### 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:** ☒ ✗

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1. **ID Number**

2. **Date**

3. **Weight**

4. **Blood Pressure**

   - **Sitting, Right Arm**
   - **First Reading**
   - **Second Reading**

5. **Oral Temperature**

6. **Skin/Hair/Nails** (Excluding genital area)

   - 1) **Intertriginous candida**
   - 2) **Tinea versicolor**
   - 3) **Onychomycosis**
   - Other (please describe below)

   - **Other (please describe below)**

   - **Kaposi's Sarcoma**

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**Comments:**

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**Serial #**

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**Scantron**

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**Mark Reflex**

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**Page 1**
**7. OROPHARYNGEAL**

- a. Consistent with oral thrush/candidiasis
  - NO ☐ YES ☐ REFUSED ☐
  - 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. 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?
  - 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?
- e. Are any of the nodes matted?

- d. Oral hairy leukoplakia
- e. Other *(please describe below)*

**IF YES:**
10. ABDOMEN

a. Liver
   Percussed size in mid-clavicular line
   [cm]
   
   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
   [cm]
   
   NO YES REFUSED

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

11. ANAL/RECTAL EXAMINATION

11a. Did the MACS perform an anal/rectal exam on this participant within the past 6 months?
   YES NO
   IF YES, RECTAL EXAM MAY STILL BE PERFORMED. OTHERWISE, SKIP TO Q 12 GENITALIA EXAM
   IF REFUSED, MARK BOX

   Mark here if entire rectal exam was declined

   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
      4) Other conditions
         (please describe below)
         NO YES REFUSED

   Mark here if genitalia exam was declined

12. GENITALIA

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

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>General Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest and Lungs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Extremities</td>
<td></td>
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<tr>
<td>Neurological Exam</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>LEFT</th>
<th>a2. Perception of vibration (at great toe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Unable to evaluate</td>
<td>Unable to evaluate</td>
<td>REFUSED</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REFUSED</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>b1. Deep tendon reflexes (ankle reflexes)</th>
<th>RIGHT</th>
<th>b2. Deep tendon reflexes (ankle reflexes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO, reflexes absent</td>
<td>NO, reflexes absent</td>
<td>NO, reflexes absent</td>
</tr>
<tr>
<td>YES, reflexes present</td>
<td>YES, reflexes present</td>
<td>YES, reflexes present</td>
</tr>
<tr>
<td>Unable to evaluate</td>
<td>Unable to evaluate</td>
<td>Unable to evaluate</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REFUSED</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**IF YES:** Reflexes felt were:
- Hypoactive
- Normal deep tendon reflexes
- Hyperactive deep tendon reflexes (e.g., with prominent spread)
- Clonus

**IF YES: Vibration was felt for:**
- >10 sec. (normal)
- 5–10 sec. (mild loss)
- >0 and <5 sec. (moderate loss)
- 0 sec. (severe loss)

**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 (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?

<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Facial fat</td>
<td></td>
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<tr>
<td>2) Arm fat</td>
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<td>3) Leg fat</td>
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<td>4) Buttocks fat</td>
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<td>5) Belly (abdomen) fat</td>
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<tr>
<td>6) Fat on back of neck</td>
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<tr>
<td>7) Breasts</td>
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<tr>
<td>8) Hips</td>
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<tr>
<td>9) Other (if Yes, specify below)</td>
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</tbody>
</table>

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

Current Severity

- None
- Mild
- Moderate
- Severe

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

<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Changing diet</td>
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<tr>
<td>2) Changing HIV medications</td>
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<tr>
<td>3) Exercise/Weight lifting</td>
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<tr>
<td>4) Taking nutritional supplements</td>
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<tr>
<td>5) Taking growth hormone or steroids</td>
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<tr>
<td>6) Liposuction surgery</td>
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<tr>
<td>7) Cheek implants/injections</td>
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<tr>
<td>8) Other cosmetic surgery</td>
<td></td>
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<tr>
<td>9) Other (if Yes, specify below)</td>
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</table>

If No or Refused, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.

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

- Shirt neck size?
- Trouser waist size?

<table>
<thead>
<tr>
<th>RECORD ANSWER</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>
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</table>
LIPODYSTROPHY PHYSICAL EXAMINATION

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</table>

7. Fat Wasting (see severity definitions below):

<table>
<thead>
<tr>
<th>None or Refused</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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</thead>
<tbody>
<tr>
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8. Fat Accumulation:

<table>
<thead>
<tr>
<th>None or Refused</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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</tbody>
</table>

**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: