

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 (IF "NO", SKIP TO QUESTION 3)
 YES

LDFAT_39

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

[ASK EACH ITEM AND RECORD ANSWER]

	<i>If No, go to next question. If Yes, indicate type of change and severity of symptom.</i>		<i>Was this change an increase or decrease?</i>		— Current Severity —		
	No	Yes	Increase	Decrease	Mild	Moderate	Severe
1) Facial fat	<input type="radio"/> LFACE_39	<input type="radio"/> CHFAC_39	<input type="radio"/> SVFAC_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Arm fat	<input type="radio"/> LARM_39	<input type="radio"/> CHARM_39	<input type="radio"/> SVARM_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Leg fat	<input type="radio"/> LLEG_39	<input type="radio"/> CHLEG_39	<input type="radio"/> SVLEG_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks fat	<input type="radio"/> LBUT_39	<input type="radio"/> CHBUT_39	<input type="radio"/> SVBUT_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Belly (abdomen) fat	<input type="radio"/> LABD_39	<input type="radio"/> CHABD_39	<input type="radio"/> SVABD_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Fat on back of neck	<input type="radio"/> LPAD_39	<input type="radio"/> CHPAD_39	<input type="radio"/> SVPAD_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Breasts	<input type="radio"/> LBRS_39	<input type="radio"/> CHBRS_39	<input type="radio"/> SVBRS_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Waist	<input type="radio"/> LWAI_39	<input type="radio"/> CHWAI_39	<input type="radio"/> SVWAI_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Hips	<input type="radio"/> LHIP_39	<input type="radio"/> CHHIP_39	<input type="radio"/> SVHIP_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Other (if Yes, specify below)	<input type="radio"/> LDOTH_39	<input type="radio"/> CHOTH_39	<input type="radio"/> SVOTH_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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]

		No	Yes			No	Yes
1) Changing diet	<input type="radio"/> CHDIT_39	<input type="radio"/>	<input type="radio"/>	6) Liposuction surgery	<input type="radio"/> CHSUR_39	<input type="radio"/>	<input type="radio"/>
2) Changing HIV medications	<input type="radio"/> CHHIV_39	<input type="radio"/>	<input type="radio"/>	7) Cheek implants/injections	<input type="radio"/> CHCHK_39	<input type="radio"/>	<input type="radio"/>
3) Exercise/Weight lifting	<input type="radio"/> CHWGT_39	<input type="radio"/>	<input type="radio"/>	8) Other cosmetic surgery	<input type="radio"/> CHCMS_39	<input type="radio"/>	<input type="radio"/>
4) Taking nutritional supplements	<input type="radio"/> CHSUP_39	<input type="radio"/>	<input type="radio"/>	9) Other (if Yes, specify below)	<input type="radio"/> CHOTH_39	<input type="radio"/>	<input type="radio"/>
5) Taking growth hormone or steroids	<input type="radio"/> CHSTR_39	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>

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

	<i>If No, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.</i>		<i>Mark only one</i>		<i>Amount of change since your last visit.</i>		
	No	Yes	Increase	Decrease	<1 in.	1-2 in.	>2 in.
1) Shirt neck size?	<input type="radio"/> CHNCK_39	<input type="radio"/>	<input type="radio"/> IDNCK_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Trouser waist size?	<input type="radio"/> CHWST_39	<input type="radio"/>	<input type="radio"/> IDWST_39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.)

		No	Yes
1) High blood cholesterol level?	<input type="radio"/> LDHBC_39	<input type="radio"/>	<input type="radio"/>
2) High blood triglyceride level?	<input type="radio"/> LDHBT_39	<input type="radio"/>	<input type="radio"/>
3) High blood pressure?	<input type="radio"/> LDHBP_39	<input type="radio"/>	<input type="radio"/>

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.)

No LDHBS_39 (IF "NO", GO TO NEXT PAGE)
 Yes LDIN_39 (IF "NO", GO TO NEXT PAGE)

5. Have you taken insulin since your last visit?

No LDPIN_39

6. Are you now taking insulin?

SERIAL #



LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:

inches

HEIGHIN_39

()	()
()	()
()	()
()	()
()	()
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()	()

(see instructions)

2. Chest Girth:

cm

LDCHE_39

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(see instructions)

3. Waist Girth:

cm

LDWAI_39

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(see instructions)

4. Hip Girth:

cm

LDHIP_39

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(see instructions)

5. Mid-Arm Girth:

cm

LDMID_39

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(see instructions)

6. Thigh Girth

cm

LDTHI_39

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(see instructions)

2a. Breast Skinfold:

mm

SKFBR_39

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3a. Abdomen Skinfold:

mm

SKFAB_39

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5a. Bi-cep Skinfold:

mm

SKFBI_39

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5b. Tri-cep Skinfold:

mm

SKFTR_39

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6a. Thigh Skinfold:

mm

SKFTH_39

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7. Fat Wasting (see severity definitions below):

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

	None	Yes	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	<input type="checkbox"/>	<input type="checkbox"/> FWFAC_39	<input type="checkbox"/>	<input type="checkbox"/> SWFAC_39	<input type="checkbox"/>
2) Arms	<input type="checkbox"/>	<input type="checkbox"/> FWARM_39	<input type="checkbox"/>	<input type="checkbox"/> SWARM_39	<input type="checkbox"/>
3) Legs	<input type="checkbox"/>	<input type="checkbox"/> FWLEG_39	<input type="checkbox"/>	<input type="checkbox"/> SWLEG_39	<input type="checkbox"/>
4) Buttocks	<input type="checkbox"/>	<input type="checkbox"/> FWBUT_39	<input type="checkbox"/>	<input type="checkbox"/> SWBUT_39	<input type="checkbox"/>

8. Fat Accumulation:

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

	None	Yes	Mild	Moderate	Severe
1) Moon facies	<input type="checkbox"/>	<input type="checkbox"/> FAMOO_39	<input type="checkbox"/>	<input type="checkbox"/> SWMOO_39	<input type="checkbox"/>
2) Abdomen	<input type="checkbox"/>	<input type="checkbox"/> FAABD_39	<input type="checkbox"/>	<input type="checkbox"/> SWABD_39	<input type="checkbox"/>
3) Back of Neck	<input type="checkbox"/>	<input type="checkbox"/> FANCK_39	<input type="checkbox"/>	<input type="checkbox"/> SWNCK_39	<input type="checkbox"/>
4) Breasts	<input type="checkbox"/>	<input type="checkbox"/> FABRS_39	<input type="checkbox"/>	<input type="checkbox"/> SWBRS_39	<input type="checkbox"/>

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.