

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.



Correct Mark: ●
Incorrect Marks: ✕ ⊖ ⊙ ⊕

VISIT NUMBER	CLINICIAN NUMBER
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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)

c. Molluscum contagiosum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Seborrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Jaundice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Spider Angioma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Other (please describe below)

i. Kaposi's Sarcoma

NO YES REFUSED

1) Skin Lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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
cms									

2) Oral lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3) Anal/perianal lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Not examined			

Comments:

SERIAL #

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

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:

					cm
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:

					cm
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)

3. Chest Girth:

					cm
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:

					cm
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:

					cm
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

					cm
0	0	0	0		
1	1	1	1		
2	2	2	2		
3	3	3	3		
4	4	4	4		
5	5	5	5		
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(see instructions)

LIPODYSTROPHY MEASURER CODE	
	0
	1
	2
	3
	4
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7. Thigh Skinfold:

					mm
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		
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8	8	8	8		
9	9	9	9		

8. Triceps Skinfold:

					mm
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		
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8	8	8	8		
9	9	9	9		

9. Subscapular Skinfold:

					mm
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		
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10. Biceps Skinfold:

					mm
0	0	0	0		
1	1	1	1		
2	2	2	2		
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5	5	5	5		
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11. Breast Skinfold:

					mm
0	0	0	0		
1	1	1	1		
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7	7	7	7		
8	8	8	8		
9	9	9	9		

12. Abdominal Skinfold:

					mm
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		

13. Suprailiac Skinfold:

					mm
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		

14. Fat Wasting (see severity definitions below):

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

Refused None Yes

Severity*
Mild Moderate Severe

- 1) Facial fat loss (sunken cheeks)
- 2) Arms
- 3) Legs
- 4) Buttocks

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<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.

Refused None Yes

Severity*
Mild Moderate Severe

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<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.