

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* NO YES
Left NO YES

2) Post. auricular *Right* NO YES
Left NO YES

3) Pre-auricular *Right* NO YES
Left NO YES

4) Submental/submandibular *Right* NO YES
Left NO YES

5) Ant. cervical *Right* NO YES
Left NO YES

6) Post. cervical *Right* NO YES
Left NO YES

7) Supraclavicular *Right* NO YES
Left NO YES

8) Axillary *Right* NO YES
Left NO YES

9) Epitrochlear *Right* NO YES
Left NO YES

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? NO YES

PERF

5/8" Glued

PERF

10. ABDOMEN

a. Liver

Percussed size in mid-clavicular line

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

NO YES

1. Ascites

NO YES

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

NO YES

Palpable on inspiration below left costal margin

NO YES

Size below LCM

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

NO YES

c. Other (please describe below)

NO YES

Did the MACS perform an anal/rectal exam on this participant within the past 6 months?

NO YES

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

SKIP TO Q 12

11. ANAL/RECTAL EXAMINATION

NO YES

- a. Discharge NO YES
- b. Herpetic lesions NO YES
- c. Warts NO YES
- d. Prostate
 - 1) Enlarged NO YES
 - 2) Tender NO YES
- e. Digital exam
 - 1) Tender anal canal NO YES
- f. Hemorrhoids, external NO YES
- g. Laceration/Fissure/Fistula NO YES
- h. Other (please describe below) NO YES

Mark here if genital exam was declined.

12. GENITALIA

NO YES

- a. Urethral discharge NO YES
- b. Skin
 - 1) Condyloma acuminata (warts) NO YES
 - 2) Pediculosis NO YES
 - 3) Tinea cruris/Candida NO YES
 - 4) Herpetic lesions (active) NO YES
- c. Other (please describe below) NO YES

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance	<input type="radio"/>	<input type="radio"/>	
Chest and Lungs	<input type="radio"/>	<input type="radio"/>	
Heart	<input type="radio"/>	<input type="radio"/>	
Extremities	<input type="radio"/>	<input type="radio"/>	
Neurological Exam	<input type="radio"/>	<input type="radio"/>	

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"/>
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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)

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

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)

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:

Horizontal lines for additional comments.

PERF

5/8" Glued

PERF

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.