**NEW ENROLLMENT BASELINE**

**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. ID NUMBER

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
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</table>

### 2. DATE

**DATE**

**WEIGHT**

<table>
<thead>
<tr>
<th>POUNDS</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
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<td>0</td>
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<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

### 4. BLOOD PRESSURE

**Sitting, Right Arm**

<table>
<thead>
<tr>
<th>SYSTOLIC</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<td>6</td>
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<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

### 5. ORAL TEMPERATURE

**At least 30 minutes after smoking, eating, or drinking**

<table>
<thead>
<tr>
<th>°F</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
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<td>0</td>
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<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

### 6. SKIN/HAIR/NAILS (Excluding genital area)

- a. Fungal infection lesions (excluding athletes 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

IF YES: Number of lesions

- 1-2
- 3-10
- >10

Diameter of largest lesion in cms.

<table>
<thead>
<tr>
<th>00</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
<th>06</th>
<th>07</th>
<th>08</th>
<th>09</th>
</tr>
</thead>
</table>

2) Oral lesions

3) Anal/peri-anal lesions

Not examined

**Comments:**

- 
- 
- 
- 

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7. OROPHARYNGEAL
   a. Consistent with oral thrush/candidiasis
      - OR -
      O KOH negative
      O KOH positive
   b. Consistent with herpetic lesions
   c. Gingivitis/gum disease
   d. Oral hairy leukoplaikia
   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?
      NO  YES
   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?
      O 1–2 cm  O 2.1–4 cm  O >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
      [0-12 cm] cms
      0 1 2 3 4 5 6 7 8 9 10 11 12
      NO YES
   1. Ascites
      NO YES
   2. Caput Medusa
      NO YES
   b. Spleen (Rt. lateral decubitus, flexed knees/hips)
      Palpable on inspiration below left costal margin
      NO YES
   Size below LCM
      [0-12 cm] cms
      0 1 2 3 4 5 6 7 8 9 10 11 12
      NO YES
   c. Other (please describe below)
      ______________________________________
      ______________________________________
      ______________________________________
      ______________________________________
      ______________________________________
      ______________________________________

11. ANAL/RECTAL EXAMINATION
   a. Discharge
      NO YES
   b. Herpetic lesions
      NO YES
   c. Warts
      NO YES
   d. Prostate
      1) Enlarged
      2) Tender
      NO YES
   e. Digital exam
      1) Tender anal canal
      2) Hemorrhoids, external
      NO YES
   f. Laceration/Fissure/Fistula
      NO YES
   g. Other (please describe below)
      ______________________________________

12. GENITALIA
   a. Urethral discharge
      NO YES
   b. Testicular atrophy
      NO YES
   c. Skin
      1) Condyloma acuminata (warts)
      2) Pediculosis
      3) Tinea cruris/Candida
      4) Herpetic lesions (active)
      NO YES
   d. Circumcised
      NO YES
   e. Other (please describe below)
      ______________________________________

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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest and Lungs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological Exam</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2299
### 14. PERIPHERAL NEUROPATHY SCREENING

#### a. Perception of vibration (at great toe)

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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. In the past 2 years, have you noticed any changes in the distribution (location) or in the amount of your body fat (either loss or gain)?
   - NO (IF "NO", SKIP TO QUESTION 3)
   - YES

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

<table>
<thead>
<tr>
<th>[ASK EACH ITEM AND RECORD ANSWER]</th>
<th>If No, go to next question. If Yes, indicate severity of symptom.</th>
<th>Current Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Facial fat loss (sunken cheeks)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2) Arm fat loss</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3) Leg fat loss</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4) Buttocks fat loss</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5) Belly (abdomen) fat gain</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6) Fat pad (hump) on back of neck</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7) Breasts fatter</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8) Other (if Yes, specify below)</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>[ASK EACH ITEM AND RECORD ANSWER]</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Changing diet</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2) Changing HIV medications</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3) Exercise/Weight lifting</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4) Taking supplements</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5) Taking growth hormone or steroids</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6) Liposuction surgery</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7) Other (if Yes, specify below)</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2. In the past 2 years, have you noticed any change in:

<table>
<thead>
<tr>
<th>[ASK EACH ITEM AND RECORD ANSWER]</th>
<th>If No, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Shirt neck size</td>
<td>Mark only one</td>
</tr>
<tr>
<td>2) Trouser waist size</td>
<td>Increase</td>
</tr>
</tbody>
</table>

3. Have you ever been told by a medical practitioner that you have:
   - High blood cholesterol level?
   - High blood triglyceride level?
   - High blood pressure?

4. 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 in the past 2 years?
   - No  (IF "NO", GO TO NEXT PAGE)
   - Yes

6. Are you now taking insulin?
# Lipodystrophy Physical Examination

## 1. Weight:
- Recorded on page 1

## 2. Height:

<table>
<thead>
<tr>
<th>inches</th>
<th>cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

## 3. Waist Girth:

<table>
<thead>
<tr>
<th>inches</th>
<th>cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

## 4. Hip Girth:

<table>
<thead>
<tr>
<th>cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

## 5. Mid-Arm Girth:

<table>
<thead>
<tr>
<th>cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

## 6. Thigh Girth:

<table>
<thead>
<tr>
<th>cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

## 7. Fat Wasting (see severity definitions below):

<table>
<thead>
<tr>
<th>If None, go to next question. If Yes, indicate severity of symptom.</th>
<th>Severity*</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- **Severity**
  - Mild
  - Moderate
  - Severe

1. Facial fat loss (sunken cheeks)
2. Arms
3. Legs
4. Buttocks

## 8. Fat Accumulation:

<table>
<thead>
<tr>
<th>If None, go to next question. If Yes, indicate severity of symptom.</th>
<th>Severity*</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- **Severity**
  - Mild
  - Moderate
  - Severe

1. Moon facies
2. Abdomen
3. Back of Neck
4. Breasts

## 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. Signs of fat maldistribution are noticed by patient or clinician without specifically looking for it. Patient may complain that current clothing has become tighter.
- **Moderate**: Signs of fat maldistribution easily noted by casual observer. Symptoms have required a change in size of clothing or undergarments worn.
- **Severe**: Significant fat maldistribution detected after casual observation or after specifically looking for it. Patient may complain of noticing signs of maldistribution in current clothing.