

7. OROPHARYNGEAL

NO YES REFUSED

a. Consistent with oral thrush/candidiasis (ENTTH_44

IF YES:

- KOH negative
-OR-
 KOH positive
 Not performed

ENTKO_44

b. Consistent with herpetic lesions (ENTHP_44

c. Gingivitis/gum disease (ENTGG_44

d. Oral hairy leukoplakia (ENTLE_44

e. Other (please describe below) (ENTOT_44

Empty text box for describing other oral conditions.

8. EYES

NO YES REFUSED

a. Conjunctiva

1) Redness EYRED_44

2) Discharge EYDIS_44

b. Scleral icterus EYSCI_44

c. Other (please describe below) EYOTH_44

Empty text box for describing other eye conditions.

9. LYMPH NODES

NO YES REFUSED

a. Are there any nodes present (excluding inguinal and femoral) which are >=1 cm? LYND1_44

-

SKIP TO Q 10

b. Presence of node >=1 cm

1) Occipital Right OCCR_44 Left OCCL_44

2) Post. auricular Right POAUR_44 Left POAUL_44

3) Pre-auricular Right PRAUR_44 Left PRAUL_44

4) Submental/submandibular Right SUBMR_44 Left SUBML_44

5) Ant. cervical Right ACERR_44 Left ACERL_44

6) Post. cervical Right PCERR_44 Left PCERL_44

7) Supraclavicular Right SCLVR_44 Left SCLVL_44

8) Axillary Right AXILR_44 Left AXILL_44

9) Epitrochlear Right EPTRR_44 Left EPTRL_44

c. What is the diameter of the largest node present? LNODD_44

- 1-2 cm 2.1-4 cm >4 cm

NO YES

d. Are any of the nodes tender? TENND_44

e. Are any of the nodes matted? MATND_44

14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

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

PNPVR_44
PNVTR_44

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

PNPVL_44
PNVTL_44

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

PNTRR_44
PNTTR_44

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

PNTRL_44
PNTTL_44

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

Additional Comments:

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:

 cm

HEIGHTCM_44

1	1	1	1	REFUSED
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

LDMID_44

2	2	2	REFUSED
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:

 cm

LDCHE_44

2	2	2	2	REFUSED
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

LDWAI_44

2	2	2	2	REFUSED
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

LDHIP_44

2	2	2	2	REFUSED
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

LDTHI_44

2	2	2	2	REFUSED
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

LPEXN_44

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

7. Thigh Skinfold:

 mm

SKFTH_44

2	2	2	REFUSED
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

8. Triceps Skinfold:

 mm

SKFTR_44

2	2	2	REFUSED
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

9. Subscapular Skinfold:

 mm

SKSBS_44

2	2	2	REFUSED
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

10. Biceps Skinfold:

 mm

SKFBI_44

2	2	2	REFUSED
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

11. Breast Skinfold:

 mm

SKFBR_44

2	2	2	REFUSED
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

12. Abdominal Skinfold:

 mm

SKFAB_44

2	2	2	REFUSED
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

13. Suprailiac Skinfold:

 mm

SKSIL_44

2	2	2	REFUSED
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*

Refused None Yes

Mild Moderate Severe

1) Facial fat loss (sunken cheeks)

FWFAC_44

SWFAC_44

2) Arms

FWARM_44

SWARM_44

3) Legs

FWLEG_44

SWLEG_44

4) Buttocks

FWBUT_44

SWBUT_44

15. Fat Accumulation:

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

Severity*

Refused None Yes

Mild Moderate Severe

1) Moon facies

FAMOO_44

SWMOO_44

2) Abdomen

FAABD_44

SWABD_44

3) Back of Neck

FANCK_44

SWNCK_44

4) Breasts

FABRS_44

SWBRS_44

16. Other physical exam findings noted related to fat distribution:

Specify:

PCFAT_44 (percentage of body fat)

* 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.