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.

1. ID NUMBER
2. DATE
3. WEIGHT
4. a. Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?
    b. Did participant sit quietly for about 5 minutes prior to first BP reading?
    c. Did participant sit quietly for about 5 minutes prior to second BP reading?

5. BLOOD PRESSURE
   - ARM
     - Right
     - Left
   - SYSTOLIC
   - DIASTOLIC

6. SKIN/HAIR/NAILS (Excluding genital area)
   a. Fungal infection lesions (excluding athletes foot)
      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)

i. Kaposi’s Sarcoma
   - NO
   - YES
   - REFUSED

   1) Skin Lesions
   - 1 - 2
   - 3 - 10
   - >10

   Diameter of largest lesion in cms.

   2) Oral lesions
   3) Anal/perianal lesions
   - Not examined

   Comments:

   ____________________________________________________

   ____________________________________________________

   ____________________________________________________

   ____________________________________________________

   ____________________________________________________

   SERIAL #
7. OROPHARYNGEAL
   a. Consistent with oral thrush/candidiasis
      IF YES:
      - KOH negative
      - OR-
      - 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?
      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?
   f. Oral hairy leukoplakia
   g. Other (please describe below)
10. ABDOMEN

a. Liver
   Percussed size in mid-clavicular line

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<td>NO</td>
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<td>REFUSED</td>
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b. Spleen (Rt. lateral decubitus, flexed knees/hips)
   Palpable on inspiration below left costal margin

   IF PALPABLE, indicate size. Otherwise, leave size box blank.

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<td>REFUSED</td>
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c. Other conditions
   (please describe)

11. ANAL/RECTAL EXAMINATION

   a. Anal swab collected for:
      1) Cytology test
      2) HPV test
   b. Discharge
   c. Herpetic lesions
   d. Warts
   e. Prostate
      1) Enlarged
      2) Tender
   f. Digital exam
      1) Tender anal canal
   g. Hemorrhoids, external
   h. Laceration/Fissure/Fistula
   i. Other conditions
      (please describe below)

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<td>REFUSED</td>
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12. GENITALIA

   a. Urethral discharge
   b. Skin
      1) Condyloma acuminata (warts)
      2) Pediculosis
      3) Tinea cruris/Candida
      4) Herpetic lesions (active)
   c. Other (please describe in 10c)

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<td>NO</td>
<td>YES</td>
<td>REFUSED</td>
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13. EXAMINER’S IMPRESSIONS (use back of page if necessary)

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

PAP study consent obtained?

- Yes, PAP cytology and HPV test
- Yes, PAP cytology only
- No

Mark here if genitalia exam was declined

Mark here if rectal exam was declined
14. PERIPHERAL NEUROPATHY SCREENING

**RIGHT**

- a1. Perception of vibration (at great toe)
  - NO
  - YES
  - Unable to evaluate
  - REFUSED

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

- b1. Deep tendon reflexes (ankle reflexes)
  - NO, reflexes absent
  - YES, reflexes present
  - Unable to evaluate
  - REFUSED

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

**LEFT**

- a2. Perception of vibration (at great toe)
  - NO
  - YES
  - Unable to evaluate
  - REFUSED

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

- b2. Deep tendon reflexes (ankle reflexes)
  - NO, reflexes absent
  - YES, reflexes present
  - Unable to evaluate
  - REFUSED

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

*Additional Comments:*
Cuestionario de Lipodistrofía

1a. Desde su última visita en [MES], ¿ha notado cambios en la distribución o en la cantidad de grasa en su cuerpo (tanto pérdida como aumento de grasa)? [Estos cambios se refieren a cambios que ocurren por primera vez y aumentos o disminuciones en la gravedad desde su última visita.]

- (SI DUO "NO" , PASE A LA PÁGINA 6)
- (SI "SE NEGÓ", PASE A LA PÁGINA 6)

1b. Si contestó que “Sí” a la primera pregunta, ¿cuáles partes de su cuerpo fueron afectadas y cuán grave fue?

<table>
<thead>
<tr>
<th>Grasa facial</th>
<th>Se negó</th>
<th>No</th>
<th>Sí</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grasa en los brazos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grasa en las piernas</td>
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<td></td>
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<tr>
<td>Grasa en los glúteos</td>
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<tr>
<td>Grasa en el abdomen</td>
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<td></td>
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<tr>
<td>Grasa detrás del cuello</td>
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<tr>
<td>Grasa en los senos</td>
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<tr>
<td>Cadera</td>
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<tr>
<td>Otro (especifique)</td>
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</table>

1c. Desde que notó estos cambios, ¿ha hecho usted algo para influir en la distribución de grasa en su cuerpo?Por ejemplo:

<table>
<thead>
<tr>
<th>Cambiar la dieta</th>
<th>Se negó</th>
<th>No</th>
<th>Sí</th>
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</thead>
<tbody>
<tr>
<td>Cambiar los medicamentos contra el VIH</td>
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<tr>
<td>Hacer ejercicios/levantamiento de pesas</td>
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<tr>
<td>Tomar suplementos nutritivos</td>
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<tr>
<td>Tomar hormonas de crecimiento o esteroides</td>
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2. Desde su última visita en [MES], ¿ha notado cambios en:

<table>
<thead>
<tr>
<th>Talla del cuello/camisa?</th>
<th>Se negó</th>
<th>No</th>
<th>Sí</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talla de la cintura/pantalón</td>
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¿Fué este cambio aumento o pérdida?

<table>
<thead>
<tr>
<th>Cantidad del cambio desde su última visita</th>
<th>Aumento</th>
<th>Pérdida</th>
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<tbody>
<tr>
<td>&lt;1 in.</td>
<td>1–2 in.</td>
<td>&gt;2 in.</td>
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In. = pulgadas
# Lipodystrophy Physical Examination

## 1. Height:

<table>
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<th>Refused</th>
<th>None</th>
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## 2. Mid-Arm Girth:

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<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
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## 3. Chest Girth:

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<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
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## 4. Waist Girth:

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<tr>
<th>Refused</th>
<th>None</th>
<th>Yes</th>
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## 5. Hip Girth:

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<th>Refused</th>
<th>None</th>
<th>Yes</th>
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## 6. Thigh Girth:

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<th>Refused</th>
<th>None</th>
<th>Yes</th>
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## 7. Fat Wasting (see severity definitions below):

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<tr>
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<th>None</th>
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### Severity 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:**
    - **Mild:** clearly visible deepened nasolabial folds
    - **Moderate:** evidence of "hollowing out" of cheeks
    - **Severe:** hallowed cheek areas with underlying muscle clearly visible
  - **For limb (arms and legs) lipoatrophy:**
    - **Mild:** increased prominence of veins
    - **Moderate:** increased prominence of both veins and muscles
    - **Severe:** a + b with overall thinning appearance of the limb

## 8. Fat Accumulation:

<table>
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<th>Refused</th>
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    - **Severe:** a + b with overall thinning appearance of the limb

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

**Specify:**