

7. OROPHARYNGEAL

NO YES

§ a. Consistent with oral thrush/candidiasis

IF YES:

- KOH negative
-OR-
 KOH positive

§ b. Consistent with herpetic lesions

§ c. Gingivitis/gum disease

§ d. Oral hairy leukoplakia

e. Other (please describe below)

Large text box for describing other oral conditions.

8. EYES

NO YES

a. Conjunctiva

1) Redness

2) Discharge

b. Scleral icterus

c. Other (please describe below)

Large text box for describing other eye conditions.

9. § LYMPH NODES

NO YES

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? NO YES

e. Are any of the nodes matted?

10. ABDOMEN

§ a. Liver

Percussed size in mid-clavicular line

	0	10	20	30	40	50	60	70	80	90	
	0	1	2	3	4	5	6	7	8	9	cms

§ b. Spleen (Rt. lateral decubitus, flexed knees/hips)

Palpable on inspiration below left costal margin	NO	YES
	<input type="radio"/>	<input type="radio"/>

Size below LCM

	0	10	20	30	40	50	60	70	80	90	
	0	1	2	3	4	5	6	7	8	9	cms

c. Other (please describe below)

NO YES

Mark here if either entire rectal exam was declined or sections d) and e).

11. ANAL/RECTAL EXAMINATION

	NO	YES
a. Discharge	<input type="radio"/>	<input type="radio"/>
§ b. Herpetic lesions	<input type="radio"/>	<input type="radio"/>
§ c. Warts	<input type="radio"/>	<input type="radio"/>
d. Prostate		
1) Enlarged	<input type="radio"/>	<input type="radio"/>
2) Tender	<input type="radio"/>	<input type="radio"/>
§ e. Digital exam		
1) Tender anal canal	<input type="radio"/>	<input type="radio"/>
f. Hemorrhoids, external	<input type="radio"/>	<input type="radio"/>
§ g. Laceration/Fissure/Fistula	<input type="radio"/>	<input type="radio"/>
h. Other (please describe below)	<input type="radio"/>	<input type="radio"/>

Mark here if genital exam was declined.

12. GENITALIA

	NO	YES
§ a. Urethral discharge	<input type="radio"/>	<input type="radio"/>
§ b. Skin		
1) Condyloma acuminata (warts)	<input type="radio"/>	<input type="radio"/>
2) Pediculosis	<input type="radio"/>	<input type="radio"/>
3) Tinea cruris/Candida	<input type="radio"/>	<input type="radio"/>
4) Herpetic lesions (active)	<input type="radio"/>	<input type="radio"/>
Other (please describe below)	<input type="radio"/>	<input type="radio"/>

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance	<input type="radio"/>	<input type="radio"/>	
Chest and Lungs	<input type="radio"/>	<input type="radio"/>	
Heart	<input type="radio"/>	<input type="radio"/>	
Extremities	<input type="radio"/>	<input type="radio"/>	
Neurological Exam	<input type="radio"/>	<input type="radio"/>	

SERIAL #

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LIPODYSTROPHY SELF-REPORT 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)?

- NO (IF "NO", SKIP TO QUESTION 3)
- YES

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

[ASK EACH ITEM AND RECORD ANSWER]

*If No, go to next question.
If Yes, indicate severity of symptom.*

			Severity		
	No	Yes	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Arm fat loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Leg fat loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks fat loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Belly (abdomen) fat gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Fat pad (hump) on back of neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Breasts fatter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Other	<input type="radio"/>	<input type="radio"/>	Specify: _____		

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

[ASK EACH ITEM AND RECORD ANSWER]

	No	Yes			
1) Changing diet	<input type="radio"/>	<input type="radio"/>			
2) Changing HIV medications	<input type="radio"/>	<input type="radio"/>			
3) Exercise/Weight lifting	<input type="radio"/>	<input type="radio"/>			
4) Taking supplements	<input type="radio"/>	<input type="radio"/>			
5) Taking growth hormone or steroids	<input type="radio"/>	<input type="radio"/>			
6) Liposuction surgery	<input type="radio"/>	<input type="radio"/>			
7) Other	<input type="radio"/>	<input type="radio"/>	Specify: _____		

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

*If No, go to next question.
If Yes, indicate amount of increase.*

	No	Yes	<1 in.	1-2 in.	>2 in.
1) Shirt neck size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Trouser waist size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Have you ever been told by a medical practitioner that you have:

	No	Yes
1) High blood sugar, diabetes, or sugar diabetes?	<input type="radio"/>	<input type="radio"/>
2) High blood cholesterol level?	<input type="radio"/>	<input type="radio"/>
3) High blood triglyceride level?	<input type="radio"/>	<input type="radio"/>
4) High blood pressure?	<input type="radio"/>	<input type="radio"/>

4. Have you taken insulin since your last visit?

- No
- Yes

(IF "NO", GO TO NEXT PAGE)

5. Are you now taking insulin?

- No
- Yes

SERIAL #



LIPODYSTROPHY PHYSICAL EXAMINATION

1. Weight: recorded on page 1	2. Height: inches <table border="1" style="border-collapse: collapse; text-align: center; width: 100px; height: 100px;"> <tr><td> </td><td> </td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> (see instructions)			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	3. Waist Girth: cm <table border="1" style="border-collapse: collapse; text-align: center; width: 100px; height: 100px;"> <tr><td> </td><td> </td><td> </td></tr> <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> (see instructions)				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	4. Hip Girth: cm <table border="1" style="border-collapse: collapse; text-align: center; width: 100px; height: 100px;"> <tr><td> </td><td> </td><td> </td></tr> <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> (see instructions)				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	5. Mid-Arm Girth: cm <table border="1" style="border-collapse: collapse; text-align: center; width: 100px; height: 100px;"> <tr><td> </td><td> </td><td> </td></tr> <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> (see instructions)				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	6. Thigh Girth: cm <table border="1" style="border-collapse: collapse; text-align: center; width: 100px; height: 100px;"> <tr><td> </td><td> </td><td> </td></tr> <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> (see instructions)				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, go to next question. If Yes, indicate severity of symptom.

		None	Yes	Severity*		
				Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Fat Accumulation:

If None, go to next question. If Yes, indicate severity of symptom.

		None	Yes	Severity*		
				Mild	Moderate	Severe
1) Moon facies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Back of Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Specify:

*** 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.