MACS

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: ✗ ✓ ⊘ ⊙

VISIT NUMBER	CLINICIAN NUMBER
3	10

1. ID NUMBER

	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	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

	DAY	YR
JAN ○		
FEB ○		
MAR ○	0 0	00
APR ○	10 1	01
MAY ○	20 2	02 ○
JUNE ○	30 3	03 ○
JULY ○	4	04
AUG ○	5	05
SEPT ○	6	06
OCT ○	7	07
NOV ○	8	08
DEC ○	9	09

3. WEIGHT

POUNDS

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
	6	6
	7	7
	8	8
	9	9

4. BLOOD PRESSURE
Sitting, Right Arm

SYSTOLIC			DIASTOLIC		
0	0	0	0	0	0
1	1	1	1	1	1
2	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

5. ORAL TEMPERATURE
At least 30 minutes after smoking, eating, or drinking

				°F
	0	0	0	0
	1	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

PERF

5/8" Glue

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

a. Fungal infection lesions (excluding athletes foot)

	NO	YES
1) Intertriginous candida	○	○
2) Tinea versicolor	○	○
3) Onychomycosis	○	○

	NO	YES
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
1) Skin Lesions	○	○

IF YES: Number of lesions

○ 1–2 ○ 3–10 ○ >10

Diameter of largest lesion in cms.

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

cms

	NO	YES
2) Oral lesions	○	○
3) Anal/perianal lesions	○	○

○ Not examined

Comments:

PERF

SERIAL #

Mark Reflex® forms by NCS Pearson EM-228123A-7:654321 Printed in U.S.A.

7. OROPHARYNGEAL

	NO	YES
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

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

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

		NO	YES
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

	NO	YES
d. Are any of the nodes tender?	◯	◯
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

	NO	YES
1. Ascites	◯	◯
2. Caput Medusa	◯	◯

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

	NO	YES
Palpable on inspiration below left costal margin	◯	◯

Size below LCM

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

	NO	YES
c. Other *(please describe below)*	◯	◯

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

11. ANAL/RECTAL EXAMINATION

	NO	YES
a. Discharge	◯	◯
b. Herpetic lesions	◯	◯
c. Warts	◯	◯
d. Prostate		
1) Enlarged	◯	◯
2) Tender	◯	◯
e. Digital exam		
1) Tender anal canal	◯	◯
f. Hemorrhoids, external	◯	◯
g. Laceration/Fissure/Fistula	◯	◯
h. Other *(please describe below)*	◯	◯

◯ Mark here if genital exam was declined.

12. GENITALIA

	NO	YES
a. Urethral discharge	◯	◯
b. Testicular atrophy	◯	◯
c. Skin		
1) Condyloma acuminata (warts)	◯	◯
2) Pediculosis	◯	◯
3) Tinea cruris/Candida	◯	◯
4) Herpetic lesions (active)	◯	◯
Other *(please describe below)*	◯	◯

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance	◯	◯	
Chest and Lungs	◯	◯	
Heart	◯	◯	
Extremities	◯	◯	
Neurological Exam	◯	◯	

SERIAL # ■◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯■■■■■■

PERF

5/8" Glue

PERF

Mark Reflex® forms by NCS Pearson EM-228123B-7:654321 Printed in U.S.A.

14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

	NO	YES
a1. Perception of vibration (at great toe)	◯	◯

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

LEFT

	NO	YES
a2. Perception of vibration (at great toe)	◯	◯

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

RIGHT

	NO, reflexes absent	YES, reflexes present
b1. Deep tendon reflexes (ankle reflexes)	◯	◯

IF YES: Reflexes felt were: →
- ◯ Hypoactive
- ◯ Normal deep tendon reflexes
- ◯ Hyperactive deep tendon reflexes (e.g., with prominent spread)
- ◯ Clonus
- ◯ Unable to evaluate

LEFT

	NO, reflexes absent	YES, reflexes present
b2. Deep tendon reflexes (ankle reflexes)	◯	◯

IF YES: Reflexes felt were: →
- ◯ Hypoactive
- ◯ Normal deep tendon reflexes
- ◯ Hyperactive deep tendon reflexes (e.g., with prominent spread)
- ◯ Clonus
- ◯ Unable to evaluate

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

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 type of change and severity of symptom.*		*Was this change an increase or decrease?*		Current Severity		
	No	Yes	Increase	Decrease	Mild	Moderate	Severe
1) Facial fat	◯	◯	◯	◯	◯	◯	◯
2) Arm fat	◯	◯	◯	◯	◯	◯	◯
3) Leg fat	◯	◯	◯	◯	◯	◯	◯
4) Buttocks fat	◯	◯	◯	◯	◯	◯	◯
5) Belly (abdomen) fat	◯	◯	◯	◯	◯	◯	◯
6) Fat on back of neck	◯	◯	◯	◯	◯	◯	◯
7) Breasts	◯	◯	◯	◯	◯	◯	◯
8) Waist	◯	◯	◯	◯	◯	◯	◯
9) Hips	◯	◯	◯	◯	◯	◯	◯
10) Other *(if Yes, specify below)*	◯	◯	◯	◯	◯	◯	◯

_____

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 nutritional supplements	◯	◯
5) Taking growth hormone or steroids	◯	◯
6) Liposuction surgery	◯	◯
7) Cheek implants/injections	◯	◯
8) Other cosmetic surgery	◯	◯
9) Other *(if Yes, specify below)*	◯	◯

_____

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?	◯	◯	◯	◯	◯	◯	◯
2) Trouser waist size?	◯	◯	◯	◯	◯	◯	◯

3. Since your last visit in [Month], have you been told by a medical practitioner that you have: (We mean a new diagnosis or an uncontrolled condition.)

	No	Yes
1) High blood cholesterol level?	◯	◯
2) High blood triglyceride level?	◯	◯
3) High blood pressure?	◯	◯

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? (We mean a new diagnosis or an uncontrolled condition.) ◯ ◯ (IF "NO", GO TO NEXT PAGE)

5. Have you taken insulin since your last visit? ◯ ◯ (IF "NO", GO TO NEXT PAGE)

6. Are you now taking insulin? ◯ ◯

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
(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)	○	○	○	○	○
2) Arms	○	○	○	○	○
3) Legs	○	○	○	○	○
4) Buttocks	○	○	○	○	○

8. Fat Accumulation:	*If None, go to next question. If Yes, indicate severity of symptom.* None	Yes	Severity* Mild	Moderate	Severe
1) Moon facies	○	○	○	○	○
2) Abdomen	○	○	○	○	○
3) Back of Neck	○	○	○	○	○
4) Breasts	○	○	○	○	○

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-7:654321 Printed in U.S.A.