



**7. OROPHARYNGEAL**

NO YES

a. Consistent with oral thrush/candidiasis  NO  YES

**IF YES:**

- KOH negative
- OR-
- KOH positive
- Not performed

b. Consistent with herpetic lesions  NO  YES

c. Gingivitis/gum disease  NO  YES

d. Oral hairy leukoplakia  NO  YES

e. Other (please describe below)  NO  YES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. EYES**

NO YES

a. Conjunctiva

1) Redness  NO  YES

2) Discharge  NO  YES

b. Scleral icterus  NO  YES

c. Other (please describe below)  NO  YES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. LYMPH NODES**

NO YES

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

**SKIP TO Q 10** ←

b. Presence of node ≥1 cm

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

d. Are any of the nodes tender? NO  YES

e. Are any of the nodes matted?

PERF

S/8<sup>™</sup>  
Glued

PERF



14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe)  NO  
 YES  
 Unable to evaluate

IF YES: Vibration was felt for: →  >10 sec. (normal)  
 5–10 sec. (mild loss)  
 >0 and <5 sec. (moderate loss)  
 0 sec. (severe loss)

LEFT

a2. Perception of vibration (at great toe)  NO  
 YES  
 Unable to evaluate

IF YES: Vibration was felt for: →  >10 sec. (normal)  
 5–10 sec. (mild loss)  
 >0 and <5 sec. (moderate loss)  
 0 sec. (severe loss)

RIGHT

b1. Deep tendon reflexes (ankle reflexes)  NO, reflexes absent  
 YES, reflexes present  
 Unable to evaluate

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

LEFT

b2. Deep tendon reflexes (ankle reflexes)  NO, reflexes absent  
 YES, reflexes present  
 Unable to evaluate

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

Additional Comments:

[Large empty box for additional comments with horizontal lines]

# Cuestionario Auto-informe de Lipodistrofía

1a. Desde su última visita en [MES], ¿ha notado cambios en la distribución o en la cantidad de grasa en su cuerpo (tanto, pérdida como aumento de grasa)? [Estos cambios se refieren a la primera vez que ocurrieron y el nivel de gravedad durante estos últimos dos años.]

- No (IF "NO", SKIP TO QUESTION 3)  
 Sí

1b. Si contestó que "Sí" a la primera pregunta, ¿cuáles partes de su cuerpo fueron afectadas y cuán grave fue?

[ASK EACH ITEM AND RECORD ANSWER]	If No, go to next question. If Yes, indicate tipo de cambio y gravedad del cambio		¿Fué este cambio aumento o pérdida?		— Gravedad del cambio —			
	No	Sí	Aumento	Pérdida	Nunca	Alguna	Moderada	Severa
1) Grasa facial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Grasa en los brazos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Grasa en las piernas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Grasa en los glúteos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Grasa en el abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Grasa detrás del cuello	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Grasa en los senos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Cintura	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Cadera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Otro (especifique)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1c. Desde qué notó estos cambios, ¿ha hecho usted algo para influir en la distribución de grasa en su cuerpo? Por ejemplo:

[ASK EACH ITEM AND RECORD ANSWER]		No	Sí			No	Sí
1) Cambiar la dieta		<input type="radio"/>	<input type="radio"/>	6) Liposucción		<input type="radio"/>	<input type="radio"/>
2) Cambiar los medicamentos contra el VIH		<input type="radio"/>	<input type="radio"/>	7) Implantes en las mejillas/inyecciones		<input type="radio"/>	<input type="radio"/>
3) Hacer ejercicios/levantamiento de pesas		<input type="radio"/>	<input type="radio"/>	8) Otra cirugía cosmética		<input type="radio"/>	<input type="radio"/>
4) Tomar suplementos nutritivos		<input type="radio"/>	<input type="radio"/>	9) Otro (especifique)		<input type="radio"/>	<input type="radio"/>
5) Tomar hormonas de crecimiento o esteroides		<input type="radio"/>	<input type="radio"/>				

2. Desde su última visita en [MES], ¿ha notado cambio en:

	If No, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.		Mark only one		Tamaño del cambio en los últimos dos años		
	No	Sí	Aumento	Pérdida	<1 in.	1-2 in.	>2 in.
1) Tamaño del cuello/camisa?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Tamaño de cintura/pantalón?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In.= pulgadas

3. Desde su última visita en [MES], ¿le ha dicho su médico que usted tiene:

	No	Sí
1) Nivel alto de colesterol en la sangre?	<input type="radio"/>	<input type="radio"/>
2) Niveles altos de triglicéridos en la sangre?	<input type="radio"/>	<input type="radio"/>
3) Presión sanguínea alta?	<input type="radio"/>	<input type="radio"/>

4. Desde su última visita en [MES], ¿le ha dicho su médico que usted tiene alto nivel de azúcar en la sangre, o diabetes, o diabetes de azúcar?

	No	Sí	
5. ¿Ha tomado insulina desde su última visita?	<input type="radio"/>	<input type="radio"/>	(IF "NO", GO TO NEXT PAGE)
6. ¿Está tomando insulina actualmente?	<input type="radio"/>	<input type="radio"/>	(IF "NO", GO TO NEXT PAGE)

**SERIAL #**

# LIPODYSTROPHY PHYSICAL EXAMINATION

## 1. Height:

cm

0	0	0	0
1	1	1	1
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)

## 2. Mid-Arm Girth:

cm

0	0	0
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

(see instructions)

## 3. Chest Girth:

cm

0	0	0	0
1	1	1	1
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)

## 4. Waist Girth:

cm

0	0	0	0
1	1	1	1
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)

## 5. Hip Girth:

cm

0	0	0	0
1	1	1	1
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)

## 6. Thigh Girth

cm

0	0	0	0
1	1	1	1
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)

## 7. Thigh Skinfold:

mm

0	0	0
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

## 1a. Calf Girth:

cm

0	0	0
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

## 2a. Triceps Skinfold:

mm

0	0	0
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

## 3a. Subscapular Skinfold:

mm

0	0	0
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

## 4a. Biceps Skinfold:

mm

0	0	0
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

## 5a. Breast Skinfold:

mm

0	0	0
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

## 6a. Abdominal Skinfold:

mm

0	0	0
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

## 7a. Suprailiac Skinfold:

mm

0	0	0
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

## 8. Fat Wasting (see severity definitions below):

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

Severity\*

	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 9. Fat Accumulation:

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

Severity\*

	Mild	Moderate	Severe
1) Moon facies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Back of Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 10. 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.