### 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.

Correct Mark: ✗
Incorrect Marks: ✓ □ □

---

**SECTION NOT COMPLETED DUE TO:**
- Participant refused this section
- No clinician available
- Participant refused lipo section
- No lipo examiner 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 aunder**
   - **Spider Angioma**
   - **Other (please describe below)**

---

**6.a.**
- **Intertriginous candida**
- **Tinea versicolor**
- **Onychomycosis**

---

**6.b.**
- **Herpes Zoster (active)**
- **Molluscum contagiosum**
- **Seborrhea**
- **Psoriasis**
- **J aunder**
- **Spider Angioma**
- **Other (please describe below)**

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**6.c.**
- **Intertriginous candida**
- **Tinea versicolor**
- **Onychomycosis**

---

**6.d.**
- **Fungal infection lesions (excluding athletes foot)**
  1. Intertriginous candida
  2. Tinea versicolor
  3. Onychomycosis

---

**6.e.**
- **Herpes Zoster (active)**
- **Molluscum contagiosum**
- **Seborrhea**
- **Psoriasis**
- **J aunder**
- **Spider Angioma**
- **Other (please describe below)**

---

**6.f.**
- **Intertriginous candida**
- **Tinea versicolor**
- **Onychomycosis**

---

**6.g.**
- **Fungal infection lesions (excluding athletes foot)**
  1. Intertriginous candida
  2. Tinea versicolor
  3. Onychomycosis

---

**6.h.**
- **Herpes Zoster (active)**
- **Molluscum contagiosum**
- **Seborrhea**
- **Psoriasis**
- **J aunder**
- **Spider Angioma**
- **Other (please describe below)**

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**6.i.**
- **Kaposi's Sarcoma**

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**Comments:**

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**Mark Reflex® forms by NCS Pearson EM-228123A-19:654321 Printed in U.S.A.**

- **Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_54) to a 3 digit suffix (i.e., VARIABLE_054) and affects ALL visit questionnaire variables from the first visit onward.**
7. OROPHARYNGEAL

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- a. Consistent with oral thrush/candidiasis
  - IF YES:
    - KOH negative
    - KOH positive
    - Not performed
  - OR- 
    - ENTHP.49

- b. Consistent with herpetic lesions
  - ENTHG.49

- c. Gingivitis/gum disease
  - ENTLE.49

- d. Oral hairy leukoplakia
  - ENTOT.49

- e. Other (please describe below)

8. EYES

- a. Conjunctiva
  - IF YES:
    - Redness
    - Discharge
  - OR- 
    - EYRED.49
    - EYDIS.49

- b. Scleral icterus
  - EYSCI.49

- 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)
  - IF YES:

- b. Scleral icterus
  - a. Conjuctiva
    - IF YES:
      - Redness
      - Discharge
    - OR- 
      - EYRED.49
      - EYDIS.49

- b. Scleral icterus
  - e. Other (please describe below)
10. ABDOMEN
   a. Liver
      Percussed size in mid-clavicular line
      0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
      NO YES REFERRED
      LIVPS_49
   b. Spleen (Rt. lateral decubitus,  
      flexed knees/hips)
      Palpable on inspiration below  
      left costal margin
      NO YES REFERRED
      SPLPL_49
   c. Other conditions
      (please describe below)
      ABDOT_49

11. ANAL/RECTAL EXAMINATION
   a. Discharge
   b. Herpetic lesions
   c. Warts
   d. Prostate
      1) Enlarged
      2) Tender
      NO YES REFERRED
      ARPTN_49
   e. Digital exam
      1) Tender anal canal
      2) Hemorrhoids, external
      3) Laceration/Fissure/Fistula
      NO YES REFERRED
      ARHEM_49
   f. Other conditions
      (please describe below)
      AROTH_49

12. GENITALIA
   a. Urethral discharge
   b. Skin
      1) Condyloma acuminata (warts)
      2) Pediculosis
      3) Tinea cruris/Candida
      4) Herpetic lesions (active)
      NO YES REFERRED
      ARHPL_49
   c. Foreskin
      1) Present  2) Absent
      NO YES REFERRED
      GFSKN_49
   d. Other (please describe in 10c)
      NO YES REFERRED
      GOTH_49

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

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>NOT PERFORMED</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>General Appearance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>EXIGA_49</td>
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<tr>
<td>Chest and Lungs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>EXICL_49</td>
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<tr>
<td>Heart</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>EXIHT_49</td>
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<tr>
<td>Extremities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>EXIET_49</td>
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<tr>
<td>Neurological Exam</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>EXINE_49</td>
</tr>
</tbody>
</table>

SERIAL #
### 14. PERIPHERAL NEUROPATHY SCREENING

<table>
<thead>
<tr>
<th></th>
<th>RIGHT</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a1. Perception of vibration (at great toe)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PNVTR_49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF YES: Vibration was felt for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 sec. (normal)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>5–10 sec. (mild loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;0 and &lt;5 sec. (moderate loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 sec. (severe loss)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                      |       |      |
| IF YES: Vibration was felt for: |       |      |
| >10 sec. (normal)    | NO    |       |
| 5–10 sec. (mild loss)|       |      |
| >0 and <5 sec. (moderate loss)|   |      |
| 0 sec. (severe loss) |       |      |

|                      |       |      |
| IF YES: Reflexes felt were: |       |      |
| Hypoactive            | NO, reflexes absent |       |
| Normal deep tendon reflexes | YES, reflexes present |      |
| Unable to evaluate   |       |      |
| REFUSED              |       |      |

|                      |       |      |
| IF YES: Reflexes felt were: |       |      |
| Hypoactive            | NO, reflexes absent |       |
| Normal deep tendon reflexes | YES, reflexes present |      |
| Unable to evaluate   |       |      |
| REFUSED              |       |      |

**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]
   - FACIAL FAT
   - ARM FAT
   - LEG FAT
   - BUTTOCKS FAT
   - BELLY (ABDOMEN) FAT
   - FAT ON BACK OF NECK
   - BREASTS
   - HIPS
   - OTHER (IF YES, SPECIFY BELOW)

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

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

   - CHANGING DIET
   - CHANGING HIV MEDICATIONS
   - EXERCISE/WEIGHT LIFTING
   - TAKING NUTRITIONAL SUPPLEMENTS
   - TAKING GROWTH HORMONE OR STEROIDS

   [ASK EACH ITEM AND RECORD ANSWER]

2. Since your last visit in [MONTH], have you noticed any change in:
   - SHIRT NECK SIZE?
   - TROUSER WAIST SIZE?

   [ASK EACH ITEM AND RECORD ANSWER]

   Amount of change since your last visit.

   - < 1 in.
   - 1 - 2 in.
   - > 2 in.

   REFUSED (IF "REFUSED", SKIP TO PAGE 6)

Page 5
LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] cm

2. Mid-Arm Girth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] cm

3. Chest Girth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] cm

4. Waist Girth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] cm

5. Hip Girth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] cm

6. Thigh Girth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] cm

7. Fat Wasting (see severity definitions below):
   - If None or Refused, go to next question.
   - If Yes, indicate severity of symptom.

   1) Facial fat loss (sunken cheeks)
   2) Arms
   3) Legs
   4) Buttocks

   Severity:
   - None
   - Mild
   - Moderate
   - Severe

8. Fat Accumulation:
   - If None or Refused, go to next question.
   - If Yes, indicate severity of symptom.

   1) Moon facies
   2) Abdomen
   3) Back of Neck
   4) Breasts

   Severity:
   - None
   - Mild
   - Moderate
   - Severe

* 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: