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: ✗ ✗

1. ID NUMBER
2. DATE
3. WEIGHT
4.a
   NO YES
   SIT1_51 SIT2_51
   FIRST READING SECOND READING
4.b
   NO YES
   CFNIC_51
   BLOOD PRESSURE ARM
   Right BPARM_51
   Left
5. ORAL TEMPERATURE
   At least 30 minutes after smoking, eating, or drinking
   °F
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 SHNKS_51
      NO YES
      1) Skin Lesions
         IF YES: Number of lesions
         Number of lesions
         Diameter of largest lesion in cms.
9

Comments:

1) Intertriginous candida
2) Tinea versicolor
3) Onychomycosis
4) Herpes Zoster (active)
5) Molluscum contagiosum
6) Seborrhea
7) Psoriasis
8) Jaundice
9) Spider Angioma
10) Other (please describe below)

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
7. OROPHARYNGEAL

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

8. EYES

a. Conjuctiva
   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?

   SKIT TO Q 10

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
   O O LIVPS_51 O O O O
   CMS
   NO  YES REFUSED

b. Spleen (Rt. lateral decubitus, flexed knees/hips)
   Palpable on inspiration below left costal margin
   SPLPL_51
   IF PALPABLE, indicate size. Otherwise, leave size box blank.

   Size below LCM
   O O SPLCM_51 O O O O
   CMS
   NO  YES REFUSED

c. Other conditions
   (please describe below)
   ABDOT_51

11. ANAL/RECTAL EXAMINATION

a. Discharge
   ARDIS_51

b. Herpetic lesions
   ARHPL_51

c. Warts
   ARWRT_51

d. Prostate
   1) Enlarged
      ARPLG_51
   2) Tender
      ARPTN_51

e. Digital exam
   ARTAC_51

f. Hemorrhoids, external
   ARHEM_51

g. Laceration/Fissure/Fistula
   ARLFF_51

h. Other conditions
   (please describe below)
   AROTH_51

Mark here if entire rectal exam was declined
AREREF_51

12. GENITALIA

a. Urethral discharge
   GPDIS_51

b. Skin
   1) Condyloma acuminata (warts)
      GSWRT_51
   2) Pediculosis
      GSPED_51
   3) Tinea cruris/Candida
      GSTCR_51
   4) Herpetic lesions (active)
      GSHPL_51

c. Other (please describe in 10.c)
   GOTH_51

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>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<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

**a1. Perception of vibration (at great toe)**

<table>
<thead>
<tr>
<th>( \text{PNPVR} _51 )</th>
<th>NO</th>
<th>YES</th>
<th>UNABLE TO EVALUATE</th>
<th>REFUSED</th>
</tr>
</thead>
</table>

**IF YES:** Vibration was felt for:

- \( >10 \text{ sec. (normal)} \)
- \( 5-10 \text{ sec. (mild loss)} \)
- \( >0 \text{ and } <5 \text{ sec. (moderate loss)} \)
- \( 0 \text{ sec. (severe loss)} \)

### LEFT

**a2. Perception of vibration (at great toe)**

<table>
<thead>
<tr>
<th>( \text{PNPVL} _51 )</th>
<th>NO</th>
<th>YES</th>
<th>UNABLE TO EVALUATE</th>
<th>REFUSED</th>
</tr>
</thead>
</table>

**IF YES:** Vibration was felt for:

- \( >10 \text{ sec. (normal)} \)
- \( 5-10 \text{ sec. (mild loss)} \)
- \( >0 \text{ and } <5 \text{ sec. (moderate loss)} \)
- \( 0 \text{ sec. (severe loss)} \)

### RIGHT

**b1. Deep tendon reflexes (ankle reflexes)**

<table>
<thead>
<tr>
<th>( \text{PNTRR} _51 )</th>
<th>NO, reflexes absent</th>
<th>YES, reflexes present</th>
<th>UNABLE TO EVALUATE</th>
<th>REFUSED</th>
</tr>
</thead>
</table>

**IF YES:** Reflexes felt were:

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

### LEFT

**b2. Deep tendon reflexes (ankle reflexes)**

<table>
<thead>
<tr>
<th>( \text{PNTRL} _51 )</th>
<th>NO, reflexes absent</th>
<th>YES, reflexes present</th>
<th>UNABLE TO EVALUATE</th>
<th>REFUSED</th>
</tr>
</thead>
</table>

**IF YES:** Reflexes felt were:

- Hypoactive
- Normal deep tendon reflexes
- 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
   - [ ] YES
   - [ ] REFUSED

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

<table>
<thead>
<tr>
<th>[ASK EACH ITEM AND RECORD ANSWER]</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
<th>Was this change an increase or decrease?</th>
<th>Current Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Facial fat</td>
<td>LFACE_51</td>
<td></td>
<td>CHFAC_51</td>
<td>None</td>
<td>SVFACE_51</td>
</tr>
<tr>
<td>2) Arm fat</td>
<td>LARM_51</td>
<td></td>
<td>CHARM_51</td>
<td>Mild</td>
<td>SVARM_51</td>
</tr>
<tr>
<td>3) Leg fat</td>
<td>LLEG_51</td>
<td></td>
<td>CHLEG_51</td>
<td>Moderate</td>
<td>SVLEG_51</td>
</tr>
<tr>
<td>4) Buttocks fat</td>
<td>LBUT_51</td>
<td></td>
<td>CHBUT_51</td>
<td>Severe</td>
<td>SVBUT_51</td>
</tr>
<tr>
<td>5) Belly (abdomen) fat</td>
<td>LABD_51</td>
<td></td>
<td>CHABD_51</td>
<td>None</td>
<td>SVABD_51</td>
</tr>
<tr>
<td>6) Fat on back of neck</td>
<td>LPAD_51</td>
<td></td>
<td>CHPAD_51</td>
<td>Mild</td>
<td>SVPAD_51</td>
</tr>
<tr>
<td>7) Breasts</td>
<td>LBRS_51</td>
<td></td>
<td>CHBRS_51</td>
<td>Moderate</td>
<td>SVBRS_51</td>
</tr>
<tr>
<td>8) Hips</td>
<td>LHIP_51</td>
<td></td>
<td>CHHIP_51</td>
<td>Severe</td>
<td>SVHIP_51</td>
</tr>
<tr>
<td>9) Other (if Yes, specify below)</td>
<td>LDOTH_51</td>
<td></td>
<td>CHOTH_51</td>
<td>None</td>
<td>SVOTH_51</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>[ASK EACH ITEM AND RECORD ANSWER]</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
<th>Was this change an increase or decrease?</th>
<th>Amount of change since your last visit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Changing diet</td>
<td>CHDIT_51</td>
<td></td>
<td>CHSUR_51</td>
<td>None</td>
<td>ATCHDIT_51</td>
</tr>
<tr>
<td>2) Changing HIV medications</td>
<td>CHHIV_51</td>
<td></td>
<td>CHCHK_51</td>
<td>None</td>
<td>ATCHHIV_51</td>
</tr>
<tr>
<td>3) Exercise/Weight lifting</td>
<td>CHWGT_51</td>
<td></td>
<td>CHCMS_51</td>
<td>None</td>
<td>ATCHWGT_51</td>
</tr>
<tr>
<td>4) Taking nutritional supplements</td>
<td>CHSUP_51</td>
<td></td>
<td>CHOTH_51</td>
<td>None</td>
<td>ATCHSUP_51</td>
</tr>
<tr>
<td>5) Taking growth hormone or steroids</td>
<td>CHSTR_51</td>
<td></td>
<td>CHOTH_51</td>
<td>None</td>
<td>ATCHSTR_51</td>
</tr>
</tbody>
</table>

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

   1) Shirt neck size?
   - Refused | CHNCK_51 | CHINCK_51 |
   - No      | CHWST_51 | CHSTWST_51 |

   2) Trouser waist size?
   - Refused | CHNCK_51 | CHINCK_51 |
   - No      | CHWST_51 | CHSTWST_51 |
### LIPODYSTROPHY PHYSICAL EXAMINATION

**1. Height:**

- None
- Yes

**2. Mid-Arm Girth:**

- None
- Yes

**3. Chest Girth:**

- None
- Yes

**4. Waist Girth:**

- None
- Yes

**5. Hip Girth:**

- None
- Yes

**6. Thigh Girth:**

- None
- Yes

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

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

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*PCFAT_51 - percentage of body fat (center option)