

FOLLOW-UP VISIT PHYSICAL EXAM

Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_54) to a 3 digit suffix (i.e., VARIABLE_054) and affects ALL visit questionnaire variables from the first visit onward.

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: X, /, M, ○

LEGEND § = Further Evaluation

VISIT NUMBER			CLINICIAN NUMBER		
0	0				0
1	1	1	10	1	
2	2	2	20	2	
3	3	3	30	3	
4	4		40	4	
VISIT_32			50	5	
6	6		60	6	
7	7		70	7	
8	8		80	8	
9	9		90	9	

1. ID NUMBER

MACSID

0	0	0	0
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

2. DATE

JAN	<input type="radio"/>	DAY	YR
FEB	<input type="radio"/>		
MAR	<input type="radio"/>	PEDTM_32	
APR	<input type="radio"/>	PEDTD_32	
MAY	<input type="radio"/>	PEDTY_32	
JUNE	<input type="radio"/>	30	3
JULY	<input type="radio"/>	4	
AUG	<input type="radio"/>	5	
SEPT	<input type="radio"/>	6	
OCT	<input type="radio"/>	7	
NOV	<input type="radio"/>	8	99
DEC	<input type="radio"/>	9	00

3. WEIGHT

POUNDS

WEIGHTLB_32

0	0	0	0
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

4. BLOOD PRESSURE
Sitting, Right Arm

SYSTOLIC		DIASTOLIC
SBP_32	DBP_32	
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. ORAL TEMPERATURE
At least 30 minutes after smoking, eating, or drinking

TEMP_32 °F

0	0	0	0
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

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

- a. Fungal infection lesions (excluding athletes foot)
- | | | |
|-----------------------------|----|----------|
| | NO | YES |
| § 1) Intertriginous candida | | SHNFC_32 |
| § 2) Tinea versicolor | | SHNFV_32 |
| § 3) Onychomycosis | | SHNFO_32 |
- b. Herpes Zoster (active) **SHNHZ_32**
- c. Molluscum contagiosum **SHNMC_32**
- d. Seborrhea **SHNSE_32**
- e. Psoriasis **SHNPS_32**
- f. Other (please describe below) **SHNOT_32**

g. Kaposi's Sarcoma

- | | | | | | | | | | | |
|------------------------------------|----------------------------|---------------------------|----|----|----|----|----|----|----|----|
| | NO | YES | | | | | | | | |
| § 1) Skin Lesions | | SHNKS_32 | | | | | | | | |
| IF YES: Number of lesions | | | | | | | | | | |
| <input type="radio"/> 1-2 | <input type="radio"/> 3-10 | <input type="radio"/> >10 | | | | | | | | |
| Diameter of largest lesion in cms. | | SHNLD_32 | | | | | | | | |
| | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
- § 2) Oral lesions **SHNKO_32**
- § 3) Anal/perianal lesions **SHNKL_32**
- Not examined **SHNNE_32**

Comments:

7. OROPHARYNGEAL

NO YES

§ a. Consistent with oral thrush/candidiasis **ENTTH_32**

IF YES:

- KOH negative
-OR-
 KOH positive

ENTKO_32§ b. Consistent with herpetic lesions **ENTHP_32**§ c. Gingivitis/gum disease **ENTGG_32**§ d. Oral hairy leukoplakia **ENTLE_32**e. Other (please describe below) **ENTOT_32**

8. EYES

NO YES

a. Conjunctiva

1) Redness **EYRED_32**2) Discharge **EYDIS_32**b. Scleral icterus **EYSCI_32**c. Other (please describe below) **EYOTH_32**

9. § LYMPH NODES

NO YES

a. Are there any nodes present (excluding inguinal and femoral) which are ≥ 1 cm? **LYND1_32****SKIP TO Q 10** ←b. Presence of node ≥ 1 cm1) Occipital **Right OCCR_32**
Left OCCL_322) Post. auricular **Right POAUR_32**
Left POAUL_323) Pre-auricular **Right PRAUR_32**
Left PRAUL_324) Submental/submandibular **Right SUBMR_32**
Left SUBML_325) Ant. cervical **Right ACERR_32**
Left ACERL_326) Post. cervical **Right PCERR_32**
Left PCERL_327) Supraclavicular **Right SCLVR_32**
Left SCLVL_328) Axillary **Right AXILR_32**
Left AXILL_329) Epitrochlear **Right EPTRR_32**
Left EPTRL_32c. What is the diameter of the largest node present? **LNODD_32**
 1–2 cm 2.1–4 cm >4 cmd. Are any of the nodes tender? **TENND_32**e. Are any of the nodes matted? **MATND_32**

10. ABDOMEN

§ a. Liver

Percussed size in mid-clavicular line

	0	10	20	30	40	50	60	70	80	90	cms
	LIVPS_32										

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

NO YES

Palpable on inspiration below left costal margin **SPLPL_32**

Size below LCM

	0	10	20	30	40	50	60	70	80	90	cms
	SPLCM_32										

c. Other (please describe below) **ABDOT_32**

Mark here if either entire rectal exam was declined or sections d) and e). **ARDEC_32**

11. ANAL/RECTAL EXAMINATION

- § a. Discharge **ARDIS_32**
- § b. Herpetic lesions **ARHPL_32**
- § c. Warts **ARWRT_32**
- d. Prostate
 - 1) Enlarged **ARPLG_32**
 - 2) Tender **ARPTN_32**
- § e. Digital exam
 - 1) Tender anal canal **ARTAC_32**
- f. Hemorrhoids, external **ARHEM_32**
- § g. Laceration/Fissure/Fistula **ARLFF_32**
- h. Other (please describe below) **AROTH_32**

Mark here if genital exam was declined **GEDEC_32**

12. GENITALIA

- § a. Urethral discharge **GPDIS_32**
- § b. Skin
 - 1) Condyloma acuminata (warts) **GSWRT_32**
 - 2) Pediculosis **GSPED_32**
 - 3) Tinea cruris/Candida **GSTCR_32**
 - 4) Herpetic lesions (active) **GSHPL_32**
 - Other (please describe below) **GOTH_32**

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance	<input type="radio"/>	<input type="radio"/>	EXIGA_32
Chest and Lungs	<input type="radio"/>	<input type="radio"/>	EXICL_32
Heart	<input type="radio"/>	<input type="radio"/>	EXIHT_32
Extremities	<input type="radio"/>	<input type="radio"/>	EXIET_32
Neurological Exam	<input type="radio"/>	<input type="radio"/>	EXINE_32

SERIAL #

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) LDFAT_32
 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SVFAC_32	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SVARM_32	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SVLEG_32	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SVBUT_32	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SVABD_32	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SVPAD_32	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SVBRS_32	<input type="radio"/>

- 1) Facial fat loss (sunken cheeks)
- 2) Arm fat loss
- 3) Leg fat loss
- 4) Buttocks fat loss
- 5) Belly (abdomen) fat gain
- 6) Fat pad (hump) on back of neck
- 7) Breasts fatter
- 8) Other

- LDFAC_32
 LDARM_32
 LDLEG_32
 LDBUT_32
 LDABD_32
 LDPAD_32
 LDBRS_32
 LDOTH_32

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
- 2) Changing HIV medications
- 3) Exercise/Weight lifting
- 4) Taking supplements
- 5) Taking growth hormone or steroids
- 6) Liposuction surgery
- 7) Other

- CHDIT_32
 CHHIV_32
 CHWGT_32
 CHSUP_32
 CHSTR_32
 CHSUR_32
 CHOTH_32

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.*

<1 in. 1-2 in. >2 in.

- 1) Shirt neck size
- 2) Trouser waist size

- LDNCK_32
 LDWST_32

- NCKIN_32
 WSTIN_32

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

No Yes

- 1) High blood sugar, diabetes, or sugar diabetes?
- 2) High blood cholesterol level?
- 3) High blood triglyceride level?
- 4) High blood pressure?

- LDHBS_32
 LDHBC_32
 LDHBT_32
 LDHBP_32

4. Have you taken insulin since your last visit?
5. Are you now taking insulin?

No Yes

- LDIN_32
 LDPIN_32

(IF "NO", GO TO NEXT PAGE)

SERIAL #



LIPODYSTROPHY PHYSICAL EXAMINATION

1. Weight: recorded on page 1	2. Height: inches	3. Waist Girth: cm	4. Hip Girth: cm	5. Mid-Arm Girth: cm	6. Thigh Girth cm
	HEIGHIN_32	LDWAI_32	LDHIP_32	LDMID_32	LDTHI_32
	(see instructions)	(see instructions)	(see instructions)	(see instructions)	(see instructions)

7. Fat Wasting (see severity definitions below):

	<i>If None, go to next question. If Yes, indicate severity of symptom.</i>	Severity*		
	None Yes	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	FWFAC_32	<input type="radio"/>	SWFAC_32	<input type="radio"/>
2) Arms	FWARM_32	<input type="radio"/>	SWARM_32	<input type="radio"/>
3) Legs	FWLEG_32	<input type="radio"/>	SWLEG_32	<input type="radio"/>
4) Buttocks	FWBUT_32	<input type="radio"/>	SWBUT_32	<input type="radio"/>

8. Fat Accumulation:

	<i>If None, go to next question. If Yes, indicate severity of symptom.</i>	Severity*		
	None Yes	Mild	Moderate	Severe
1) Moon facies	FAMOO_32	<input type="radio"/>	SWMOO_32	<input type="radio"/>
2) Abdomen	FAABD_32	<input type="radio"/>	SWABD_32	<input type="radio"/>
3) Back of Neck	FANCK_32	<input type="radio"/>	SWNCK_32	<input type="radio"/>
4) Breasts	FABRS_32	<input type="radio"/>	SWBRS_32	<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.