### MACS

**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. **ID NUMBER**
   - **MACSID**
     - JAN
     - FEB
     - MAR
     - APR
     - MAY
     - JUNE
     - JULY
     - AUG
     - SEPT
     - OCT
     - NOV
     - DEC

2. **DATE**
   - **JAN**
   - **FEB**
   - **MAR**
   - **APR**
   - **MAY**
   - **JUNE**
   - **JULY**
   - **AUG**
   - **SEPT**
   - **OCT**
   - **NOV**
   - **DEC**

3. **WEIGHT**
   - **WEIGHTL**
   - **37**

4. **BLOOD PRESSURE**
   - **SBP**
   - **37**
   - **DBP**
   - **37**

5. **ORAL TEMPERATURE**
   - **TEMP**
   - **37**

6. **SKIN/HAIR/NAILS (Excluding genital area)**
   - a. Fungal infection lesions (excluding athletes foot)
     - 1) Intertriginous candida **SHNFC**
     - 2) Tinea versicolor **SHNFI**
     - 3) Onychomycosis **SHNFO**
   - b. Herpes Zoster (active) **SHNHZ**
   - c. Molluscum contagiosum **SHNMC**
   - d. Seborrhea **SHNSE**
   - e. Psoriasis **SHNPS**
   - f. Jaundice **SHNJA**
   - g. Spider Angioma **SHNSA**
   - h. Other (please describe below) **SHNOT**

7. **Kaposi’s Sarcoma**
   - a. **NO**
   - b. **YES**

   1) Skin Lesions
   - If **YES**: Number of lesions
     - 1-2
     - 3-10
     - >10
   - Diameter of largest lesion in cms.

   2) Oral lesions
   - **SHNKO**

   3) Anal/Perianal lesions
   - **SHNNK**
   - **SHNNL**
   - **SHNNP**
   - **SHNNQ**
   - **SHNNR**
   - **SHNSS**
   - **SHNTR**
   - **SHNUK**
   - **SHNV**
   - **SHNWB**
   - **SHNXC**
   - **SHNWD**
   - **SHNWE**
   - **SHNWF**
   - **SHNWG**
   - **SHNWH**
   - **SHNWI**
   - **SHNWK**
   - **SHNWL**
   - **SHNWM**
   - **SHNWN**
   - **SHNWO**
   - **SHNWP**
   - **SHNWR**
   - **SHNWS**
   - **SHNWT**
   - **SHNWX**
   - **SHNYY**
   - **SHNZ**
   - **SHO**
   - **SHOB**
   - **SHOC**
   - **SHOD**
   - **SHOE**
   - **SHOF**
   - **SHOG**
   - **SHOH**
   - **SHOI**
   - **SHOK**
   - **SHOL**
   - **SHOM**
   - **SHON**
   - **SHOP**
   - **SHOR**
   - **SHOS**
   - **SHOT**
   - **SHOU**
   - **SHOV**
   - **SHOW**

   **Comments:**

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**Effective January 18, 2011**, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_S4) to a 3 digit suffix (i.e., VARIABLE_S054) and affects ALL visit questionnaire variables from the first visit onward.
7. OROPHARYNGEAL

a. Consistent with oral thrush/candidiasis
   ENTTH_37
   
   If YES:
   - KOH negative
   - OR
   - KOH positive
   ENTKO_37

b. Consistent with herpetic lesions
   ENTHP_37

c. Gingivitis/gum disease
   ENTGG_37

d. Oral hairy leukoplakia
   ENTERL_37

e. Other (please describe below)
   ENOT_37

8. EYES

a. Conjunctiva
   - 1) Redness
   - 2) Discharge
   EYRED_37
   - 3) Scleral icterus
   EYSCI_37

b. Scleral icterus
   - 1) Redness
   - 2) Discharge
   EYDIS_37

9. LYMPH NODES

a. Are there any nodes present which are >1 cm?
   LYND1_37
   
   SKIP TO Q 10

b. Presence of node >1 cm
   
   1) Occipital
   Right: OCCR_37
   Left: OCCL_37

   2) Post. auricular
   Right: POAUR_37
   Left: POAUL_37

   3) Pre-auricular
   Right: PRAUR_37
   Left: PRAUL_37

   4) Submental/submandibular
   Right: SUBMR_37
   Left: SUBML_37

   5) Ant. cervical
   Right: ACERR_37
   Left: ACERL_37

   6) Post. cervical
   Right: PCERR_37
   Left: PCERL_37

   7) Supraclavicular
   Right: SCLVR_37
   Left: SCLVL_37

   8) Axillary
   Right: AXILR_37
   Left: AXILL_37

   9) Epitrochlear
   Right: EPTLR_37
   Left: EPTRL_37

   c. What is the diameter of the largest node present?
      
      - 1-2 cm
      - 2.1-4 cm
      - >4 cm
      LNODD_37

   d. Are any of the nodes tender?
      TENND_37

   e. Are any of the nodes matted?
      MATND_37
### 10. ABDOMEN

<table>
<thead>
<tr>
<th>a. Liver</th>
<th>Percussed size in mid-clavicular line</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIVPS_37</td>
<td></td>
</tr>
</tbody>
</table>

#### 1. Ascites | LIVAS\_37
#### 2. Caput Medusa | LIVCM\_37

b. Spleen (Rt. lateral decubitus, flexed knees/hips)  
Palpable on inspiration below left costal margin  
Size below LCM  
| ABDOT\_37 |

#### c. Other (please describe below)  

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### 11. ANAL/RECTAL EXAMINATION

<table>
<thead>
<tr>
<th>a. Discharge</th>
<th>ARDIS_37</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Herpetic lesions</td>
<td>ARHPL_37</td>
</tr>
<tr>
<td>c. Warts</td>
<td>ARWRT_37</td>
</tr>
</tbody>
</table>
| d. Prostate  
1) Enlarged | ARPLG\_37 |
2) Tender | ARPRTN\_37 |
| e. Digital exam  
1) Tender anal canal | ARTAC\_37 |
2) Hemorrhoids, external | ARHEM\_37 |
3) Laceration/Fissure/Fistula | ARLEF\_37 |
| f. Other (please describe below) | AROTH\_37 |

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### 12. GENITALIA

<table>
<thead>
<tr>
<th>a. Urethral discharge</th>
<th>GPDIS_37</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Testicular atrophy</td>
<td>GTATP_37</td>
</tr>
</tbody>
</table>
| c. Skin  
1) Condyloma acuminata (warts) | GSWRT\_37 |
2) Pediculosis | GSPED\_37 |
3) Tinea cruris/Candida | GSTCR\_37 |
4) Herpetic lesions (active) | GSHPL\_37 |
| Other (please describe below) | GOTH\_37 |

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

<table>
<thead>
<tr>
<th>General Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXIGA_37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chest and Lungs</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXICL_37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXIHT_37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extremities</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXIET_37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurological Exam</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXINE_37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### SERIAL 

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14. PERIPHERAL NEUROPATHY SCREENING

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Perception of vibration (at great toe)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>IF YES: Vibration was felt for:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>&gt;10 sec. (normal)</td>
<td>PNSPV_37</td>
</tr>
<tr>
<td></td>
<td>5–10 sec. (mild loss)</td>
<td>PNSTR_37</td>
</tr>
<tr>
<td></td>
<td>&gt;0 and &lt;5 sec. (moderate loss)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 sec. (severe loss)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unable to evaluate</td>
<td></td>
</tr>
<tr>
<td>b. Deep tendon reflexes (ankle reflexes)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>IF YES: Reflexes felt were:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Absent</td>
<td>PNSTT_37</td>
</tr>
<tr>
<td></td>
<td>Hypoactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Normal deep tendon reflexes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hyperactive deep tendon reflexes (e.g., with prominent spread)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clonus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unable to evaluate</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
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.]
   (IF "NO", IF "NO", SKIP TO QUESTION 3)
   LDFAT_37

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

   [ASK EACH ITEM AND RECORD ANSWER]
   If No, go to next question. If Yes, indicate severity of symptom.

   current severity

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDFAC_37</td>
<td>SVFAC_37</td>
</tr>
<tr>
<td>LDARM_37</td>
<td>SVARM_37</td>
</tr>
<tr>
<td>LDLEO_37</td>
<td>SVLEO_37</td>
</tr>
<tr>
<td>LDBUT_37</td>
<td>SVBUT_37</td>
</tr>
<tr>
<td>LDABD_37</td>
<td>SVABD_37</td>
</tr>
<tr>
<td>LDPAD_37</td>
<td>SVPAD_37</td>
</tr>
<tr>
<td>LDBRS_37</td>
<td>SVPBS_37</td>
</tr>
<tr>
<td>LDOTH_37</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]
   CHDIT_37
   CHHIV_37
   CHWGT_37
   CHSUP_37
   CHSTR_37
   CHSUR_37
   CHOTH_37

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

   [ASK EACH ITEM AND RECORD ANSWER]
   CHNCK_37
   CHWST_37

   [MARK ONLY ONE]
   [AMOUNT OF CHANGE SINCE YOUR LAST VISIT]

   | Increase | Decrease |
   |<1 in. | >2 in. |
   | ATNCK_37 | ATWST_37 |

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

   LDHBC_37
   LDHBT_37
   LDHBP_37

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?

   LDHBS_37
   LDIN_37

5. Have you taken insulin since your last visit?

6. Are you now taking insulin?

   LDPIN_37

SERIAL #
### LIPODYSTROPHY PHYSICAL EXAMINATION

#### 1. Height:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Units</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>inches</td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Chest Girth:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Units</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDCHE</td>
<td>cm</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Waist Girth:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Units</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDWAI</td>
<td>cm</td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Hip Girth:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Units</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDHIP</td>
<td>cm</td>
<td></td>
</tr>
</tbody>
</table>

#### 5. Mid-Arm Girth:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Units</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDMD</td>
<td>cm</td>
<td></td>
</tr>
</tbody>
</table>

#### 6. Thigh Girth:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Units</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOTHI</td>
<td>cm</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Facial fat loss (sunken cheeks)**
  - None
  - Mild
  - Moderate
  - Severe

#### 8. Fat Accumulation:

- **Moon facies**
- **Abdomen**
- **Back of Neck**
- **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.
- **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.