

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.



VISIT NUMBER			CLINICIAN NUMBER		
4	3	0			
0	1	2	0	1	2
3	4	5	3	4	5
6	7	8	6	7	8
9	0	1	9	0	1

1. **ID NUMBER**

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

2. **DATE**

JAN	<input type="radio"/>	DAY	<input type="radio"/>	YR	<input type="radio"/>
FEB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAR	<input type="radio"/>	0	0	00	<input type="radio"/>
APR	<input type="radio"/>	1	0	01	<input type="radio"/>
MAY	<input type="radio"/>	2	0	02	<input type="radio"/>
JUNE	<input type="radio"/>	3	0	03	<input type="radio"/>
JULY	<input type="radio"/>	4	0	04	<input type="radio"/>
AUG	<input type="radio"/>	5	0	05	<input type="radio"/>
SEPT	<input type="radio"/>	6	0	06	<input type="radio"/>
OCT	<input type="radio"/>	7	0	07	<input type="radio"/>
NOV	<input type="radio"/>	8	0	08	<input type="radio"/>
DEC	<input type="radio"/>	9	0	09	<input type="radio"/>

3. **WEIGHT**

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

4. **BLOOD PRESSURE**

4. Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading? NO YES

Did participant sit quietly for about 5 minutes prior to first BP reading?

Did participant sit quietly for about 5 minutes prior to second BP reading?

FIRST READING		SECOND READING	
BLOOD PRESSURE Sitting, Right Arm		BLOOD PRESSURE Sitting, Right Arm	
SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC
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

5. **ORAL TEMPERATURE**
At least 30 minutes after smoking, eating, or drinking

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

°F

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

a. Fungal infection lesions (excluding athletes foot)

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

b. Herpes Zoster (active) NO YES REFUSED

c. Molluscum contagiosum NO YES REFUSED

d. Seborrhea NO YES REFUSED

e. Psoriasis NO YES REFUSED

f. Jaundice NO YES REFUSED

g. Spider Angioma NO YES REFUSED

h. Other (please describe below) NO YES REFUSED

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i. **Kaposi's Sarcoma** NO YES REFUSED

1) Skin Lesions NO YES REFUSED

IF YES: Number of lesions

1-2 3-10 >10

Diameter of largest lesion in cms.

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

cms

2) Oral lesions NO YES REFUSED

3) Anal/perianal lesions NO YES REFUSED

Not examined

Comments:

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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7. OROPHARYNGEAL

NO YES REFUSED

a. Consistent with oral thrush/candidiasis

IF YES:

- KOH negative
-OR-
 KOH positive
 Not performed

b. Consistent with herpetic lesions

c. Gingivitis/gum disease

d. Oral hairy leukoplakia

e. Other (please describe below)

8. EYES

NO YES REFUSED

a. Conjunctiva

1) Redness

2) Discharge

b. Scleral icterus

c. Other (please describe below)

9. LYMPH NODES

NO YES REFUSED

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

SKIP TO Q 10

b. Presence of node ≥ 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?

PERF

5/8"
Glued

PERF

14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe) NO
 YES
 Unable to evaluate
 REFUSED

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
 REFUSED

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
 REFUSED

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
 REFUSED

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

Additional Comments:

Lined area for additional comments, consisting of approximately 25 horizontal lines.

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)

LIPODYSTROPHY MEASURER CODE

0
10
20
30
40
50
60
70
80
90

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

8. 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

9. 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

10. 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

11. 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

12. 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

13. 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

14. Fat Wasting (see severity definitions below):

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

	Severity*		
	Mild	Moderate	Severe
1) Facial fat loss (sunken cheeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Fat Accumulation:

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

	Severity*		
	Mild	Moderate	Severe
1) Moon facies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Back of Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. 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.