**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.

**Correct Mark:**

**Incorrect Marks:**

1. **Date**
   - JAN
   - FEB
   - MAR
   - APR
   - MAY
   - JUNE
   - JULY
   - AUG
   - SEPT
   - OCT
   - NOV
   - DEC

2. **Weight**
   - KILOGRAMS

3. **Systolic Blood Pressure**
   - Sitting, Right Arm

4. **Diastolic Blood Pressure**
   - **ORAL TEMPERATURE**
   - At least 30 minutes after smoking, eating, or drinking

5. **Skin/Hair/Nails (Excluding genital area)**
   - Fungal infection lesions (excluding athletes foot)
   - Herpes Zoster (active)
   - Molluscum contagiosum
   - Seborrhea
   - Psoriasis
   - Jaundice
   - Spider Angioma
   - Other (please describe below)

6. **Kaposi's Sarcoma**
   - **NO**
   - **YES**
   - **REFUSED**

7. **Serial #**
   - (Mark Reflex® forms by NCS Pearson EM-228123A-14:654321 Printed in U.S.A.)
7. OROPHARYNGEAL

a. Consistent with oral thrush/candidiasis
   - YES: KOH negative
   - OR: KOH positive
   - OR: Not performed
b. Consistent with herpetic lesions
   - YES: KOH negative
   - OR: KOH positive
   - OR: Not performed
c. Gingivitis/gum disease
   - YES: KOH negative
   - OR: KOH positive
   - OR: Not performed
d. Oral hairy leukoplakia
   - YES: KOH negative
   - OR: KOH positive
   - OR: Not performed
e. Other (please describe below)

8. EYES

a. Conjunctiva
   1) Redness
   2) Discharge
   3) Scleral icterus
   4) Other (please describe below)

9. LYMPH NODES

a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?
   - YES
   - NO
   - REFUSED
b. Presence of node ≥1 cm
   1) Occipital
   2) Post. auricular
   3) Pre-auricular
   4) Submental/submandibular
   5) Ant. cervical
   6) Post. cervical
   7) Supraclavicular
   8) Axillary
   9) Epitrochlear
   10) Other (please describe below)
c. What is the diameter of the largest node present?
   - 1–2 cm
   - 2.1–4 cm
   - >4 cm
   - NO
   - YES
   - REFUSED
d. Are any of the nodes tender?
e. Are any of the nodes matted?
10. ABDOMEN
   a. Liver
      Percussed size in mid-clavicular line cm
      LIVPS_44
      NO YES REFUSED
      Size below LCM cm
      SPLCM_44
      NO YES REFUSED
   b. Spleen (Rt. lateral decubitus, flexed knees/hips)
      Palpable on inspiration below left costal margin
      SPLPL_44
   c. Other (please describe below)
      ABDOT_44

11. ANAL/RECTAL EXAMINATION
   a. Discharge
      ARDIS_44
   b. Herpetic lesions
      ARHPL_44
   c. Warts
      ARWRT_44
   d. Prostate
      1) Enlarged
      ARPLG_44
      2) Tender
      ARPTN_44
   e. Digital exam
      1) Tender anal canal
      ARTAC_44
      f. Hemorrhoids, external
      ARHEM_44
      g. Laceration/Fissure/Fistula
      ARLFF_44
   h. Other (please describe below)
      AROTH_44

12. GENITALIA
   a. Urethral discharge
      GPDIS_44
   b. Skin
      1) Condyloma acuminata (warts)
      GSWRT_44
      2) Pediculosis
      GSPED_44
      3) Tinea cruris/Candida
      GSTCR_44
      4) Herpetic lesions (active)
      GSHPL_44
   c. Other (please describe below)
      GOTH_44

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

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td>o</td>
<td>o</td>
<td>EXIGA_44</td>
</tr>
<tr>
<td>Chest and Lungs</td>
<td>o</td>
<td>o</td>
<td>EXICL_44</td>
</tr>
<tr>
<td>Heart</td>
<td>o</td>
<td>o</td>
<td>EXIHT_44</td>
</tr>
<tr>
<td>Extremities</td>
<td>o</td>
<td>o</td>
<td>EXIET_44</td>
</tr>
<tr>
<td>Neurological Exam</td>
<td>o</td>
<td>o</td>
<td>EXINE_44</td>
</tr>
</tbody>
</table>

SERIAL #
### 14. PERIPHERAL NEUROPATHY SCREENING

#### RIGHT
- a1. Perception of vibration (at great toe)
  - NO
  - YES
  - Unable to evaluate
  - REFUSED

  **IF YES:** Vibration was felt for:
  - >10 sec. (normal)
  - 5–10 sec. (mild loss)
  - >0 and <5 sec. (moderate loss)
  - 0 sec. (severe loss)

- b1. Deep tendon reflexes (ankle reflexes)
  - NO, reflexes absent
  - YES, reflexes present
  - Unable to evaluate
  - REFUSED

  **IF YES:** Reflexes felt were:
  - Hypoactive
  - Normal deep tendon reflexes
  - Hyperactive deep tendon reflexes (e.g., with prominent spread)
  - Clonus

#### LEFT
- a2. Perception of vibration (at great toe)
  - NO
  - YES
  - Unable to evaluate
  - REFUSED

  **IF YES:** Vibration was felt for:
  - >10 sec. (normal)
  - 5–10 sec. (mild loss)
  - >0 and <5 sec. (moderate loss)
  - 0 sec. (severe loss)

- b2. Deep tendon reflexes (ankle reflexes)
  - NO, reflexes absent
  - YES, reflexes present
  - Unable to evaluate
  - REFUSED

  **IF YES:** Reflexes felt were:
  - Hypoactive
  - Normal deep tendon reflexes
  - Hyperactive deep tendon reflexes (e.g., with prominent spread)
  - Clonus

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**Additional Comments:**

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# LIPODYSTROPHY 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)?

- [ ] No
- [ ] Yes
- [ ] Refused

(If “No”, skip to Page 6)

(If “Refused”, 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>Part</th>
<th>LFACE_44</th>
<th>LARM_44</th>
<th>LLEG_44</th>
<th>LBUT_44</th>
<th>LABD_44</th>
<th>LPAD_44</th>
<th>LBRS_44</th>
<th>LHIP_44</th>
<th>LDOTH_44</th>
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</thead>
<tbody>
<tr>
<td>Facial fat</td>
<td></td>
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<td>Arm fat</td>
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<tr>
<td>Leg fat</td>
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<tr>
<td>Buttocks fat</td>
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<tr>
<td>Belly (abdomen) fat</td>
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<td></td>
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<tr>
<td>Fat on back of neck</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
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<td></td>
</tr>
<tr>
<td>Other (if yes, specify below)</td>
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</tr>
</tbody>
</table>

[Ask each item and record answer]

- [ ] No
- [ ] Mild
- [ ] Severe

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

## 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>Change</th>
<th>No</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing diet</td>
<td>CHDIT_44</td>
<td></td>
<td>CHSTR_44</td>
</tr>
<tr>
<td>Changing HIV medications</td>
<td>CHHIV_44</td>
<td></td>
<td>CHCMS_44</td>
</tr>
<tr>
<td>Exercise/Weight lifting</td>
<td>CHWGT_44</td>
<td></td>
<td>CHHSUR_44</td>
</tr>
<tr>
<td>Taking nutritional supplements</td>
<td>CHSUP_44</td>
<td></td>
<td>CHSUR_44</td>
</tr>
<tr>
<td>Taking growth hormone or steroids</td>
<td>CHSTR_44</td>
<td></td>
<td>CHSUR_44</td>
</tr>
</tbody>
</table>

- [ ] No
- [ ] Yes
- [ ] Refused

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

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

[Ask each item and record answer]

<table>
<thead>
<tr>
<th>Change</th>
<th>No</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirt neck size</td>
<td>CHNK_44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouser waist size</td>
<td>CHWST_44</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Ask each item and record answer]

- [ ] Refused
- [ ] No
- [ ] Yes

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

<table>
<thead>
<tr>
<th>Amount of change since your last visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 in.</td>
</tr>
<tr>
<td>IDNCK_44</td>
</tr>
</tbody>
</table>
**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. Triceps Skinfold: [ ] mm
9. Subscapular Skinfold: [ ] mm
10. Biceps Skinfold: [ ] mm
11. Breast Skinfold: [ ] mm
12. Abdominal Skinfold: [ ] mm
13. Suprailliac Skinfold: [ ] mm

14. Fat Wasting (see severity definitions below):

<table>
<thead>
<tr>
<th>None</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial fat loss (sunken cheeks)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Arms</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Legs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Buttocks</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Severity**

- Mild
- Moderate
- Severe

15. Fat Accumulation:

<table>
<thead>
<tr>
<th>None</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moon facies</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Abdomen</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Back of Neck</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Breasts</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Severity**

- Mild
- Moderate
- Severe

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

Specify:

- *PCFAT_44 (percentage of body fat)*

**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.

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