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_38

CLINICIAN NUMBER

1. ID NUMBER: MACSID

2. DATE: PEDTM_38 PEDTD_38 PEDTY_38

3. WEIGHT (POUNDS): WEIGHLB_38

4. BLOOD PRESSURE Sitting, Right Arm: SYSTOLIC SBP_38 / DIASTOLIC DBP_38

5. ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking: TEMP_38 °F

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

a. Fungal infection lesions (excluding athletes foot)

	NO YES
1) Intertriginous candida	SHNFC_38
2) Tinea versicolor	SHNFV_38
3) Onychomycosis	SHNFO_38

b. Herpes Zoster (active)	SHNHZ_38
c. Molluscum contagiosum	SHNMC_38
d. Seborrhea	SHNSE_38
e. Psoriasis	SHNPS_38
f. Jaundice	SHNJA_38
g. Spider Angioma	SHNSA_38

h. Other (please describe below) SHNOT_38

i. Kaposi's Sarcoma

	NO YES
1) Skin Lesions	SHNKS_38
IF YES: Number of lesions ○ 1–2 ○ 3–10 ○ >10	SHNSL_38
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	SHNLD_38
2) Oral lesions	SHNKO_38
3) Anal/perianal lesions	SHNKL_38
○ Not examined	SHNNE_38

Comments:

SERIAL #

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7. OROPHARYNGEAL

	NO	YES
a. Consistent with oral thrush/candidiasis		ENTTH_38
IF YES: ◯ KOH negative -OR- ◯ KOH positive ◯ Not performed		ENTKO_38
b. Consistent with herpetic lesions		ENTHP_38
c. Gingivitis/gum disease		ENTGG_38
d. Oral hairy leukoplakia		ENTLE_38
e. Other *(please describe below)*		ENTOT_38

8. EYES

	NO	YES
a. Conjuctiva		
1) Redness		EYRED_38
2) Discharge		EYDIS_38
b. Scleral icterus		EYSCI_38
c. Other *(please describe below)*		EYOTH_38

9. LYMPH NODES

	NO	YES
a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?		LYND1_38

SKIP TO Q 10

b. Presence of node ≥1 cm

1) Occipital	*Righ*	OCCR_38
	Lef	OCCL_38
2) Post. auricular	*Righ*	POAUR_38
	Lef	POAUL_38
3) Pre-auricular	*Righ*	PRAUR_38
	Lef	PRAUL_38
4) Submental/submandibular	*Righ*	SUBMR_38
	Lef	SUBML_38
5) Ant. cervical	*Righ*	ACERR_38
	Lef	ACERL_38
6) Post. cervical	*Righ*	PCERR_38
	Lef	PCERL_38
7) Supraclavicular	*Righ*	SCLVR_38
	Lef	SCLVL_38
8) Axillary	*Righ*	AXILR_38
	Lef	AXILL_38
9) Epitrochlear	*Righ*	EPTRR_38
	Lef	EPTRL_38

c. What is the diameter of the largest node present? LNODD_38

◯ 1–2 cm ◯ 2.1–4 cm ◯ >4 cm

	NO	YES
d. Are any of the nodes tender?		TENND_38
e. Are any of the nodes matted?		MATND_38

10. ABDOMEN

a. Liver

Percussed size in mid-clavicular line

0 10 20 ... 80 90 LIVPS_38
0 1 2 3 4 5 6 7 8 9 cms

	NO	YES
1. Ascites	LIVAS_38	
2. Caput Medusa	LIVCM_38	

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

	NO	YES
Palpable on inspiration below left costal margin	SPLPL_38	

Size below LCM

0 10 20 30 40 50 60 70 80 90 SPLCM_38
0 1 2 3 4 5 6 7 8 9 cms

	NO	YES
c. Other *(please describe below)*	ABDOT_38	

Mark here if either entire rectal exam was declined or sections d) and e). ARDEC_38

11. ANAL/RECTAL EXAMINATION

	NO	YES
a. Discharge	ARDIS_38	
b. Herpetic lesions	ARHPL_38	
c. Warts	ARWRT_38	
d. Prostate		
1) Enlarged	ARPLG_38	
2) Tender	ARPTN_38	
e. Digital exam		
1) Tender anal canal	ARTAC_38	
f. Hemorrhoids, external	ARHEM_38	
g. Laceration/Fissure/Fistula	ARLFF_38	
h. Other *(please describe below)*	AROTH_38	

Mark here if genital exam was declined. GEDEC_38

12. GENITALIA

	NO	YES
a. Urethral discharge	GPDIS_38	
b. Testicular atrophy	GTATP_38	
c. Skin		
1) Condyloma acuminata (warts)	GSWRT_38	
2) Pediculosis	GSPED_38	
3) Tinea cruris/Candida	GSTCR_38	
4) Herpetic lesions (active)	GSHPL_38	
Other *(please describe below)*	GOTH_38	

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance			EXIGA_38
Chest and Lungs			EXICL_38
Heart			EXIHT_38
Extremities			EXIET_38
Neurological Exam			EXINE_38

SERIAL #

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14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe) NO YES PNPVR_38

IF YES: Vibration was felt for: → PNVTR_38

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

LEFT

a2. Perception of vibration (at great toe) NO YES PNPVL_38

IF YES: Vibration was felt for: → PNVTL_38

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

RIGHT

b1. Deep tendon reflexes (ankle reflexes) NO, reflexes absent ◯ YES, reflexes present ◯ PNTRR_38

IF YES: Reflexes felt were: → PNTTR_38

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

LEFT

b2. Deep tendon reflexes (ankle reflexes) NO, reflexes absent ◯ YES, reflexes present ◯ PNTRL_38

IF YES: Reflexes felt were: → PNTTL_38

- ◯ 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) LDFAT_38
◯ 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.* No	Yes	*Was this change an increase or decrease?* Increase	Decrease	Current Severity Mild	Moderate	Severe
1) Facial fat	LFACE_38		CHFAC_38		◯	SVFAC_38	◯
2) Arm fat	LARM_38		CHARM_38		◯	SVARM_38	◯
3) Leg fat	LLEG_38		CHLEG_38		◯	SVLEG_38	◯
4) Buttocks fat	LBUT_38		CHBUT_38		◯	SVBUT_38	◯
5) Belly (abdomen) fat	LABD_38		CHABD_38		◯	SVABD_38	◯
6) Fat on back of neck	LPAD_38		CHPAD_38		◯	SVPAD_38	◯
7) Breasts	LBRS_38		CHBRS_38		◯	SVBRS_38	◯
8) Waist	LWAI_38		CHWAI_38		◯	SVWAI_38	◯
9) Hips	LHIP_38		CHHIP_38		◯	SVHIP_38	◯
10) Other *(if Yes, specify below)*	LDOTH_38		CHOT_38		◯	SVOTH_38	◯

_____

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		No	Yes
1) Changing diet	CHDIT_38		6) Liposuction surgery	CHSUR_38	
2) Changing HIV medications	CHHIV_38		7) Cheek implants/injections	CHCHK_38	
3) Exercise/Weight lifting	CHWGT_38		8) Other cosmetic surgery	CHCMS_38	
4) Taking nutritional supplements	CHSUP_38		9) Other *(if Yes, specify below)*	CHOTH_38	
5) Taking growth hormone or steroids	CHSTR_38				

_____

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. No	Yes	*Mark only one* Increase	Decrease	*Amount of change since your last visit.* <1 in.	1–2 in.	>2 in.
1) Shirt neck size?	CHNCK_38		IDNCK-38		◯	ATNCK_38	◯
2) Trouser waist size?	CHWST_38		IDWST_38		◯	ATWST_38	◯

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?	LDHBC_38	
2) High blood triglyceride level?	LDHBT_38	
3) High blood pressure?	LDHBP_38	

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.) No ◯ Yes ◯ LDHBS_38 (IF "NO", GO TO NEXT PAGE)

5. Have you taken insulin since your last visit? LDIN_38 (IF "NO", GO TO NEXT PAGE)

6. Are you now taking insulin? LDPIN_38

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_38	LDCHE_38	LDWAI_38	LDHIP_38	LDMID_38	LDTHI_38
(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_38			SWFAC_38	
2) Arms	FWARM_38			SWARM_38	
3) Legs	FWLEG_38			SWLEG_38	
4) Buttocks	FWBUT_38			SWBUT_38	

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_38			SWMOO_38	
2) Abdomen	FAABD_38			SWABD_38	
3) Back of Neck	FANCK_38			SWNCK_38	
4) Breasts	FABRS_38			SWBRS_38	

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.

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