

LIPODYSTROPHY PHYSICAL EXAMINATION:

1. Height: _____ inches
HEIGHT_40

2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

(see instructions)

2. Chest Girth: _____ cm
LDCHE_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

(see instructions)

3. Waist Girth: _____ cm
LDWAI_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

(see instructions)

4. Hip Girth: _____ cm
LDHIP_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

(see instructions)

5. Mid-Arm Girth: _____ cm
LDMID_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

(see instructions)

6. Thigh Girth _____ cm
LDTHI_40

2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

(see instructions)

Suprailiac
skinfold
measurements
in mm
SKSIL_40

2a. Breast
Skinfold: _____ mm
SKFBR_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

3a. Abdomen
Skinfold: _____ mm
SKFAB_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

5a. Bi-cep
Skinfold: _____ mm
SKFBI_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

5b. Tri-cep
Skinfold: _____ mm
SKFTR_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

6a. Thigh
Skinfold: _____ mm
SKFTH_40

2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

7. Fat Wasting (see severity definitions below):

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

			Severity*		
	None	Yes	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	<input type="checkbox"/>	<input type="checkbox"/> FWFAC_40	<input type="checkbox"/>	<input type="checkbox"/> SWFAC_40	<input type="checkbox"/>
2) Arms	<input type="checkbox"/>	<input type="checkbox"/> FWARM_40	<input type="checkbox"/>	<input type="checkbox"/> SWARM_40	<input type="checkbox"/>
3) Legs	<input type="checkbox"/>	<input type="checkbox"/> FWLEG_40	<input type="checkbox"/>	<input type="checkbox"/> SWLEG_40	<input type="checkbox"/>
4) Buttocks	<input type="checkbox"/>	<input type="checkbox"/> FWBUT_40	<input type="checkbox"/>	<input type="checkbox"/> SWBUT_40	<input type="checkbox"/>

8. Fat Accumulation:

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

			Severity*		
	None	Yes	Mild	Moderate	Severe
1) Moon facies	<input type="checkbox"/>	<input type="checkbox"/> FAMOO_40	<input type="checkbox"/>	<input type="checkbox"/> SWMOO_40	<input type="checkbox"/>
2) Abdomen	<input type="checkbox"/>	<input type="checkbox"/> FAABD_40	<input type="checkbox"/>	<input type="checkbox"/> SWABD_40	<input type="checkbox"/>
3) Back of Neck	<input type="checkbox"/>	<input type="checkbox"/> FANCK_40	<input type="checkbox"/>	<input type="checkbox"/> SWNCK_40	<input type="checkbox"/>
4) Breasts	<input type="checkbox"/>	<input type="checkbox"/> FABRS_40	<input type="checkbox"/>	<input type="checkbox"/> SWBRS_40	<input type="checkbox"/>

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

Specify: **Percentage of body fat** **PCFAT_40**

* 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.