





### 10. ABDOMEN

#### a. Liver

Percussed size in mid-clavicular line **LIVPS\_40**

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

1. Ascites **LIVAS\_40**

2. Caput Medusa **LIVCM\_40**

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

NO YES

Palpable on inspiration below left costal margin **SPLPL\_40**

Size below LCM **SPLCM\_40**

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

c. Other (please describe below) **ABDOT\_40**

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Mark here if either entire rectal exam was declined or sections d) and e). **ARDEC\_40**

### 11. ANAL/RECTAL EXAMINATION

NO YES

a. Discharge **ARDIS\_40**

b. Herpetic lesions **ARHPL\_40**

c. Warts **ARWRT\_40**

d. Prostate

1) Enlarged **ARPLG\_40**

2) Tender **ARPTN\_40**

e. Digital exam

1) Tender anal canal **ARTAC\_40**

f. Hemorrhoids, external **ARHEM\_40**

g. Laceration/Fissure/Fistula **ARLFF\_40**

h. Other (please describe below) **AROTH\_40**

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Mark here if genital exam was declined. **GEDEC\_40**

### 12. GENITALIA

NO YES

a. Urethral discharge **GPDIS\_40**

b. Testicular atrophy **GTATP\_40**

c. Skin

1) Condyloma acuminata (warts) **GSWRT\_40**

2) Pediculosis **GSPED\_40**

3) Tinea cruris/Candida **GSTCR\_40**

4) Herpetic lesions (active) **GSHPL\_40**

Other (please describe below) **GOTH\_40**

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance	<input type="radio"/>	<input type="radio"/>	<b>EXIGA_40</b>
Chest and Lungs	<input type="radio"/>	<input type="radio"/>	<b>EXICL_40</b>
Heart	<input type="radio"/>	<input type="radio"/>	<b>EXIHT_40</b>
Extremities	<input type="radio"/>	<input type="radio"/>	<b>EXIET_40</b>
Neurological Exam	<input type="radio"/>	<input type="radio"/>	<b>EXINE_40</b>

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

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

LDFAT\_40

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	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Arm fat	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Leg fat	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks fat	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Belly (abdomen) fat	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Fat on back of neck	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Breasts	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Waist	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Hips	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Other (if Yes, specify below)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	6) Liposuction surgery	<input type="radio"/>	<input type="radio"/>
2) Changing HIV medications	<input type="radio"/>	<input type="radio"/>	7) Cheek implants/injections	<input type="radio"/>	<input type="radio"/>
3) Exercise/Weight lifting	<input type="radio"/>	<input type="radio"/>	8) Other cosmetic surgery	<input type="radio"/>	<input type="radio"/>
4) Taking nutritional supplements	<input type="radio"/>	<input type="radio"/>	9) Other (if Yes, specify below)	<input type="radio"/>	<input type="radio"/>
5) Taking growth hormone or steroids	<input type="radio"/>	<input type="radio"/>			

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?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Trouser waist size?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?	<input type="radio"/>	<input type="radio"/>
2) High blood triglyceride level?	<input type="radio"/>	<input type="radio"/>
3) High blood pressure?	<input type="radio"/>	<input type="radio"/>

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_40	<input type="radio"/>	<input type="radio"/>

(IF "NO", GO TO NEXT PAGE)  
(IF "NO", GO TO NEXT PAGE)

5. Have you taken insulin since your last visit?

LDIN\_40

6. Are you now taking insulin?

LDPIN\_40

**SERIAL #**



# LIPODYSTROPHY PHYSICAL EXAMINATION:

1. Height: \_\_\_\_\_ inches  
**HEIGHT\_40**

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

(see instructions)

2. Chest Girth: \_\_\_\_\_ cm  
**LDCHE\_40**

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

(see instructions)

3. Waist Girth: \_\_\_\_\_ cm  
**LDWAI\_40**

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

(see instructions)

4. Hip Girth: \_\_\_\_\_ cm  
**LDHIP\_40**

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

(see instructions)

5. Mid-Arm Girth: \_\_\_\_\_ cm  
**LDMID\_40**

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

(see instructions)

6. Thigh Girth \_\_\_\_\_ cm  
**LDTHI\_40**

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

(see instructions)

Suprailiac  
skinfold  
measurements  
in mm

**SKSIL\_40**

2a. Breast  
Skinfold: \_\_\_\_\_ mm  
**SKFBR\_40**

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

3a. Abdomen  
Skinfold: \_\_\_\_\_ mm  
**SKFAB\_40**

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

5a. Bi-cep  
Skinfold: \_\_\_\_\_ mm  
**SKFBI\_40**

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

5b. Tri-cep  
Skinfold: \_\_\_\_\_ mm  
**SKFTR\_40**

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

6a. Thigh  
Skinfold: \_\_\_\_\_ mm  
**SKFTH\_40**

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

## 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\_40**

**SWFAC\_40**

2) Arms

**FWARM\_40**

**SWARM\_40**

3) Legs

**FWLEG\_40**

**SWLEG\_40**

4) Buttocks

**FWBUT\_40**

**SWBUT\_40**

## 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\_40**

**SWMOO\_40**

2) Abdomen

**FAABD\_40**

**SWABD\_40**

3) Back of Neck

**FANCK\_40**

**SWNCK\_40**

4) Breasts

**FABRS\_40**

**SWBRS\_40**

## 9. Other physical exam findings noted related to fat distribution:

Specify:

Percentage of body fat

**PCFAT\_40**

### \* 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.