**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.

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### Correct Mark:
- In a circle: ✓
- In a square: ☐

### Incorrect Marks:
- In a circle: ✗
- In a square: ☐

---

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>DATE</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **FIRST READING**
  - **BLOOD PRESSURE**: Sitting, Right Arm
  - **Systolic**: Sitting, Right Arm
  - **Diastolic**: Sitting, Right Arm

- **SECOND READING**
  - **BLOOD PRESSURE**: Sitting, Right Arm
  - **Systolic**: Sitting, Right Arm
  - **Diastolic**: Sitting, Right Arm

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### 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)**

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### 1. **Kaposi’s Sarcoma**

- **NO**
- **YES**
- **REFUSED**

- **IF YES: Number of lesions**
  - 1-2
  - 3-10
  - >10

- **Diameter of largest lesion in cms.**

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### Comments:

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**SERIAL #**

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7. OROPHARYNGEAL
   a. Consistent with oral thrush/candidiasis
      IF YES:
      ○ KOH negative
      - OR-
      ○ KOH positive
      ○ Not performed
   b. Consistent with herpetic lesions
   c. Gingivitis/gum disease
   d. Oral hairy leukoplakia
   e. Other (please describe below)

8. EYES
   a. Conjuctiva
      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?
      SKIP TO Q 10
   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?
      ○ 1–2 cm
      ○ 2.1–4 cm
      ○ >4 cm
   d. Are any of the nodes tender?
   e. Are any of the nodes matted?
   d. Oral hairy leukoplakia
   e. Other
      (please describe below)
10. ABDOMEN
a. Liver
   Percussed size in mid-clavicular line cm
   NO YES REFUSED
b. Spleen (Rt. lateral decubitus, flexed
   knees/hips)
   Palpable on inspiration below left
   costal margin
   NO YES REFUSED
   Size below LCM cm
   NO YES REFUSED
c. Other (please describe below)

11. ANAL/RECTAL EXAMINATION
   a. Discharge
   b. Herpetic lesions
   c. Warts
   d. Prostate
      1) Enlarged
      2) Tender
      e. Digital exam
      1) Tender anal canal
      2) Other (please describe below)

12. GENITALIA
   a. Urethral discharge
   b. Skin
      1) Condyloma acuminata (warts)
      2) Pediculosis
      3) Tinea cruris/Candida
      4) Herpetic lesions (active)
   c. 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>

SERIAL #
14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe)
   - NO
   - YES
   - Unable to evaluate
   - REFUSED

   IF YES: Vibration was felt for:
   - >10 sec. (normal)
   - 5–10 sec. (mild loss)
   - >0 and <5 sec. (moderate loss)
   - 0 sec. (severe loss)

b1. Deep tendon reflexes (ankle reflexes)
   - NO, reflexes absent
   - YES, reflexes present
   - Unable to evaluate
   - REFUSED

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

LEFT

a2. Perception of vibration (at great toe)
   - NO
   - YES
   - Unable to evaluate
   - REFUSED

   IF YES: Vibration was felt for:
   - >10 sec. (normal)
   - 5–10 sec. (mild loss)
   - >0 and <5 sec. (moderate loss)
   - 0 sec. (severe loss)

b2. Deep tendon reflexes (ankle reflexes)
   - NO, reflexes absent
   - YES, reflexes present
   - Unable to evaluate
   - REFUSED

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

Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 PAGE 6)
- **YES**
- **REFUSED** (IF “REFUSED”, SKIP TO PAGE 6)

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

<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Facial fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Arm fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Leg fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Buttocks fat</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5) Belly (abdomen) fat</td>
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<td></td>
<td></td>
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<tr>
<td>6) Fat on back of neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Breasts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Hips</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Other (if Yes, specify below)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If No or Refused, go to next question. If Yes, indicate type of change and severity of symptom.

<table>
<thead>
<tr>
<th>Current Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Mild</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>Severe</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>RECORD ANSWER</th>
<th>No</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Changing diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Changing HIV medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Exercise/Weight lifting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Taking nutritional supplements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Taking growth hormone or steroids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Liposuction surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Cheek implants/injections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Other cosmetic surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Other (if Yes, specify below)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If No or Refused, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.

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

<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Shirt neck size?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Trouser waist size?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If No or Refused, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.

<table>
<thead>
<tr>
<th>Amount of change since your last visit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 in.</td>
</tr>
</tbody>
</table>
## Lipodystrophy Physical Examination

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Right</th>
<th>Left</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Mid-Arm Girth</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Chest Girth</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Waist Girth</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Hip Girth</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Thigh Girth</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Biceps</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Triceps</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Subscapular</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td>cm</td>
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</tr>
<tr>
<td>Abdominal</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
<tr>
<td>Suprailiac</td>
<td></td>
<td></td>
<td>cm</td>
<td>cm</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Severity*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial fat loss (sunken cheeks)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arms</td>
<td>Moderate</td>
</tr>
<tr>
<td>Legs</td>
<td>Severe</td>
</tr>
<tr>
<td>Buttocks</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

If None or Refused, go to next question.

### 15. Fat Accumulation:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Severity*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moon facies</td>
<td>Yes</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Moderate</td>
</tr>
<tr>
<td>Back of Neck</td>
<td>Severe</td>
</tr>
<tr>
<td>Breasts</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

If None or Refused, go to next question.

### 16. 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 are noted by patient or clinician. Signs of fat maldistribution are easily noted by casual observer. Symptoms have required a change in size of clothing or undergarments worn.
- **Severe:**