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_39

CLINICIAN NUMBER

1. ID NUMBER — MACSID

2. DATE — JAN, FEB, M, A, M, JU, JULY, AUG, SEPT, OCT, NOV, DEC; DAY; YR — PEDTM_39, PEDTD_39, PEDTY_39

3. WEIGHT — POUNDS — WEIGHLB_39

4. BLOOD PRESSURE Sitting, Right Arm — SYSTOLIC SBP_39 — DIASTOLIC DBP_39

5. ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking — TEMP_39 °F

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

a. Fungal infection lesions (excluding athletes foot)

	NO YES
1) Intertriginous candida	SHNFC_39
2) Tinea versicolor	SHNFV_39
3) Onychomycosis	SHNFO_39
b. Herpes Zoster (active)	SHNHZ_39
c. Molluscum contagiosum	SHNMC_39
d. Seborrhea	SHNSE_39
e. Psoriasis	SHNPS_39
f. Jaundice	SHNJA_39
g. Spider Angioma	SHNSA_39
h. Other (please describe below)	SHNOT_39

i. Kaposi's Sarcoma

	NO YES
1) Skin Lesions	SHNKS_39
IF YES: Number of lesions ◯ 1–2 ◯ 3–10 ◯ >10	SHNSL_39
Diameter of largest lesion in cms. cms	SHNLD_39
2) Oral lesions	SHNKO_39
3) Anal/perianal lesions	SHNKL_39
◯ Not examined	SHNNE_39

Comments:

SERIAL #

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7. OROPHARYNGEAL

	NO	YES	
a. Consistent with oral thrush/candidiasis			ENTTH_39
IF YES:			
◯ KOH negative			
-OR-			ENTKO_39
◯ KOH positive			
◯ Not performed			
b. Consistent with herpetic lesions			ENTHP_39
c. Gingivitis/gum disease			ENTGG_39
d. Oral hairy leukoplakia			ENTLE_39
e. Other *(please describe below)*			ENTOT_39

8. EYES

	NO	YES	
a. Conjuctiva			
1) Redness			EYRED_39
2) Discharge			EYDIS_39
b. Scleral icterus			EYSCI_39
c. Other *(please describe below)*			EYOTH_39

9. LYMPH NODES

	NO	YES	
a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?	◯	◯	LYND1_39

SKIP TO Q 10

b. Presence of node ≥1 cm

1) Occipital	*Right*	OCCR_39
	Left	OCCL_39
2) Post. auricular	*Right*	POAUR_39
	Left	POAUL_39
3) Pre-auricular	*Right*	PRAUR_39
	Left	PRAUL_39
4) Submental/submandibular	*Right*	SUBMR_39
	Left	SUBML_39
5) Ant. cervical	*Right*	ACERR_39
	Left	ACERL_39
6) Post. cervical	*Right*	PCERR_39
	Left	PCERL_39
7) Supraclavicular	*Right*	SCLVR_39
	Left	SCLVL_39
8) Axillary	*Right*	AXILR_39
	Left	AXILL_39
9) Epitrochlear	*Right*	EPTRR_39
	Left	EPTRL_39

c. What is the diameter of the largest node present? LNODD_39

◯ 1–2 cm ◯ 2.1–4 cm ◯ >4 cm

	NO	YES	
d. Are any of the nodes tender?			TENND_39
e. Are any of the nodes matted?			MATND_39

10. ABDOMEN

a. Liver LIVPS_39

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		LIVAS_39
2. Caput Medusa		LIVCM_39

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

	NO	YES
Palpable on inspiration below left costal margin		SPLPL_39

Size below LCM SPLCM_39

	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)*		ABDOT_39

Mark here if either entire rectal exam was declined or sections d) and e). ARDEC_39

11. ANAL/RECTAL EXAMINATION

	NO	YES
a. Discharge		ARDIS_39
b. Herpetic lesions		ARHPL_39
c. Warts		ARWRT_39
d. Prostate		
1) Enlarged		ARPLG_39
2) Tender		ARPTN_39
e. Digital exam		
1) Tender anal canal		ARTAC_39
f. Hemorrhoids, external		ARHEM_39
g. Laceration/Fissure/Fistula		ARLFF_39
h. Other *(please describe below)*		AROTH_39

Mark here if genital exam was decli GEDEC_39

12. GENITALIA

	NO	YES
a. Urethral discharge		GPDIS_39
b. Testicular atrophy		GTATP_39
c. Skin		
1) Condyloma acuminata (warts)		GSWRT_39
2) Pediculosis		GSPED_39
3) Tinea cruris/Candida		GSTCR_39
4) Herpetic lesions (active)		GSHPL_39
Other *(please describe below)*		GOTH_39

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance			EXIGA_39
Chest and Lungs			EXICL_39
Heart			EXIHT_39
Extremities			EXIET_39
Neurological Exam			EXINE_39

SERIAL #

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14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe) — NO / YES — PNPVR_39

IF YES: Vibration was felt for: → PNVTR_39

- ◯ >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_39

IF YES: Vibration was felt for: → PNVTL_39

- ◯ >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_39

IF YES: Reflexes felt were: → PNTTR_39

- ◯ 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_39

IF YES: Reflexes felt were: → PNTTL-39

- ◯ 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

LDFAT_39

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		LFACE_39		CHFAC_39		SVFAC_39	
2) Arm fat		LARM_39		CHARM_39		SVARM_39	
3) Leg fat		LLEG_39		CHLEG_39		SVLEG_39	
4) Buttocks fat		LBUT_39		CHBUT_39		SVBUT_39	
5) Belly (abdomen) fat		LABD_39		CHABD_39		SVABD_39	
6) Fat on back of neck		LPAD_39		CHPAD_39		SVPAD_39	
7) Breasts		LBRS_39		CHBRS_39		SVBRS_39	
8) Waist		LWAI_39		CHWAI_39		SVWAI_39	
9) Hips		LHIP_39		CHHIP_39		SVHIP_39	
10) Other *(if Yes, specify below)*		LDOTH_39		CHOT_39		SVOTH_39	

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_39	6) Liposuction surgery	CHSUR_39
2) Changing HIV medications	CHHIV_39	7) Cheek implants/injections	CHCHK_39
3) Exercise/Weight lifting	CHWGT_39	8) Other cosmetic surgery	CHCMS_39
4) Taking nutritional supplements	CHSUP_39	9) Other *(if Yes, specify below)*	CHOTH_39
5) Taking growth hormone or steroids	CHSTR_39		

2. Since your last visit in [MONTH], have you noticed any change 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_39		IDNCK_39		ATNCK_39	
2) Trouser waist size?		CHWST_39		IDWST_39		ATWST_39	

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_39		
2) High blood triglyceride level?	LDHBT_39		
3) High blood pressure?	LDHBP_39		

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.)

5. Have you taken insulin since your last visit?

6. Are you now taking insulin?

	No	Yes	
4.	LDHBS_39		(IF "NO", GO TO NEXT PAGE)
5.	LDIN_39		(IF "NO", GO TO NEXT PAGE)
6.	LDPIN_39		

SERIAL #

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height: inches
HEIGHIN_39
(see instructions)

2. Chest Girth: cm
LDCHE_39
(see instructions)

2a. Breast Skinfold: mm
SKFBR_39

3. Waist Girth: cm
LDWAI_39
(see instructions)

3a. Abdomen Skinfold: mm
SKFAB_39

4. Hip Girth: cm
LDHIP_39
(see instructions)

5. Mid-Arm Girth: cm
LDMID_39
(see instructions)

5a. Bi-cep Skinfold: mm
SKFBI_39

5b. Tri-cep Skinfold: mm
SKFTR_39

6. Thigh Girth cm
LDTHI_39
(see instructions)

6a. Thigh Skinfold: mm
SKFTH_39

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_39	○	SWFAC_39	○
2) Arms		FWARM_39	○	SWARM_39	○
3) Legs		FWLEG_39	○	SWLEG_39	○
4) Buttocks		FWBUT_39	○	SWBUT_39	○

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_39	○	SWMOO_39	○
2) Abdomen		FAABD_39	○	SWABD_39	○
3) Back of Neck		FANCK_39	○	SWNCK_39	○
4) Breasts		FABRS_39	○	SWBRS_39	○

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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