



**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

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**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

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**9. LYMPH NODES**

NO YES

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

**SKIP TO Q 10** ←

b. Presence of node  $\geq 1$  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?



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:

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# LIPODYSTROPHY PHYSICAL EXAMINATION

## 1. Height:

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:

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:

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:

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:

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:

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:

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: (local option)

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:

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:

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:

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:

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:

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:

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*		
	None	Yes	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks	<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.*

			Severity*		
	None	Yes	Mild	Moderate	Severe
1) Moon facies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Back of Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Breasts	<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:

### \* 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.