MACS

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
4 4 0	

1. ID NUMBER

2. DATE

	DAY	YR
JAN		
FEB		
MAR	00	00
APR	10	01
MAY	20	02
JUNE	30	03
JULY	4	04
AUG	5	05
SEPT	6	06
OCT	7	07
NOV	8	08
DEC	9	09

3. WEIGHT KILOGRAMS

4.

	NO	YES
Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?	○	○
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 — BLOOD PRESSURE Sitting, Right Arm — SYSTOLIC / DIASTOLIC

SECOND READING — BLOOD PRESSURE Sitting, Right Arm — SYSTOLIC / DIASTOLIC

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

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

a. Fungal infection lesions (excluding athletes foot)

	NO	YES	REFUSED
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

	NO	YES	REFUSED
1) Skin Lesions	○	○	○

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	○	○	○
3) Anal/perianal lesions	○	○	○

○ Not examined

Comments:

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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. Conjuctiva			
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

	NO	YES
d. Are any of the nodes tender?	◯	◯
e. Are any of the nodes matted?	◯	◯

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10. ABDOMEN

a. Liver

REFUSED ○

Percussed size in mid-clavicular line

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

cms

	NO	YES	REFUSED
1. Ascites	○	○	○

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

	NO	YES	REFUSED
Palpable on inspiration below left costal margin	○	○	○

Size below LCM

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

cms

	NO	YES	REFUSED
c. Other *(please describe below)*	○	○	○

Did the MACS perform an anal/rectal exam on this participant within the past 6 months? NO ○ YES ○ → SKIP TO Q 12

11. ANAL/RECTAL EXAMINATION

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

12. GENITALIA

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

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance	○	○	
Chest and Lungs	○	○	
Heart	○	○	
Extremities	○	○	
Neurological Exam	○	○	

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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:

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Cuestionario de Lipodistrofía

1a. Desde su última visita en [MES], ¿ha notado cambios en la distribución o en la cantidad de grasa en su cuerpo (tanto pérdida como aumento de grasa)? [Estos cambios se refieren a cambios que ocurren por primera vez y aumentos o disminuciones en la gravedad desde su última visita.]

- ◯ No (SI DIJO "NO", PASE A LA PÁGINA 6)
- ◯ Sí
- ◯ Se negó (SI "SE NEGÓ", PASE A LA PÁGINA 6)

1b. Si contestó que "Sí" a la primera pregunta, ¿cuáles partes de su cuerpo fueron afectadas y cuán grave fue?

Si dijo "no" o "se negó", pase a la siguiente pregunta. Si dijo "sí", indique tipo de cambio y gravedad actual.

¿Fué este cambio aumento o pérdida?

Gravedad Actual

[ASK EACH ITEM AND RECORD ANSWER]	Se negó	No	Sí	Aumento	Pérdida	Nunca	Alguna	Moderada	Severa
1) Grasa facial	◯	◯	◯	◯	◯	◯	◯	◯	◯
2) Grasa en los brazos	◯	◯	◯	◯	◯	◯	◯	◯	◯
3) Grasa en las piernas	◯	◯	◯	◯	◯	◯	◯	◯	◯
4) Grasa en los glúteos	◯	◯	◯	◯	◯	◯	◯	◯	◯
5) Grasa en el abdomen	◯	◯	◯	◯	◯	◯	◯	◯	◯
6) Grasa detrás del cuello	◯	◯	◯	◯	◯	◯	◯	◯	◯
7) Grasa en los senos	◯	◯	◯	◯	◯	◯	◯	◯	◯
8) Cadera	◯	◯	◯	◯	◯	◯	◯	◯	◯
9) Otro *(especifique)*	◯	◯	◯	◯	◯	◯	◯	◯	◯

_____

1c. Desde que notó estos cambios, ¿ha hecho usted algo para influir en la distribución de grasa en su cuerpo? Por ejemplo:

[LEA CADA UNO Y MARQUE LA RESPUESTA]	No	Sí	Se negó
1) Cambiar la dieta	◯	◯	◯
2) Cambiar los medicamentos contra el VIH	◯	◯	◯
3) Hacer ejercicios/levantamiento de pesas	◯	◯	◯
4) Tomar suplementos nutritivos	◯	◯	◯
5) Tomar hormonas de crecimiento o esteroides	◯	◯	◯
6) Liposucción	◯	◯	◯
7) Implantes en las mejillas/inyecciones	◯	◯	◯
8) Otra cirugía cosmética	◯	◯	◯
9) Otro *(especifique)*	◯	◯	◯

_____

2. Desde su última visita en [MES], ¿ha notado <u>cambio</u> en:

Si dijo "no" o "se negó", pase a la siguiente pregunta. Si dijo "sí", indique tipo de cambio y cantidad del cambio.

¿Fué este cambio aumento o pérdida?

Cantidad del cambio desde su última visita

	Se negó	No	Sí	Aumento	Pérdida	<1 in.	1–2 in.	>2 in.
1) Talla del cuello/camisa?	◯	◯	◯	◯	◯	◯	◯	◯
2) Talla de la cintura/pantalón?	◯	◯	◯	◯	◯	◯	◯	◯

In.= pulgadas

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LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height: cm — REFUSED — (see instructions)

2. Mid-Arm Girth: cm — REFUSED — (see instructions)

3. Chest Girth: cm — REFUSED — (see instructions)

4. Waist Girth: cm — REFUSED — (see instructions)

5. Hip Girth: cm — REFUSED — (see instructions)

6. Thigh Girth cm — REFUSED — (see instructions)

LIPODYSTROPHY MEASURER CODE

7. Thigh Skinfold: mm — REFUSED

8. Triceps Skinfold: mm — REFUSED

9. Subscapular Skinfold: mm — REFUSED

10. Biceps Skinfold: mm — REFUSED

11. Breast Skinfold: mm — REFUSED

12. Abdominal Skinfold: mm — REFUSED

13. Suprailiac Skinfold: mm — REFUSED

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	○	○	○ →	○	○	○

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	○	○	○ →	○	○	○

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.

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