MACS

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: ✗ ✓ ⊘

VISIT NUMBER: VISIT_37

CLINICIAN NUMBER

1. ID NUMBER: MACSID

2. DATE: JAN, FEB, MAR PEDTM_37, APR PEDTD_37, MAY PEDTY_37, JUNE, JULY, AUG, SEPT, OCT, NOV, DEC; DAY; YR 01, 02

3. WEIGHT: WEIGHLB_37

4. BLOOD PRESSURE Sitting, Right Arm: SYSTOLIC SBP_37; DIASTOLIC DBP_37

5. ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking: TEMP_37 °F

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

a. Fungal infection lesions (excluding athletes foot) — NO YES

1) Intertriginous candida	SHNFC_37
2) Tinea versicolor	SHNFV_37
3) Onychomycosis	SHNFO_37

b. Herpes Zoster (active)	SHNHZ_37
c. Molluscum contagiosum	SHNMC_37
d. Seborrhea	SHNSE_37
e. Psoriasis	SHNPS_37
f. Jaundice	SHNJA_37
g. Spider Angioma	SHNSA_37

h. Other (please describe below) SHNOT_37

i. Kaposi's Sarcoma — NO YES

1) Skin Lesions SHNKS_37

IF YES: Number of lesions SHNSL_37
◯ 1–2 ◯ 3–10 ◯ >10

Diameter of largest lesion in cms. SHNLD_37
cms

2) Oral lesions SHNKO_37

3) Anal/perianal lesions SHNKL_37
◯ Not examined SHNNE_37

Comments:

SERIAL #

Mark Reflex® forms by NCS Pearson EM-228123A-6:654321 Printed in U.S.A.

7. OROPHARYNGEAL

	NO	YES
a. Consistent with oral thrush/candidiasis		ENTTH_37
IF YES:		
◯ KOH negative		ENTKO_37
-OR-		
◯ KOH positive		
b. Consistent with herpetic lesions		ENTHP_37
c. Gingivitis/gum disease		ENTGG_37
d. Oral hairy leukoplakia		ENTLE_37
e. Other *(please describe below)*		ENTOT_37

8. EYES

	NO	YES
a. Conjuctiva		
1) Redness		EYRED_37
2) Discharge		EYDIS_37
b. Scleral icterus		EYSCI_37
c. Other *(please describe below)*		EYOTH_37

9. LYMPH NODES

	NO	YES
a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?		LYND1_37

SKIP TO Q 10

b. Presence of node ≥1 cm

1) Occipital	*Right*	OCCR_37
	Left	OCCL_37
2) Post. auricular	*Right*	POAUR_37
	Left	POAUL_37
3) Pre-auricular	*Right*	PRAUR_37
	Left	PRAUL_37
4) Submental/submandibular	*Right*	SUBMR_37
	Left	SUBML_37
5) Ant. cervical	*Right*	ACERR_37
	Left	ACERL_37
6) Post. cervical	*Right*	PCERR_37
	Left	PCERL_37
7) Supraclavicular	*Right*	SCLVR_37
	Left	SCLVL_37
8) Axillary	*Right*	AXILR_37
	Left	AXILL_37
9) Epitrochlear	*Right*	EPTRR_37
	Left	EPTRL_37

c. What is the diameter of the largest node present? LNODD_37

◯ 1–2 cm ◯ 2.1–4 cm ◯ >4 cm

d. Are any of the nodes tender?		TENND_37
e. Are any of the nodes matted?		MATND_37

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 LIVPS_37

1. Ascites LIVAS_37
2. Caput Medusa LIVCM_37

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

Palpable on inspiration below left costal margin SPLPL_37

Size below LCM

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

cms SPLCM_37

c. Other *(please describe below)* ABDOT_37

Mark here if either entire rectal exam was declined or sections d) and e). ARDEC_37

11. ANAL/RECTAL EXAMINATION

a. Discharge ARDIS_37
b. Herpetic lesions ARHPL_37
c. Warts ARWRT_37
d. Prostate
   1) Enlarged ARPLG_37
   2) Tender ARPTN_37
e. Digital exam
   1) Tender anal canal ARTAC_37
f. Hemorrhoids, external ARHEM_37
g. Laceration/Fissure/Fistula ARLFF_37
h. Other *(please describe below)* AROTH_37

Mark here if genital exam was declined. GEDEC_37

12. GENITALIA

a. Urethral discharge GPDIS_37
b. Testicular atrophy GTATP_37
c. Skin
   1) Condyloma acuminata (warts) GSWRT_37
   2) Pediculosis GSPED_37
   3) Tinea cruris/Candida GSTCR_37
   4) Herpetic lesions (active) GSHPL_37

Other *(please describe below)* GOTH_37

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance			EXIGA_37
Chest and Lungs			EXICL_37
Heart			EXIHT_37
Extremities			EXIET_37
Neurological Exam			EXINE_37

SERIAL #

Mark Reflex® forms by NCS Pearson EM-228123B-6:654321 Printed in U.S.A.

14. PERIPHERAL NEUROPATHY SCREENING

	NO	YES	
a. Perception of vibration (at great toe)	◯	◯	PNSPV_37

IF YES: Vibration was felt for: →

- ◯ >10 sec. (normal)
- ◯ 5–10 sec. (mild loss)
- ◯ >0 and <5 sec. (moderate loss)
- ◯ 0 sec. (severe loss)
- ◯ Unable to evaluate

PNSVT_37

	NO	YES	
b. Deep tendon reflexes (ankle reflexes)	◯	◯	PNSTR_37

IF YES: Reflexes felt were: →

- ◯ Absent
- ◯ Hypoactive
- ◯ Normal deep tendon reflexes
- ◯ Hyperactive deep tendon reflexes (e.g., with prominent spread)
- ◯ Clonus
- ◯ Unable to evaluate

PNSTT_37

Additional Comments:

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)? [Changes include first time occurrences and increases or decreases in severity since your last visit.]

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

LDFAT_37

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.		Current Severity			
	No	Yes	None	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	◯ LDFAC_37		◯	SVFAC_37		◯
2) Arm fat loss	◯ LDARM_37		◯	SVARM_37		◯
3) Leg fat loss	◯ LDLEG_37		◯	SVLEG_37		◯
4) Buttocks fat loss	◯ LDBUT_37		◯	SVBUT_37		◯
5) Belly (abdomen) fat gain	◯ LDABD_37		◯	SVABD_37		◯
6) Fat pad (hump) on back of neck	◯ LDPAD_37		◯	SVPAD_37		◯
7) Breasts fatter	◯ LDBRS_37		◯	SVBRS_37		◯
8) Other *(if Yes, specify below)*	◯ LDOTH_37					

_____

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		CHDIT_37
2) Changing HIV medications		CHHIV_37
3) Exercise/Weight lifting		CHWGT_37
4) Taking supplements		CHSUP_37
5) Taking growth hormone or steroids		CHSTR_37
6) Liposuction surgery		CHSUR_37
7) Other *(if Yes, specify below)*		CHOTH_37

_____

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

	If No, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.		*Mark only one*		*Amount of change since your last visit.*		
	No	Yes	Increase	Decrease	<1 in.	1–2 in.	>2 in.
1) Shirt neck size		CHNCK_37	IDNCK_37		◯	ATNCK_37	◯
2) Trouser waist size		CHWST_37	IDWST_37		◯	ATWST_37	◯

3. Since your last visit in [Month], have you been told by a medical practitioner that you have:

	No	Yes
1) High blood cholesterol level?		LDHBC_37
2) High blood triglyceride level?		LDHBT_37
3) High blood pressure?		LDHBP_37

	No	Yes	
4. Since your last visit in [Month], have you been told by a medical practitioner that you have high blood sugar, diabetes, or sugar diabetes?		LDHBS_37	(IF "NO", GO TO NEXT PAGE)
5. Have you taken insulin since your last visit?		LDIN_37	(IF "NO", GO TO NEXT PAGE)
6. Are you now taking insulin?		LDPIN_37	

SERIAL # ■○○○○○○○○○○○○○○○○○■■■■■■

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:	2. Chest Girth:	3. Waist Girth:	4. Hip Girth:	5. Mid-Arm Girth:	6. Thigh Girth
inches	cm	cm	cm	cm	cm
HEIGHIN_37	LDCHE_37	LDWAI_37	LDHIP_37	LDMID_37	LDTHI_37
(see instructions)	(see instructions)	(see instructions)	(see instructions)	(see instructions)	(see instructions)

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)		FWFAC_37		SWFAC_37	
2) Arms		FWARM_37		SWARM_37	
3) Legs		FWLEG_37		SWLEG_37	
4) Buttocks		FWBUT_37		SWBUT_37	

8. Fat Accumulation:

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

	None	Yes	Severity* Mild	Moderate	Severe
1) Moon facies		FAMOO_37		SWMOO_37	
2) Abdomen		FAABD_37		SWABD_37	
3) Back of Neck		FANCK_37		SWNCK_37	
4) Breasts		FABRS_37		SWBRS_37	

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.

Mark Reflex® forms by NCS Pearson EM-228123C-6:654321 Printed in U.S.A.