5/8" Glue

FOLLOW-UP VISIT PHYSICAL EXAM

MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
 Make clean erasures.
 Make NO stray marks.
 Do NOT fold this form.



	2.	3.	Did participant refrain from c and nicotine for at least 30 m	affeine inutes	NO	YES
ID NUMBER	DATE JAN O DAY YR	WEIGHT KILOGRAMS	prior to first BP reading? Did participant sit quietly for 5 minutes prior to first BP readers.	about iding?	0	0
0000	FEB 0 0 0 00	0000	Did participant sit quietly for 5 minutes prior to second BP	about reading?	0	0
11111	APR () (10 (1) 01	1111	FIRST READING	SECO	ND RE	ADING
22222	MAY (20 2 02	2222	BLOOD PRESSURE			SSURE
3 3 3 3 3	JUNE () 30 3 03	3333	Sitting, Right Arm	· ·		nt Arm
4 4 4 4 4	JULY O 4 04	4 4 4 4	SYSTOLIC DIASTOLIC	SYSTOLI		DIASTOLIC
5 5 5 5	AUG (5) 05 (1)	5 5 5				
6666	SEPT (6) 06 (666		000		000
7777	OCT () 07 ()	777		(1) (1) (1)		100
8888	NOV () (8) 08 ()	888		(2) (2) (3		22
9999	DEC (9) 09 ()	999	33 33	(3)(3)	2///	33
			444	4 (4)	200	4 4
			55 5	(5) (9		5 5
			66 66	60		66
					2///	77
			88	8 (2///	88
			99 99	9 (אווועני	99

(5) (6) (7) (8) (9)	7			59 60 70 80 90	6 7 8	
5. ORA At lea	ast :	30 n	ninu	ites	afte	er
	0 1	0 1 2 3 4 5 6 7 8		0 1 2 3 4 5 6 7	°F	

4 3 0

0

111

22 3

4 4

0

10 (1)

40 4

	KIN/HAIR/NAILS (Excluding genital				i.	Kaposi's Sarcoma	NO	YES	REFUS
a.	Fungal infection lesions (excluding atl	nletes				1) Skin Lesions	\circ	\bigcirc	0
	 Intertriginous candida Tinea versicolor Onychomycosis 	NO O	YES O	C		IF YES: Number of lesions ○ 1-2 3-10 >10 Diameter of largest lesion in cms. 0 (0) (2) (3) (4) (5) (6) (7) (8) (9) ○ 0 1 2 3 4 5 6 7 8 9	ems	-	
c. d. e. f.	Herpes Zoster (active) Molluscum contagiosum Seborrhea Psoriasis Jaundice Spider Angioma	00000	00000	00000		2) Oral lesions 3) Anal/perianal lesions Not examined Comments:	0	0	0
h.	Other (please describe below)	0	0	<u>O</u>	-				

SERIAL#

7. OROPHARYNGEAL NO	YES REFUSED	9.	LYMPH NODES	NO	YES RE	FUSED	1
a. Consistent with oral thrush/candidiasis IF YES: KOH negative	0 0		 a. Are there any nodes present (excluding inguinal and femora which are ≥1 cm? 			0	
-OR- KOH positive Not performed b. Consistent with herpetic lesions	0 0		SKIP TO Q 10 b. Presence of node ≥1 cm			_	
c. Gingivitis/gum disease d. Oral hairy leukoplakia e. Other (please describe below)	000		1) Occipital	Right (0	0	
			2) Post. auricular	Right (0	0	PERF
			3) Pre-auricular	Right (0	0	
			4) Submental/submandibular	Right (0	0	
			5) Ant. cervical	Right (0	
			6) Post. cervical	Right (0	0	
			7) Supraclavicular	Right (0	
8. EYES			8) Axillary	Right (0	0	5/8" Glued
a. Conjuctiva 1) Redness 2) Discharge	YES REFUSED		9) Epitrochlear	Right (0	0	
b. Scleral icterus c. Other (please describe below)	0 0		c. What is the diameter of the largest node present? \[\int 1-2 \text{ cm} \int 2.1-4 \text{ cm} \text{ (}	○ >4 cm			
					YES		i
			d. Are any of the nodes tender?e. Are any of the nodes matted?	0	0		I I
							PERF
							I I

0. ABDOMEN a. Liver Percussed size in mic 0 0 0 0 0 0 0 0 0 0		00 cms	REFUSED YES REFUSED		Did the MACS perform an anal/rectal exam on this participant within the pa 6 months?		SK	VES IP TO 12
1. Ascites		\circ	0 0					
				11.	ANAL/RECTAL EXAMINATION a. Discharge	NO	\bigcirc	REFU
b. Spleen (Rt. lateral de	cubitus, fle	xed			b. Herpetic lesions c. Warts	\bigcirc	0	0
knees/hips)		NO	YES REFUSED		d. Prostate			O
Palpable on inspiration	on below le		1E2 KETUSEL	1	1) Enlarged	\bigcirc	0	\bigcirc
costal margin	J. 1 DOI 0 11 10	\circ	\circ		2) Tender	$\tilde{\circ}$	Õ	$\tilde{\circ}$
			0		e. Digital exam			
Size below LCM					1) Tender anal canal	0	\circ	0
	0 60 70 80 9	90)			f. Hemorrhoids, external	Õ	Ŏ	Õ
0 0 0 0 0 0 0 0	6) 6) 7) 8)	cms			g. Laceration/Fissure/Fistula	Ŏ	Ŏ	0
			YES REFUSED		h. Other (please describe below)	$\tilde{\circ}$	ŏ	ŏ
				12.	GENITALIA	NO	YES	REFUS
					a. Urethral discharge	0	0	0
					b. Skin			
					1) Condyloma acuminata (warts)	\circ	\circ	\circ
					2) Pediculosis	\circ	\circ	\circ
					3) Tinea cruris/Candida	\circ	\circ	0
					4) Herpetic lesions (active)	0	0	0
					c. Other(please describe below)			O
EXAMINER'S IMPRESS	SIONS (use	e back of	page if ne	cessa	ary)			
	NORMAL	ABNORM	AL COMMEN	NTS				
General Appearance	0	0						
Chest and Lungs	0	0						
Heart	0	0						
Extremities	0	0						
Neurological Exam	0	0						
SERIAL#		00	0000	OC	000000000000000000000000000000000000000	00		

5/8" Glue

14. PERIPHERAL NEUROPATHY SCREI	ENING		
RIGHT		LEFT	
a1. Perception of vibration (at great toe)	○ NO ○ YES ○ Unable to evaluate ○ REFUSED	a2. Perception of vibration (at great toe)	NO YES Unable to evaluate REFUSED
Was felt for:	rmal) ild loss) c. (moderate loss)	## Simple Section Solution	rmal) nild loss) ec. (moderate loss)
RIGHT b1. Deep tendon reflexes (ankle reflexes)	NO, reflexes absent YES, reflexes present Unable to evaluate	LEFT b2. Deep tendon reflexes (ankle reflexes	
	endon reflexes ep tendon reflexes eminent spread)		endon reflexes ep tendon reflexes ominent spread)
Additional Comments:			

5/8" Glued

	ID		VC	TD/		LIV	\bigcirc I	IECT	AIAI	IDE
ᄂ		UU	13	IΚI	JE	ПТ	WL	JES1	AIVA	IRE

REFUSED (IF "REFUSED",	SKIP TO P		,						
1b. If "yes" which parts of your body were affected, and how severely?	If No or I next que indicate	stion.		Was this increase decrease			Curron	t Severity	
[ASK EACH ITEM AND			symptom.				Curren	i Severity	/
RECORD ANSWER]	Refused	No	Yes	Increase	Decrease	None	Mild	Moderate	Severe
1) Facial fat	0	\circ	\bigcirc \longrightarrow			\bigcirc	\circ	0	\bigcirc
2) Arm fat	0	0	\bigcirc \longrightarrow			\circ	\circ	\circ	\circ
3) Leg fat		\circ	\bigcirc \longrightarrow			\bigcirc	\circ	\circ	
4) Buttocks fat		\circ	\bigcirc \longrightarrow		\circ	\circ	\circ	\circ	0
5) Belly (abdomen) fat		\circ	\bigcirc \longrightarrow			\bigcirc	\circ	\circ	\bigcirc
6) Fat on back of neck	0	0	\bigcirc \longrightarrow			\circ	\circ	0	000
7) Breasts		\bigcirc	\bigcirc \longrightarrow			\bigcirc	\circ	\circ	\circ
8) Hips		\circ	\bigcirc \longrightarrow			\circ	\circ	\circ	\circ
9) Other (if Yes, specify below)		0	\bigcirc \longrightarrow			\bigcirc	\circ	\bigcirc	\bigcirc
such as: [ASK EACH ITEM AND RECOR 1) Changing diet 2) Changing HIV medications		R] N	lo Yes Ref	used 6) Li 7) C	posuction sur	gery s/injections	your fat	No Ye	es Refuse
[ASK EACH ITEM AND RECOR 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting 4) Taking nutritional supplements 5) Taking growth hormone or second supplements and supplements are supplements.	nts teroids	R] N	lo Yes Ref	used	posuction sur heek implants ther cosmetic ther (if Yes, s	gery s/injections surgery pecify belo	w) Amou	No Ye	es Refuse
such as: [ASK EACH ITEM AND RECORT 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting 4) Taking nutritional supplement 5) Taking growth hormone or second supplement supplement 5.	nts eteroids NTH], If I ge in: ind ind the	No or Fixt que dicate e amou	Refused, go estion. If Yes if change w or decrease unt of change	used 6) Li 7) Ci 8) O 9) O to as an e and ge.	posuction sur heek implants ther cosmetic ther (if Yes, s Was this chance or decrease?	gery s/injections surgery pecify belo	w) Amoun	No Ye	es Refuse
such as: [ASK EACH ITEM AND RECOR 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting 4) Taking nutritional supplement 5) Taking growth hormone or selections.	nts hteroids NTH], If I ge in: inc inc the	No or I vat que dicate e amou	Refused, go estion. If Yes if change w or decrease unt of change No Yes	used 6) Li 7) Ci 8) O 9) O to as an e and ge.	posuction sur heek implants ther cosmetic ther (if Yes, s	gery s/injections surgery pecify belo nge an Decrease	w) Amounty <1 in.	No Ye	es Refuse O O O O O O O O O O O O O O O O O O O
such as: [ASK EACH ITEM AND RECOR 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting 4) Taking nutritional supplements 5) Taking growth hormone or second supplements and supplements are supplements.	nts teroids NTH], If I ne. inc. inc. the Refr	No or Fixt que dicate e amou	Refused, go estion. If Yes if change w or decrease unt of change	used 6) Li 7) Ci 8) O 9) O to as an e and ge.	posuction sur heek implants ther cosmetic ther (if Yes, s Was this chance or decrease?	gery s/injections surgery pecify belo	w) Amoun	No Ye	es Refuse

SERIAL #

5/8" Glue

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height: Cm	cm 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	cm 0 0 0 0 1 1 1 1 2 2 2 2 2 3 3 3 3 3 REFUSED 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 9 9 9 9	6. Thigh Girth	O O O O O O O O O O O O O O O O O O O	PERF
7. Thigh Skinfold:	mm	Skinfold:	11. Breast Skinfold: mm 0 0 0 1 1 1 2 2 2 3 3 3 8 4 4 4 4 5 5 5 5 U 6 6 6 6 7 7 7 8 8 8 8 9 9 9	12. Abdominal Skinfold:	13. Suprailiac Skinfold:	
14. Fat Wasting (see severite		If Yes, indicate sev Refused None	l, go to next question verity of symptom. Yes	Mild Moder	3	5/8" Glued
1) Facial fat loss (sunktion) 2) Arms 3) Legs 4) Buttocks	en cneeks)	0 0 0 0 0 0	0		0	
15. Fat Accumulation:		If None or Refused If Yes, indicate sev Refused None	l, go to next question erity of symptom. Yes	n. Sever	-	
1) Moon facies 2) Abdomen 3) Back of Neck 4) Breasts		0 0 0 0 0 0	0 — 0 — 0 —		O O O	PERF
Specify:	dings noted related to	o fat distribution	:			
 Mild: Mild signs r Moderate: Signs of fat Patient may Severe: Signs of fat 	s not exhibit any signs on the control of the control of the control of the control of the complain that current maldistribution easily rize of clothing or under	spection by pation iced by patient of clothing has beconoted by casual of	ent or clinician. r clinician without ome tighter.	specifically looking		

Page 6