

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: [X, slash, scribble, partial circle]

Grid for marking VISIT NUMBER (420) and CLINICIAN NUMBER (CLIN_42).

1. ID NUMBER MACSID grid

2. DATE grid with months (JAN-DEC) and day/year fields.

3. WEIGHT grid in KILOGRAMS (WEIGHKG_42)

4. Blood pressure section with questions on caffeine/nicotine, sitting quietly, and tables for FIRST and SECOND READINGS (SBP, DBP).

5. ORAL TEMPERATURE grid (TEMP_42)

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

- a. Fungal infection lesions (excluding athletes foot) with sub-items: 1) Intertriginous candida, 2) Tinea versicolor, 3) Onychomycosis.
b. Herpes Zoster (active)
c. Molluscum contagiosum
d. Seborrhea
e. Psoriasis
f. Jaundice
g. Spider Angioma
h. Other (please describe below)

i. Kaposi's Sarcoma

- 1) Skin Lesions with sub-items: IF YES: Number of lesions (1-2, 3-10, >10), Diameter of largest lesion in cms.
2) Oral lesions
3) Anal/perianal lesions (Not examined)

Comments:

Handwritten notes area with multiple horizontal lines.

SERIAL #

Grid for marking the serial number.

7. OROPHARYNGEAL

NO YES

a. Consistent with oral thrush/candidiasis ENTTH_42

IF YES:

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

ENTKO_42

b. Consistent with herpetic lesions ENTHP_42

c. Gingivitis/gum disease ENTGG_42

d. Oral hairy leukoplakia ENTLE_42

e. Other (please describe below) ENTOT_42

8. EYES

NO YES

a. Conjunctiva

1) Redness EYRED_42

2) Discharge EYDIS_42

b. Scleral icterus EYSCI_42

c. Other (please describe below) EYOTH_42

9. LYMPH NODES

NO YES

a. Are there any nodes present (excluding inguinal and femoral) which are ≥ 1 cm? LYND1_42

SKIP TO Q 10

b. Presence of node ≥ 1 cm

1) Occipital Right OCCR_42 Left OCCL_42

2) Post. auricular Right POAUR_42 Left POAUL_42

3) Pre-auricular Right PRAUR_42 Left PRAUL_42

4) Submental/submandibular Right SUBMR_42 Left SUBML_42

5) Ant. cervical Right ACERR_42 Left ACERL_42

6) Post. cervical Right PCERR_42 Left PCERL_42

7) Supraclavicular Right SCLVR_42 Left SCLVL_42

8) Axillary Right AXILR_42 Left AXILL_42

9) Epitrochlear Right EPTRR_42 Left EPTRL_42

c. What is the diameter of the largest node present? 1-2 cm 2.1-4 cm >4 cm LNODD_42

d. Are any of the nodes tender? NO TENND_42

e. Are any of the nodes matted? MATND_42

10. ABDOMEN

a. Liver

Percussed size in mid-clavicular line

	0	10	20	30	40	50	60	70	80	90	cms LIVPS_42
	0	1	2	3	4	5	6	7	8	9	

LIVAS_42

1. Ascites

b. Spleen (Rt. lateral decubitus, flexed knees/hips) **SPLPL_42**

Palpable on inspiration below left costal margin **SPLCM_42**

Size below LCM

	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_42**

Did the MACS perform an anal/rectal exam on this participant within the past 6 months? **ARMP6_42**

ARDEC_42

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 | | ARDIS_42 |
| b. Herpetic lesions | | ARHPL_42 |
| c. Warts | | ARWRT_42 |
| d. Prostate | | |
| 1) Enlarged | | ARPLG_42 |
| 2) Tender | | ARPTN_42 |
| e. Digital exam | | |
| 1) Tender anal canal | | ARTAC_42 |
| f. Hemorrhoids, external | | ARHEM_42 |
| g. Laceration/Fissure/Fistula | | ARLFF_42 |
| h. Other (please describe below) | | AROTH_42 |

Mark here if genital exam was declined **GEDEC_42**

12. GENITALIA

- | | |
|----------------------------------|-----------------|
| a. Urethral discharge | GPDIS_42 |
| b. Skin | |
| 1) Condyloma acuminata (warts) | GSWRT_42 |
| 2) Pediculosis | GSPED_42 |
| 3) Tinea cruris/Candida | GSTCR_42 |
| 4) Herpetic lesions (active) | GSHPL_42 |
| c. Other (please describe below) | GOTH_42 |

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance	<input type="radio"/>	<input type="radio"/>	EXIGA_42
Chest and Lungs	<input type="radio"/>	<input type="radio"/>	EXICL_42
Heart	<input type="radio"/>	<input type="radio"/>	EXIHT_42
Extremities	<input type="radio"/>	<input type="radio"/>	EXIET_42
Neurological Exam	<input type="radio"/>	<input type="radio"/>	EXINE_42

SERIAL #

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:
HEIGHCM_42

(see instructions)

2. Mid-Arm Girth:
LDMID_42

(see instructions)

3. Chest Girth:
LDCHE_42

(see instructions)

4. Waist Girth:
LDWAI_42

(see instructions)

5. Hip Girth:
LDHIP_42

(see instructions)

6. Thigh Girth:
LDTHI_42

(see instructions)

7. Thigh Skinfold:
SKFTH_42

1a. Calf Girth:
(local option)
LDCLF_42

2a. Triceps
Skinfold:
SKFTR_42

3a. Subscapular
Skinfold:
SKSBS_42

4a. Biceps
Skinfold:
SKFBI_42

5a. Breast
Skinfold:
SKFBR_42

6a. Abdominal
Skinfold:
SKFAB_42

7a. Suprailiac
Skinfold:
SKSIL_42

8. 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)
- 2) Arms
- 3) Legs
- 4) Buttocks

(FWFAC_42)

(FWARM_42)

(FWLEG_42)

(FWBUT_42)

SWFAC_42

SWARM_42

SWLEG_42

SWBUT_42

9. Fat Accumulation:

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

None Yes

Severity*
Mild Moderate Severe

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

(FAMOO_42)

(FAABD_42)

(FANCK_42)

(FABRS_42)

SWMOO_42

SWABD_42

SWNCK_42

SWBRS_42

10. Other physical exam findings noted related to fat distribution: PCFAT_42

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.