### 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. **ID NUMBER**
2. **DATE**
   - JAN
   - FEB
   - MAR
   - APR
   - MAY
   - JUN
   - JUL
   - AUG
   - SEP
   - OCT
   - NOV
   - DEC
3. **WEIGHT**
4. **FIRST READING**
   - **BLOOD PRESSURE**
     - Sitting, Right Arm
5. **SECOND READING**
   - **BLOOD PRESSURE**
     - Sitting, Right Arm
6. **ORAL TEMPERATURE**
   - At least 30 minutes after smoking, eating, or drinking

---

**SECTION NOT COMPLETED DUE TO:**
- Participant refused this section
- No clinician available
- Participant refused lipo section
- No lipo examiner available

---

**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)

---

**SERIAL #**

---

**Correct Mark:** ✗
**Incorrect Marks:** ✓ ○ □
### 7. OROPHARYNGEAL

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

### 8. EYES

- **a.** Conjunctiva
  - 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?
  - **b.** Presence of node ≥1 cm
    - 1) Occipital
    - 2) Post. auricular
    - 3) Pre-auricular
    - 4) Submental/submandibular
    - 5) Ant. cervical
    - 6) Post. cervical
    - 7) Supraclavicular
    - 8) Axillary
    - 9) Epitrochlear
  - **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?
10. ABDOMEN

a. Liver

Percussed size in mid-clavicular line

<table>
<thead>
<tr>
<th>cms</th>
<th>NO</th>
<th>YES</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

b. Spleen (Rt. lateral decubitus, flexed knees/hips)

Palpable on inspiration below left costal margin

<table>
<thead>
<tr>
<th>cms</th>
<th>NO</th>
<th>YES</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

c. Other (please describe below)

________________________

11. ANAL/RECTAL EXAMINATION

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

1. Ascites

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

b. Spleen (Rt. lateral decubitus, flexed knees/hips)

Palpable on inspiration below left costal margin

<table>
<thead>
<tr>
<th>cms</th>
<th>NO</th>
<th>YES</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

Size below LCM

<table>
<thead>
<tr>
<th>cms</th>
<th>NO</th>
<th>YES</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

c. Other (please describe below)

________________________

12. GENITALIA

- Urethral discharge
- Skin
- Foreskin
- Other (please describe in 10.c)

13. EXAMINER’S IMPRESSIONS (use back of page if necessary)

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>NOT PERFORMED</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General Appearance

Chest and Lungs

Heart

Extremities

Neurological Exam

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:
  - [ ] Hypoactive
  - [ ] 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:
  - [ ] Hypoactive
  - [ ] Normal deep tendon reflexes
  - [ ] Hyperactive deep tendon reflexes (e.g., with prominent spread)
  - [ ] Clonus

**Additional Comments:**

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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
- YES
- REFUSED

(IF “NO”, SKIP TO PAGE 6)

(IF “REFUSED”, SKIP TO PAGE 6)

1b. If “yes” which parts of your body were affected, and how severely?
[ASK EACH ITEM AND RECORD ANSWER]

<table>
<thead>
<tr>
<th>Item</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>
</tr>
<tr>
<td>5) Belly (abdomen) fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<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.

Was this change an increase or decrease?

<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>

Amount of change since your last visit.

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

1) Shirt neck size?
2) Trouser waist size?

<table>
<thead>
<tr>
<th>Change in Each Item</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>
# Lipodystrophy Physical Examination

## 1. Height:

<table>
<thead>
<tr>
<th>cm</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

## 2. Mid-Arm Girth:

<table>
<thead>
<tr>
<th>cm</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

## 3. Chest Girth:

<table>
<thead>
<tr>
<th>cm</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

## 4. Waist Girth:

<table>
<thead>
<tr>
<th>cm</th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
</table>

## 5. Hip Girth:

<table>
<thead>
<tr>
<th>cm</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

## 6. Thigh Girth:

<table>
<thead>
<tr>
<th>cm</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Severity</th>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1) Facial fat loss (sunken cheeks)

- None
- Yes

### 2) Arms

- None
- Yes

### 3) Legs

- None
- Yes

### 4) Buttocks

- None
- Yes

## 8. Fat Accumulation:

<table>
<thead>
<tr>
<th>Severity</th>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1) Moon facies

- None
- Yes

### 2) Abdomen

- None
- Yes

### 3) Back of Neck

- None
- Yes

### 4) Breasts

- None
- Yes

---

* 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.

**Q7. Fat Wasting:**

The examiner observes and grades the lipoatrophy (both facial and limb) according to the following standards:

**For facial lipoatrophy:**
- **mild** — clearly visible deepened nasolabial folds
- **moderate** — evidence of “hollowing out” of cheeks
- **severe** — hollowed cheek areas with underlying muscle clearly visible

**For limb (arms and legs) lipoatrophy:**
- **mild** — increased prominence of veins
- **moderate** — increased prominence of both veins and muscles
- **severe** — a + b with overall thinning appearance of the limb

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

### Specify:

---