



7. OROPHARYNGEAL

NO YES REFUSED

a. Consistent with oral thrush/candidiasis ( ENTTH\_45

IF YES:

- KOH negative
-OR-
 KOH positive
 Not performed

ENTKO\_45

b. Consistent with herpetic lesions ( ENTHP\_45

ENTGG\_45

c. Gingivitis/gum disease ( ENTLE\_45

ENTOT\_45

d. Oral hairy leukoplakia ( ENTOT\_45
e. Other (please describe below)

Form with multiple horizontal lines for text entry.

8. EYES

NO YES REFUSED

a. Conjunctiva

1) Redness EYRED\_45

2) Discharge EYDIS\_45

b. Scleral icterus EYSCI\_45

c. Other (please describe below) EYOTH\_45

Form with multiple horizontal lines for text entry.

9. LYMPH NODES

NO YES REFUSED

a. Are there any nodes present (excluding inguinal and femoral) which are >=1 cm? LYND1\_45

SKIP TO Q 10

b. Presence of node >=1 cm

1) Occipital Right OCCR\_45 Left OCCL\_45

2) Post. auricular Right POAUR\_45 Left POAUL\_45

3) Pre-auricular Right PRAUR\_45 Left PRAUL\_45

4) Submental/submandibular Right SUBMR\_45 Left SUBML\_45

5) Ant. cervical Right ACERR\_45 Left ACERL\_45

6) Post. cervical Right PCERR\_45 Left PCERL\_45

7) Supraclavicular Right SCLVR\_45 Left SCLVL\_45

8) Axillary Right AXILR\_45 Left AXILL\_45

9) Epitrochlear Right EPTRR\_45 Left EPTRL\_45

c. What is the diameter of the largest node present? LNODD\_45
 1-2 cm  2.1-4 cm  >4 cm

d. Are any of the nodes tender? TENND\_45


e. Are any of the nodes matted? MATND\_45








# LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:  cm  
HEIGHCM\_45


2	2	2	2	REFUSED
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)

2. Mid-Arm Girth:  cm  
LDMID\_45

2	2	2	2	REFUSED
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)

3. Chest Girth:  cm  
LDCHE\_45

2	2	2	2	REFUSED
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)

4. Waist Girth:  cm  
LDWAI\_45

2	2	2	2	REFUSED
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)

5. Hip Girth:  cm  
LDHIP\_45


2	2	2	2	REFUSED
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)

6. Thigh Girth:  cm  
LDTHI\_45

2	2	2	2	REFUSED
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)


LIPODYSTROPHY MEASURER CODE  


LPEXN\_45


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. Thigh Skinfold:  mm  
SKFTH\_45

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

8. Triceps Skinfold:  mm  
SKFTR\_45

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

9. Subscapular Skinfold:  mm  
SKSBS\_45


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

10. Biceps Skinfold:  mm  
SKFBI\_45


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

11. Breast Skinfold:  mm  
SKFBR\_45

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

12. Abdominal Skinfold:  mm  
SKFAB\_45

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

13. Suprailiac Skinfold:  mm  
SKSIL\_45

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

14. Fat Wasting (see severity definitions below):

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

	Refused	None	Yes	
1) Facial fat loss (sunken cheeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FWFAC_45
2) Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FWARM_45
3) Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FWLEG_34
4) Buttocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FWBUT_45

Severity\* \_\_\_\_\_

Mild	Moderate	Severe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Fat Accumulation:

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

	Refused	None	Yes	
1) Moon facies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FAMOO_45
2) Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FAABD_45
3) Back of Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FANCK_45
4) Breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FABRS_45

Severity\* \_\_\_\_\_

Mild	Moderate	Severe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Specify: PCFAT\_45

\* 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.