ☐ NO ☐
      Not examined

   Comments:

      ____________________________
      ____________________________
      ____________________________
### 7. OROPHARYNGEAL

<table>
<thead>
<tr>
<th>A. Consistent with oral thrush/candidiasis</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF YES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- KOH negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- OR-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- KOH positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Not performed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Consistent with herpetic lesions</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Gingivitis/gum disease</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>D. Oral hairy leukoplakia</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>E. Other <em>(please describe below)</em></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 8. EYES

<table>
<thead>
<tr>
<th>A. Conjuctiva</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Redness</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2) Discharge</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| B. Scleral icterus                        | No | Yes |

| C. Other *(please describe below)*        | No | Yes |

### 9. LYMPH NODES

| A. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm? | No | Yes |

**Skip to Q 10**

<table>
<thead>
<tr>
<th>B. Presence of node ≥1 cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Occipital</td>
</tr>
<tr>
<td>2) Post. auricular</td>
</tr>
<tr>
<td>3) Pre-auricular</td>
</tr>
<tr>
<td>4) Submental/submandibular</td>
</tr>
<tr>
<td>5) Ant. cervical</td>
</tr>
<tr>
<td>6) Post. cervical</td>
</tr>
<tr>
<td>7) Supraclavicular</td>
</tr>
<tr>
<td>8) Axillary</td>
</tr>
<tr>
<td>9) Epitrochlear</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. What is the diameter of the largest node present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 cm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Are any of the nodes tender?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Are any of the nodes matted?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
10. ABDOMEN
   a. Liver
      Percussed size in mid-clavicular line
      NO YES
   b. Spleen (Rt. lateral decubitus, flexed knees/hips)
      Palpable on inspiration below left costal margin
      NO YES
   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
      2) Hemorrhoids, external
      g. Laceration/Fissure/Fistula
   h. Other (please describe below)

12. GENITALIA
   a. Urethral discharge
   b. Skin
      1) Condyloma acuminata (warts)
      2) Pediculosis
      3) Tinea cruris/Candida
      4) Herpetic lesions (active)
   c. 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>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Chest and Lungs</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Heart</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Extremities</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Neurological Exam</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Did the MACS perform an anal/rectal exam on this participant within the past 6 months?

- Mark here if either entire rectal exam was declined or sections d) and e).
- Mark here if genital exam was declined.

SERIAL #
### 14. PERIPHERAL NEUROPATHY SCREENING

#### RIGHT

<table>
<thead>
<tr>
<th>a1. Perception of vibration (at great toe)</th>
<th>○ NO</th>
<th>○ YES</th>
<th>○ Unable to evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES: Vibration was felt for:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 sec. (normal)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5–10 sec. (mild loss)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>&gt;0 and &lt;5 sec. (moderate loss)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>0 sec. (severe loss)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

#### LEFT

<table>
<thead>
<tr>
<th>a2. Perception of vibration (at great toe)</th>
<th>○ NO</th>
<th>○ YES</th>
<th>○ Unable to evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES: Vibration was felt for:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 sec. (normal)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5–10 sec. (mild loss)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>&gt;0 and &lt;5 sec. (moderate loss)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>0 sec. (severe loss)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

#### RIGHT

<table>
<thead>
<tr>
<th>b1. Deep tendon reflexes (ankle reflexes)</th>
<th>○ NO, reflexes absent</th>
<th>○ YES, reflexes present</th>
<th>○ Unable to evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES: Reflexes felt were:</td>
<td>○ Hypoactive</td>
<td>○ Normal deep tendon reflexes</td>
<td>○ Hyperactive deep tendon reflexes (e.g., with prominent spread)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Clonus</td>
</tr>
</tbody>
</table>

#### LEFT

<table>
<thead>
<tr>
<th>b2. Deep tendon reflexes (ankle reflexes)</th>
<th>○ NO, reflexes absent</th>
<th>○ YES, reflexes present</th>
<th>○ Unable to evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES: Reflexes felt were:</td>
<td>○ Hypoactive</td>
<td>○ Normal deep tendon reflexes</td>
<td>○ Hyperactive deep tendon reflexes (e.g., with prominent spread)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Clonus</td>
</tr>
</tbody>
</table>

**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  ☐ YES

(IF "NO", SKIP TO PAGE 6)

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

[ASK EACH ITEM AND RECORD ANSWER]

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Facial fat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Arm fat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Leg fat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Buttocks fat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Belly (abdomen) fat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Fat on back of neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Breasts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Hips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Other (if Yes, specify below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Change</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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]

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Changing diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Changing HIV medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Exercise/Weight lifting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Taking nutritional supplements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Taking growth hormone or steroids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Liposuction surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Cheek implants/injections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Other cosmetic surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Other (if Yes, specify below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was this change an increase or decrease?

<table>
<thead>
<tr>
<th>Amount of change since your last visit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 in.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Shirt neck size?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Trouser waist size?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Was this change an increase or decrease?

<table>
<thead>
<tr>
<th>Amount of change since your last visit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 in.</td>
</tr>
</tbody>
</table>

SERIAL #
LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height: cm
2. Mid-Arm Girth: cm
3. Chest Girth: cm
4. Waist Girth: cm
5. Hip Girth: cm
6. Thigh Girth: cm
7. Thigh Skinfold: mm
8. Calf Girth: cm
9. Subscapular Skinfold: mm
10. Triceps Skinfold: cm

8. Fat Wasting (see severity definitions below):

If None, go to next question. If Yes, indicate severity of symptom.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>1) Facial fat loss (sunken cheeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Arms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Legs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Buttocks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Fat Accumulation:

If None, go to next question. If Yes, indicate severity of symptom.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>1) Moon facies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Back of Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Breasts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Specify:

* Definitions:
  
  None: Patient does not exhibit any signs of fat redistribution. (Not noted by patient or clinician)
  Mild: Mild signs noted only after close inspection by patient or clinician.
  Moderate: Signs of fat redistribution are noticed by patient or clinician without specifically looking for it. Patient may complain that current clothing has become tighter.
  Severe: Signs of fat redistribution easily noted by casual observer. Symptoms have required a change in size of clothing or undergarments worn.

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