**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.

---

**SECTION NOT COMPLETED DUE TO:**
- PAGES 3-4: Participant refused this section
- No clinician available
- PAGES 5-6: Participant refused lipo section
- No lipo examiner available

---

**6. SKIN/HAIR/NAILS (Excluding genital area)**
- a. Fungal infection lesions (excluding feet)
  - 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)

---

**5. ORAL TEMPERATURE**
- At least 30 minutes after smoking, eating, or drinking

---

**4.a**

- Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading? **NO**
- Did participant sit quietly for about 5 minutes prior to first BP reading? **NO**
- Did participant sit quietly for about 5 minutes prior to second BP reading? **NO**

---

**4.b**

- **BLOOD PRESSURE**
  - **ARM**
    - **FIRST READING**
    - **SECOND READING**
  - **Right**
  - **Left**

---

**i. Kaposi’s Sarcoma**

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

- 1) Skin Lesions
  - **IF YES:** Number of lesions
    - 1–2
    - 3–10
    - >10
  - Diameter of largest lesion in cms.

---

**COMMENTS:**

---

**SERIAL #**

---
7. OROPHARYNGEAL

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

b. Consistent with herpetic lesions
   - NO
   - YES
   - REFUSED

c. Gingivitis/gum disease
   - NO
   - YES
   - REFUSED

d. Oral hairy leukoplakia
   - NO
   - YES
   - REFUSED

e. Other (please describe below)

8. EYES

a. Conjuctiva
   - NO
   - YES
   - REFUSED

   1) Redness
   - NO
   - YES
   - REFUSED

   2) Discharge
   - NO
   - YES
   - REFUSED

b. Scleral icterus
   - NO
   - YES
   - REFUSED

   1) Redness
   - NO
   - YES
   - REFUSED

   2) Discharge
   - NO
   - YES
   - REFUSED

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
   - REFUSED

e. Are any of the nodes matted?

   - NO
   - YES
   - REFUSED
10. ABDOMEN
   a. Liver
      Percussed size in mid-clavicular line
      NO YES REFUSED
      0 1 2 3 4 5 6 7 8 9
      0 1 2 3 4 5 6 7 8 9
   1. Ascites
      NO YES REFUSED
   b. Spleen (Rt. lateral decubitus, flexed knees/hips)
      Palpable on inspiration below left costal margin
      NO YES REFUSED
      IF PALPABLE, indicate size. Otherwise, leave size box blank.
      Size below LCM
      NO YES REFUSED
      0 1 2 3 4 5 6 7 8 9
      0 1 2 3 4 5 6 7 8 9
   c. Other conditions
      (please describe below)
      NO YES REFUSED

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
   f. Other conditions
      (please describe below)
      NO YES REFUSED

12. GENITALIA
   a. Urethral discharge
   b. Skin
      1) Condyloma acuminata (warts)
      2) Pediculosis
      3) Tinea cruris/Candida
      4) Herpetic lesions (active)
   c. Foreskin
      PRESENT ABSENT
   d. Other (please describe in 10.c)
      NO YES REFUSED

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

<table>
<thead>
<tr>
<th>General Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>NOT PERFORMED</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest and Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SERIAL #
14. PERIPHERAL NEUROPATHY SCREENING

**RIGHT**

<table>
<thead>
<tr>
<th>a1. Perception of vibration (at great toe)</th>
<th>NO</th>
<th>YES</th>
<th>Unable to evaluate</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES: Vibration felt for:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;10 sec. (normal)</td>
<td>5–10 sec. (mild loss)</td>
<td>&gt;0 and &lt;5 sec. (moderate loss)</td>
<td>0 sec. (severe loss)</td>
</tr>
</tbody>
</table>

**LEFT**

<table>
<thead>
<tr>
<th>a2. Perception of vibration (at great toe)</th>
<th>NO</th>
<th>YES</th>
<th>Unable to evaluate</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES: Vibration felt for:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;10 sec. (normal)</td>
<td>5–10 sec. (mild loss)</td>
<td>&gt;0 and &lt;5 sec. (moderate loss)</td>
<td>0 sec. (severe loss)</td>
</tr>
</tbody>
</table>

**RIGHT**

<table>
<thead>
<tr>
<th>b1. Deep tendon reflexes (ankle reflexes)</th>
<th>NO, reflexes absent</th>
<th>YES, reflexes present</th>
<th>Unable to evaluate</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES: Reflexes felt were:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypoactive</td>
<td>Normal deep tendon reflexes</td>
<td>Hyperactive deep tendon reflexes (e.g., with prominent spread)</td>
<td>Clonus</td>
</tr>
</tbody>
</table>

**LEFT**

<table>
<thead>
<tr>
<th>b2. Deep tendon reflexes (ankle reflexes)</th>
<th>NO, reflexes absent</th>
<th>YES, reflexes present</th>
<th>Unable to evaluate</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES: Reflexes felt were:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypoactive</td>
<td>Normal deep tendon reflexes</td>
<td>Hyperactive deep tendon reflexes (e.g., with prominent spread)</td>
<td>Clonus</td>
</tr>
</tbody>
</table>

**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? [ASK EACH ITEM AND RECORD ANSWER]

<table>
<thead>
<tr>
<th>Part of Body</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
<th>Increase</th>
<th>Decrease</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial fat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arm fat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg fat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buttocks fat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belly (abdomen) fat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fat on back of neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hips</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (if Yes, specify below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was this change an increase or decrease?

Current Severity

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

[ASK EACH ITEM AND RECORD ANSWER]

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

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

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

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

SERIAL #
# Lipoatrophy Physical Examination

## 1. Height:

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

(see instructions)

## 2. Mid-Arm Girth:

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

(see instructions)

## 3. Chest Girth:

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

(see instructions)

## 4. Waist Girth:

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

(see instructions)

## 5. Hip Girth:

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

(see instructions)

## 6. Thigh Girth:

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

(see instructions)

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

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
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<tr>
<td>4</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td>6</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

1) Facial fat loss (sunken cheeks)

2) Arms

3) Legs

4) Buttocks

## 8. Fat Accumulation:

<table>
<thead>
<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>☑</td>
<td>☐</td>
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<td>4</td>
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<td>6</td>
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<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

1) Moon facies

2) Abdomen

3) Back of Neck

4) Breasts

## 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:**
  - a) mild — clearly visible deepened nasolabial folds
  - b) moderate — evidence of "hollowing out" of cheeks
  - c) severe — hollowed cheek areas with underlying muscle clearly visible

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

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

Specify: