

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: (filled circle)
Incorrect Marks: (checkmark), (dot), (cross), (scribble)

VISIT NUMBER	CLINICIAN NUMBER
4 1 0	
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

VISIT_41

1. ID NUMBER

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MACSID_41

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

2. DATE

DATE		
JAN <input type="radio"/>	DAY	YR
FEB <input type="radio"/>		
MAR <input type="radio"/>		
APR <input type="radio"/>		
MAY <input type="radio"/>		
JUN <input type="radio"/>		
JUL <input type="radio"/>		
AUG <input type="radio"/>	5	05
SEPT <input type="radio"/>	6	06
OCT <input type="radio"/>	7	07
NOV <input type="radio"/>	8	08
DEC <input type="radio"/>	9	09

PEDTM_41
PEDTD_41
PEDTY_41

3. WEIGHT

WEIGHT	
KILOGRAMS	

WEIGHKG_41

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

	NO	YES
Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?	<input type="checkbox"/>	<input type="checkbox"/>
Did participant sit quietly for about 5 minutes prior to first BP reading?	<input type="checkbox"/>	<input type="checkbox"/>
Did participant sit quietly for about 5 minutes prior to second BP reading?	<input type="checkbox"/>	<input type="checkbox"/>

CFNIC_41
SIT1_41
SIT2_41

FIRST READING			
BLOOD PRESSURE Sitting, Right Arm			
SYSTOLIC		DIASTOLIC	
0			
1			
2			
	3		3
	4		4
	5		5
	6		6
	7		7
	8		8
	9		9

SBP_41
DBP_41

SECOND READING			
BLOOD PRESSURE Sitting, Right Arm			
SYSTOLIC		DIASTOLIC	
0			
1			
2			
	3		3
	4		4
	5		5
	6		6
	7		7
	8		8
	9		9

SBP2_41
DBP2_41

5. ORAL TEMPERATURE

At least 30 minutes after smoking, eating, or drinking

ORAL TEMPERATURE		
		°F

TEMP_41

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

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

a. Fungal infection lesions (excluding athlete's foot)

	NO	YES
1) Intertriginous candida	<input type="checkbox"/>	<input type="checkbox"/>
2) Tinea versicolor	<input type="checkbox"/>	<input type="checkbox"/>
3) Onychomycosis	<input type="checkbox"/>	<input type="checkbox"/>

b. Herpes Zoster (active) SHNHZ_41
c. Molluscum contagiosum SHNMC_41
d. Seborrhea SHNSE_41
e. Psoriasis SHNPS_41
f. Jaundice SHNJA_41
g. Spider Angioma SHNSA_41

h. Other (please describe below) SHNOT_41

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i. Kaposi's Sarcoma

	NO	YES
1) Skin Lesions	<input type="checkbox"/>	<input type="checkbox"/>
IF YES: Number of lesions		
<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-10	<input type="checkbox"/> >10
Diameter of largest lesion in cms.		
	<input type="radio"/> 0	<input type="radio"/> 10
	<input type="radio"/> 20	<input type="radio"/> 30
	<input type="radio"/> 40	<input type="radio"/> 50
	<input type="radio"/> 60	<input type="radio"/> 70
	<input type="radio"/> 80	<input type="radio"/> 90
	<input type="radio"/> 0	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 9

SHNKS_41
SHNSL_41
SHNLD_41

2) Oral lesions SHNKO_41
3) Anal/perianal lesions SHNKL_41
 Not examined SHNNE_41

Comments:

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SERIAL #

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. OROPHARYNGEAL

NO YES

a. Consistent with oral thrush/candidiasis (ENTTH_41)

IF YES:

- KOH negative -OR- KOH positive Not performed

ENTKO_41

b. Consistent with herpetic lesions (ENTHP_41)

c. Gingivitis/gum disease (ENTGG_41)

d. Oral hairy leukoplakia (ENTLE_41)

e. Other (please describe below) (ENTOT_41)

Blank lines for describing other oral conditions.

8. EYES

NO YES

a. Conjunctiva

1) Redness

2) Discharge

b. Scleral icterus

c. Other (please describe below)

EYRED_41 EYDIS_41 EYSCI_41 EYOTH_41

Blank lines for describing other eye conditions.

9. LYMPH NODES

NO YES

a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm? (LYND1_41)

SKIP TO Q 10

b. Presence of node ≥1 cm

- 1) Occipital 2) Post. auricular 3) Pre-auricular 4) Submental/submandibular 5) Ant. cervical 6) Post. cervical 7) Supraclavicular 8) Axillary 9) Epitrochlear

c. What is the diameter of the largest node present? (LNODD_41)

- 1-2 cm 2.1-4 cm >4 cm

d. Are any of the nodes tender? (TENND_41)

e. Are any of the nodes matted? (MATND_41)

14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe) NO **PNPVR_41**
 YES **PNVTR_41**
 Unable to e

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

LEFT

a2. Perception of vibration (at great toe) NO **PNPVL_41**
 YES **PNVTL_41**
 Unable to e

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

RIGHT

b1. Deep tendon reflexes (ankle reflexes) NO **PNTRR_41**
 YES **PNTRR_41**
 Unable to e

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

LEFT

b2. Deep tendon reflexes (ankle reflexes) NO, ref **PNTRL_41**
 YES, ref **PNTTL_41**
 Unable

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

Additional Comments:

PERF

S/8
Glued

PERF

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 2) **LDFAT_41**
 YES

1b. If "yes" which parts of your body were affected, and how severely?

[ASK EACH ITEM AND RECORD ANSWER]

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	None	Mild	Moderate	Severe
1) Facial fat	LFACE_41		CHFAC_41		<input type="radio"/>	SVFAC_41		<input type="radio"/>
2) Arm fat	LARM_41		CHARM_41		<input type="radio"/>	SVARM_41		<input type="radio"/>
3) Leg fat	LLEG_41		CHLEG_41		<input type="radio"/>	SVLEG_41		<input type="radio"/>
4) Buttocks fat	LBUT_41		CHBUT_41		<input type="radio"/>	SVBUT_41		<input type="radio"/>
5) Belly (abdomen) fat	LABD_41		CHABD_41		<input type="radio"/>	SVABD_41		<input type="radio"/>
6) Fat on back of neck	LPAD_41		CHPAD_41		<input type="radio"/>	SVPAD_41		<input type="radio"/>
7) Breasts	LBR_41		CHBR_41		<input type="radio"/>	SVBR_41		<input type="radio"/>
8) Waist	LWAI_41		CHWAI_41		<input type="radio"/>	SVWAI_41		<input type="radio"/>
9) Hips	LHIP_41		CHHIP_41		<input type="radio"/>	SVHIP_41		<input type="radio"/>
10) Other (if Yes, specify below)	LDO_41		CHOT_41		<input type="radio"/>	SVOT_41		<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	CHDIT_41		6) Liposuction surgery	CHSUR_41	
2) Changing HIV medications	CHHIV_41		7) Cheek implants/injections	CHCHK_41	
3) Exercise/Weight lifting	CHWGT_41		8) Other cosmetic surgery	CHCMS_41	
4) Taking nutritional supplements	CHSUP_41		9) Other (if Yes, specify below)	CHOTH_41	
5) Taking growth hormone or steroids	CHSTR_41				

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_41		IDNCK_41	<input type="radio"/>	ATNCK_41	<input type="radio"/>
2) Trouser waist size?		CHWST_41		IDWST_41	<input type="radio"/>	ATWST_41	<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?	LDHBC_41	
2) High blood triglyceride level?	LDHBT_41	
3) High blood pressure?	LDHBP_41	

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_41

(IF "NO", GO TO NEXT PAGE)

5. Have you taken insulin since your last visit?

LDIN_41

(IF "NO", GO TO NEXT PAGE)

6. Are you now taking insulin?

LDPIN_41

SERIAL #



LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:

_____ cm
HEIGHTM_41

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
LDMID_41

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
LDCHE_41

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
LDWAI_41

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
LDHIP_41

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
LDTHI_41

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
SKFTH_41

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
LDCLF_41

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
SKFTR_41

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
SKSBS_41

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
SKFBI_41

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
SKFBR_41

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
SKFAB_41

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
SKSIL_41

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.

None Yes

- 1) Facial fat loss (sunken cheeks)
- 2) Arms
- 3) Legs
- 4) Buttocks

FWFAC_41
FWARM_41
FWLEG_41
FWBUT_41

Severity* _____

Mild Moderate Severe

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<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. Fat Accumulation:

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

None Yes

- 1) Moon facies
- 2) Abdomen
- 3) Back of Neck
- 4) Breasts

FAMOO_41
FAABD_41
FANCK_41
FABRS_41

Severity* _____

Mild Moderate Severe

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<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. Other physical exam findings noted related to fat distribution:

Specify: **Percentage of body fat** **PCFAT_41**

* 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.