**MARKING INSTRUCTIONS**

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

---

**PHYSICAL EXAM**

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

2. **WEIGHT**
   - **POUNDS**

3. **BLOOD PRESSURE**
   - **SITTING, RIGHT ARM**
   - **SYSTOLIC**
   - **DIASTOLIC**

4. **ORAL TEMPERATURE**
   - **At least 30 minutes after smoking, eating, or drinking**
   - **°F**

---

5. **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)**

6. **Kaposi’s Sarcoma**
   - 1) **Skin Lesions**
     - **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**

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**Serial #:**

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**Comments:**

---
7. OROPHARYNGEAL

- a. Consistent with oral thrush/candidiasis
  - IF YES:
    - KOH negative
    - OR:
    - KOH positive
    - Not performed
  - OR:
    - 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
  - 2) Post. auricular
  - 3) Pre-auricular
  - 4) Submental/submandibular
  - 5) Ant. cervical
  - 6) Post. cervical
  - 7) Supraclavicular
  - 8) Axillary
  - 9) Epitrochlear

- 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
      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      | 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
   Mark here if either entire rectal exam was declined or sections d) and e).
   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
   Mark here if genital exam was declined.
   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>
</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>

SERIAL #
14. PERIPHERAL NEUROPATHY SCREENING

**RIGHT**

<table>
<thead>
<tr>
<th>a1. Perception of vibration (at great toe)</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</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

**LEFT**

<table>
<thead>
<tr>
<th>a2. Perception of vibration (at great toe)</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</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

**RIGHT**

<table>
<thead>
<tr>
<th>b1. Deep tendon reflexes (ankle reflexes)</th>
<th>NO, reflexes absent</th>
<th>YES, reflexes present</th>
</tr>
</thead>
</table>

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

**LEFT**

<table>
<thead>
<tr>
<th>b2. Deep tendon reflexes (ankle reflexes)</th>
<th>NO, reflexes absent</th>
<th>YES, reflexes present</th>
</tr>
</thead>
</table>

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

**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", SKIP TO QUESTION 3)
   ○ NO
   ○ YES

1b. If "yes" which parts of your body were affected, and how severely?
   [ASK EACH ITEM AND RECORD EACH RESPONSE]
   CURRENT SEVERITY
<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>No</th>
<th>Yes</th>
<th>Increase</th>
<th>Decrease</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial fat</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Arm fat</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Leg fat</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Buttocks fat</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Belly (abdomen) fat</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Fat on back of neck</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Breasts</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Waist</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Hips</td>
<td>○</td>
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<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other (if Yes, specify below)</td>
<td>○</td>
<td>○</td>
<td>○</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>RECORD ANSWER</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing diet</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Changing HIV medications</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Exercise/Weight lifting</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Taking nutritional supplements</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Taking growth hormone or steroids</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Liposuction surgery</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Cheek implants/injections</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other cosmetic surgery</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other (if Yes, specify below)</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

2. Since your last visit in [MONTH], have you noticed any change in:
   (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>RECORD ANSWER</th>
<th>No</th>
<th>Yes</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirt neck size?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Trouser waist size?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

3. Since your last visit in [Month], have you been told by a medical practitioner that you have: (We mean a new diagnosis or an uncontrolled condition.)
<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood cholesterol level?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>High blood triglyceride level?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>High blood pressure?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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? (We mean a new diagnosis or an uncontrolled condition.)
   (IF "NO", GO TO NEXT PAGE)
<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood sugar, diabetes, or sugar diabetes?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

5. Have you taken insulin since your last visit?
   (IF "NO", GO TO NEXT PAGE)
<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you taken insulin since your last visit?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

6. Are you now taking insulin?
<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you now taking insulin?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

SERIAL #
## LIPODYSTROPHY PHYSICAL EXAMINATION

### 1. Height:
- **Inches**

### 2. Chest Girth:
- **Centimeters**

### 3. Waist Girth:
- **Centimeters**

### 4. Hip Girth:
- **Centimeters**

### 5. Mid-Arm Girth:
- **Centimeters**

### 6. Thigh Girth:
- **Centimeters**

### 7. Fat Wasting (see severity definitions below):
- **None**
- **Yes**

<table>
<thead>
<tr>
<th>Severity*</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### 8. Fat Accumulation:
- **None**
- **Yes**

<table>
<thead>
<tr>
<th>Severity*</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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.
- **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.