



### 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 8. EYES

NO YES REFUSED

a. Conjunctiva

1) Redness

2) Discharge

b. Scleral icterus

c. Other (please describe below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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?

e. Are any of the nodes matted?



**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:*

Handwritten notes in the comments section:

1. Normal

2. Normal

3. Normal

4. Normal

5. Normal

6. Normal

7. Normal

8. Normal

9. Normal

10. Normal

11. Normal

12. Normal

13. Normal

14. Normal

15. Normal

16. Normal

17. Normal

18. Normal

19. Normal

20. Normal

21. Normal

22. Normal

23. Normal

24. Normal

25. Normal

26. Normal

27. Normal

28. Normal

29. Normal

30. Normal

31. Normal

32. Normal

33. Normal

34. Normal

35. Normal

36. Normal

37. Normal

38. Normal

39. Normal

40. Normal

41. Normal

42. Normal

43. Normal

44. Normal

45. Normal

46. Normal

47. Normal

48. Normal

49. Normal

50. Normal



# 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

cm

REFUSED

(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

cm

REFUSED

(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

cm

REFUSED

(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

cm

REFUSED

(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

cm

REFUSED

(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

cm

REFUSED

(see instructions)

LIPODYSTROPHY MEASURER CODE		
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

## 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

mm

REFUSED

## 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

mm

REFUSED

## 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

mm

REFUSED

## 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

mm

REFUSED

## 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

mm

REFUSED

## 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

mm

REFUSED

## 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

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
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"/>

Severity\*

Mild	Moderate	Severe
<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
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"/>

Severity\*

Mild	Moderate	Severe
<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.