**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.

1. **Date**
<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

2. **Weight**
<table>
<thead>
<tr>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

3. **Correct Mark**
   | ✓ |

4. **Incorrect Marks**
   | ✗ |

1. **Correct Mark**
   | ✓ |

2. **Incorrect Marks**
   | ✗ |

**Q 1) Intertriginous candida**
- NO
- YES

**Q 2) Tinea versicolor**
- NO
- YES

**Q 3) Onychomycosis**
- NO
- YES

**Q 4a) Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?**
- NO
- YES

**Q 4b) Did participant sit quietly for about 5 minutes prior to second BP reading?**
- NO
- YES

**Q 5) Oral Temperature**
- Right
- Left

**Q 6-Q 14 NOT COMPLETED DUE TO:**
- Participant refused this section
- No clinician available

**6. Skin/Hair/Nails (Excluding genital area)**
   - Fungal infection lesions (excluding athletes foot)
     1) Intertriginous candida
     2) Tinea versicolor
     3) Onychomycosis
   - Herpes Zoster (active)
   - Molluscum contagiosum
   - Seborrhea
   - Psoriasis
   - J auvicide
   - Spider Angioma
   - Other (please describe below)

**6. Skin/Hair/Nails (Excluding genital area)**
   - Fungal infection lesions (excluding athletes foot)
     1) Intertriginous candida
     2) Tinea versicolor
     3) Onychomycosis
   - Herpes Zoster (active)
   - Molluscum contagiosum
   - Seborrhea
   - Psoriasis
   - J auvicide
   - Spider Angioma
   - Other (please describe below)

**Kaposi's Sarcoma**
- NO
- YES

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

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

**Comments:**

---

**Serial #**

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7. OROPHARYNGEAL

a. Consistent with oral thrush/candidiasis
   -NO- YES REFUSED
   IF YES:
   -KOH negative
   -OR-
   -KOH positive
   -Not performed

b. Consistent with herpetic lesions
   -NO- YES

c. Gingivitis/gum disease
   -NO- YES

d. Oral hairy leukoplakia
   -NO- YES

e. Other (please describe below)

8. EYES

a. Conjunctiva
   -NO- YES REFUSED
   1) Redness
   2) Discharge

b. Scleral icterus
   -NO- YES

c. Other (please describe below)

9. LYMPH NODES

a. Are there any nodes present
   (excluding inguinal and femoral) which are >1 cm?
   -NO- YES REFUSED
   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?
   -NO- YES

e. Are any of the nodes matted?
   -NO- YES
10. ABDOMEN
   a. Liver
      Percussed size in mid-clavicular line
      0 1 2 3 4 5 6 7 8 9
      CMS
      NO YES REFUSED
   1. Ascites
      NO YES REFUSED
   b. Spleen (Rt. lateral decubitus, flexed knees/hips)
      Palpable on inspiration below
      left costal margin
      NO YES REFUSED
   Size below LCM
      0 1 2 3 4 5 6 7 8 9
      CMS
      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) Hemorrhoids, external
      3) Laceration/Fissure/Fistula
      4) Other (please describe below)
      NO YES REFUSED
   f. Hemorrhoids, external
      NO YES REFUSED
   g. Laceration/Fissure/Fistula
      NO YES REFUSED
   h. 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)
      NO YES REFUSED
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________

13. EXAMINER’S IMPRESSIONS (use back of page if necessary)
   General Appearance
      NORMAL ABNORMAL NOT PERFORMED COMMENTS
   Chest and Lungs
   Heart
   Extremities
   Neurological Exam

Did the MACS perform an anal/rectal exam on this participant within the past 6 months?
   NO YES IF YES, SKIP TO Q 12 GENITALIA EXAM
   Mark here if entire rectal exam was declined

Mark here if genitalia exam was declined

Mark here if entire rectal exam was declined

COMMENTS

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)

#### 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)

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

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

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

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

### Additional Comments:
LIPODYSTROPHY 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 PAGE 6)
- [ ] YES
- [ ] REFUSED  (IF "REFUSED", SKIP TO PAGE 6)

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

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>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Decrease</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

1) Facial fat
2) Arm fat
3) Leg fat
4) Buttocks fat
5) Belly (abdomen) fat
6) Fat on back of neck
7) Breasts
8) Hips
9) Other (if Yes, specify below)

1c. Since you've noticed these changes, have you taken actions that would influence your fat distribution such as:

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>Change Type</th>
<th>No</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing diet</td>
<td></td>
<td></td>
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<tr>
<td>Changing HIV medications</td>
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<tr>
<td>Exercise/Weight lifting</td>
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<tr>
<td>Taking nutritional supplements</td>
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<td></td>
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<tr>
<td>Taking growth hormone or steroids</td>
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<td></td>
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<tr>
<td>Liposuction surgery</td>
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<td></td>
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<tr>
<td>Cheek implants/injections</td>
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<td></td>
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<tr>
<td>Other cosmetic surgery</td>
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<td></td>
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<tr>
<td>Other (if Yes, specify below)</td>
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</table>

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

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>Change Type</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirt neck size?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouser waist size?</td>
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</tbody>
</table>

Was this change an increase or decrease?  
Amount of change since your last visit.

- [ ] <1 in.
- [ ] 1-2 in.
- [ ] >2 in.
**LIPODYSTROPHY PHYSICAL EXAMINATION**

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<tbody>
<tr>
<td>cm</td>
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<td>cm</td>
<td>cm</td>
<td>cm</td>
<td>cm</td>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Severity*</th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Facial fat loss (sunken cheeks)</td>
<td>Refused</td>
<td>None</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Arms</td>
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<td></td>
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</tr>
<tr>
<td>3) Legs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4) Buttocks</td>
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</tr>
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</table>

**15. Fat Accumulation**:

<table>
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<tr>
<th></th>
<th>Severity*</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Moon facies</td>
<td>Refused</td>
<td>None</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3) Back of Neck</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4) Breasts</td>
<td></td>
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</tr>
</tbody>
</table>

* 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.

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

<table>
<thead>
<tr>
<th>Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Page 6