

## 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.



VISIT NUMBER	CLINICIAN NUMBER
5 1 0	
VISIT_51	CLIN_51
1	1 1 1
2	2 2 2
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

1. ID NUMBER	2. DATE	3. WEIGHT
MACSID	JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC	KILOGRAMS
0 0 0 0	DAY YR	0 0 0 0
1 1 1 1	PEDTM_51	1 1 1 1
2 2 2 2	PEDTD_51	2 2 2 2
3 3 3 3	PEDTY_51	3 3 3 3
4 4 4 4	WEIGHKG_51	4 4 4 4
5 5 5 5		5 5 5 5
6 6 6 6		6 6 6 6
7 7 7 7		7 7 7 7
8 8 8 8		8 8 8 8
9 9 9 9		9 9 9 9

4.a

NO YES  
CFNIC\_51

Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?

SIT1\_51

SIT2\_51

Did participant sit quietly for about 5 minutes prior to first BP reading?

Did participant sit quietly for about 5 minutes prior to second BP reading?

FIRST READING		SECOND READING	
BLOOD PRESSURE Sitting, Right Arm		BLOOD PRESSURE Sitting, Right Arm	
SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC
SBP_51	DBP_51	SBP2_51	DBP2_51
1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2
3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3
4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4
5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5
6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6
7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7
8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8
9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9

4.b

BLOOD PRESSURE ARM

Right BPARM\_51

Left

5.

ORAL TEMPERATURE

At least 30 minutes after smoking, eating, or drinking

TEMP\_51

°F

1 1 1 1

2 2 2 2

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

SECTION NOT COMPLETED DUE TO:

PAGES 1-4

PENOC\_51

Participant refused this section

No clinician available

PAGES 5-6

PENOL\_51

Participant refused lipo section

No lipo examiner available

6. SKIN/HAIR/NAILS (Excluding genital area)

a. Fungal infection lesions (excluding athletes foot)

	NO	YES	REFUSED
1) Intertriginous candida	SHNFC_51		
2) Tinea versicolor	SHNFV_51		
3) Onychomycosis	SHNFO_51		

b. Herpes Zoster (active) SHNHZ\_51

c. Molluscum contagiosum SHNMC\_51

d. Seborrhea SHNSE\_51

e. Psoriasis SHNPS\_51

f. Jaundice SHNJA\_51

g. Spider Angioma SHNSA\_51

h. Other (please describe below) SHNOT\_51

i. Kaposi's Sarcoma

NO YES REFUSED

1) Skin Lesions SHNKS\_51

IF YES: Number of lesions

1-2 3-10 >10 SHNSL\_51

Diameter of largest lesion in cms.

SHNLD\_51

0 10 20 30 40 50 60 70 80 90

0 1 2 3 4 5 6 7 8 9

2) Oral lesions SHNKO\_51

3) Anal/perianal lesions SHNKL\_51

Not examined SHNNE\_51

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_









# LIPODYSTROPHY PHYSICAL EXAMINATION

<p>1. Height: _____ cm</p> <p><b>HEIGHCM_51</b></p> <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>(see instructions)</p>	1	1	1	1	2	2	2	2	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	<p>2. Mid-Arm Girth: _____ cm</p> <p><b>LDMID_51</b></p> <table border="1"> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table> <p>(see instructions)</p>	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>3. Chest Girth: _____ cm</p> <p><b>LDCHE_51</b></p> <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>(see instructions)</p>	1	1	1	1	2	2	2	2	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	<p>4. Waist Girth: _____ cm</p> <p><b>LDWAI_51</b></p> <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>(see instructions)</p>	1	1	1	1	2	2	2	2	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	<p>5. Hip Girth: _____ cm</p> <p><b>LDHIP_51</b></p> <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>(see instructions)</p>	1	1	1	1	2	2	2	2	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	<p>6. Thigh Girth: _____ cm</p> <p><b>LDTHI_51</b></p> <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>(see instructions)</p>	1	1	1	1	2	2	2	2	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	<p>LIPODYSTROPHY MEASURER CODE</p> <p><b>LPEXN_51</b></p> <table border="1"> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9
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7. Fat Wasting (see severity definitions below):

	If None or Refused, go to next question. If Yes, indicate severity of symptom.			Severity*		
	Refused	None	Yes	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	<b>FWFAC_51</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SWFAC_51</b>	<input type="radio"/>
2) Arms	<b>FWARM_51</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SWARM_51</b>	<input type="radio"/>
3) Legs	<b>FWLEG_51</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SWLEG_51</b>	<input type="radio"/>
4) Buttocks	<b>FWBUT_51</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SWBUT_51</b>	<input type="radio"/>

8. Fat Accumulation:

	If None or Refused, go to next question. If Yes, indicate severity of symptom.			Severity*		
	Refused	None	Yes	Mild	Moderate	Severe
1) Moon facies	<b>FAMOO_51</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SWMOO_51</b>	<input type="radio"/>
2) Abdomen	<b>FAABD_51</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SWABD_51</b>	<input type="radio"/>
3) Back of Neck	<b>FANCK_51</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SWNCK_51</b>	<input type="radio"/>
4) Breasts	<b>FABRS_51</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SWBRS_51</b>	<input type="radio"/>

**\* 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

**PCFAT\_51** - percentage of body fat (center option)

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

Specify: