MACS

FOLLOW-UP VISIT
PHYSICAL EXAM

Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_54) to a 3 digit suffix (i.e., VARIABLE_054) and affects ALL visit questionnaire variables from the first visit onward.

VISIT NUMBER: 4 5 0 — VISIT_45

CLINICIAN NUMBER — CLIN_45

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:

1. ID NUMBER — MACSID

2. DATE — JAN, FEB, MAR, APR, MAY, JUN, JULY, AUG, SEPT, OCT, NOV, DEC — DAY — YR

PEDTM_45
PEDTD_45
PEDTY_45

3. WEIGHT — KILOGRAMS — WEIGHKG_45

4.a

	NO	YES
Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?	CFNIC_45	
Did participant sit quietly for about 5 minutes prior to first BP reading?	SIT1_45	
Did participant sit quietly for about 5 minutes prior to second BP reading?	SIT2_45	

FIRST READING	SECOND READING
BLOOD PRESSURE Sitting, Right Arm	BLOOD PRESSURE Sitting, Right Arm
SYSTOLIC / DIASTOLIC	SYSTOLIC / DIASTOLIC
SBP_45 / DBP_45	SBP2_45 / DBP2_45

4.b BLOOD PRESSURE ARM — Right, Left — BPARM_45

5. ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking — °F — TEMP_45

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

a. Fungal infection lesions (excluding athletes foot)

	NO	YES	REFUSED
1) Intertriginous candida	SHNFC_45		
2) Tinea versicolor	SHNFV_45		
3) Onychomycosis	SHNFO_45		

b. Herpes Zoster (active)	SHNHZ_45
c. Molluscum contagiosum	SHNMC_45
d. Seborrhea	SHNSE_45
e. Psoriasis	SHNPS_45
f. Jaundice	SHNJA_45
g. Spider Angioma	SHNSA_45
h. Other (please describe below)	SHNOT_45

i. Kaposi's Sarcoma

	NO	YES	REFUSED
1) Skin Lesions			SHNKS_45

IF YES: Number of lesions — 1–2, 3–10, >10 — SHNSL_45

Diameter of largest lesion in cms. — cms — SHNLD_45

2) Oral lesions			SHNKO_45
3) Anal/perianal lesions			SHNKL_45
Not examined			SHNNE_45

Comments:

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7. OROPHARYNGEAL

	NO	YES	REFUSED	
a. Consistent with oral thrush/candidiasis	(			ENTTH_45
IF YES:				
◯ KOH negative				ENTKO_45
-OR-				
◯ KOH positive				
◯ Not performed				
b. Consistent with herpetic lesions	(			ENTHP_45
c. Gingivitis/gum disease	(			ENTGG_45
d. Oral hairy leukoplakia	(			ENTLE_45
e. Other *(please describe below)*	(			ENTOT_45

8. EYES

	NO	YES	REFUSED	
a. Conjuctiva				
1) Redness				EYRED_45
2) Discharge				EYDIS_45
b. Scleral icterus				EYSCI_45
c. Other *(please describe below)*				EYOTH_45

9. LYMPH NODES

	NO	YES	REFUSED	
a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?				LYND1_45

SKIP TO Q 10

b. Presence of node ≥1 cm

1) Occipital	*Right*	OCCR_45
	Left	OCCL_45
2) Post. auricular	*Right*	POAUR_45
	Left	POAUL_45
3) Pre-auricular	*Right*	PRAUR_45
	Left	PRAUL_45
4) Submental/submandibular	*Right*	SUBMR_45
	Left	SUBML_45
5) Ant. cervical	*Right*	ACERR_45
	Left	ACERL_45
6) Post. cervical	*Right*	PCERR_45
	Left	PCERL_45
7) Supraclavicular	*Right*	SCLVR_45
	Left	SCLVL_45
8) Axillary	*Right*	AXILR_45
	Left	AXILL_45
9) Epitrochlear	*Right*	EPTRR_45
	Left	EPTRL_45

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

◯ 1–2 cm ◯ 2.1–4 cm ◯ >4 cm LNODD_45

	NO	YES	
d. Are any of the nodes tender?			TENND_45
e. Are any of the nodes matted?			MATND_45

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 LIVPS_45

	NO	YES	REFUSED	
1. Ascites				LIVAS_45

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

	NO	YES	REFUSED	
Palpable on inspiration below left costal margin				SPLPL_45

Size below LCM SPLCM_45

	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)*				ABDOT_45

Did the MACS perform an anal/rectal exam on this participant within the past 6 months? ARMP6_45

◯ NO ◯ YES **IF YES, SKIP TO Q 12 GENITALIA EXAM**

◯ Mark here if entire rectal exam was declined ARERE F_45

11. ANAL/RECTAL EXAMINATION

	NO	YES	REFUSED	
a. Discharge				ARDIS_45
b. Herpetic lesions				ARHPL_45
c. Warts				ARWRT_45
d. Prostate				
1) Enlarged				ARPLG_45
2) Tender				ARPTN_45
e. Digital exam				
1) Tender anal canal				ARTAC_45
f. Hemorrhoids, external				ARHEM_45
g. Laceration/Fissure/Fistula				ARLFF_45
h. Other *(please describe below)*				AROTH_45

◯ Mark here if genitalia exam was declined GEREF_45

12. GENITALIA

	NO	YES	REFUSED	
a. Urethral discharge				GPDIS_45
b. Skin				
1) Condyloma acuminata (warts)				GSWRT_45
2) Pediculosis				GSPED_45
3) Tinea cruris/Candida				GSTCR_45
4) Herpetic lesions (active)				GSHPL_45
c. Other *(please describe below)*				GOTH_45

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

	NORMAL	ABNORMAL	NOT PERFORMED	COMMENTS
General Appearance	◯	◯	◯	EXIGA_45
Chest and Lungs	◯	◯	◯	EXICL_45
Heart	◯	◯	◯	EXIHT_45
Extremities	◯	◯	◯	EXIET_45
Neurological Exam	◯	◯	◯	EXINE_45

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14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe) — PNPVR_45

- ◯ NO
- ◯ YES
- ◯ Unable to evaluate
- ◯ REFUSED

IF YES: Vibration was felt for: → PNVTR_45

- ◯ >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) — PNPVL_45

- ◯ NO
- ◯ YES
- ◯ Unable to evaluate
- ◯ REFUSED

IF YES: Vibration was felt for: → PNVTL_45

- ◯ >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) — PNTRR_45

- ◯ NO, reflexes absent
- ◯ YES, reflexes present
- ◯ Unable to evaluate
- ◯ REFUSED

IF YES: Reflexes felt were: → PNTTR_45

- ◯ Hypoactive
- ◯ Normal deep tendon reflexes
- ◯ Hyperactive deep tendon reflexes (e.g., with prominent spread)
- ◯ Clonus

LEFT

b2. Deep tendon reflexes (ankle reflexes) — PNTRL_45

- ◯ NO, reflexes absent
- ◯ YES, reflexes present
- ◯ Unable to evaluate
- ◯ REFUSED

IF YES: Reflexes felt were: → PNTTL_45

- ◯ Hypoactive
- ◯ Normal deep tendon reflexes
- ◯ Hyperactive deep tendon reflexes (e.g., with prominent spread)
- ◯ Clonus

Additional Comments:

LIPODYSTROPHY QUESTIONNAIRE

1a. Since your last visit in [MONTH], have you noticed any changes in the distribution or in the amount of your body fat (either loss or gain)? [Changes include first time occurrences and increases or decreases in severity since your last visit.]

- ◯ NO (IF "NO", SKIP TO PAGE 6)
- ◯ YES
- ◯ REFUSED (IF "REFUSED", SKIP TO PAGE 6)

LDFAT_45

1b. If "yes" which parts of your body were affected, and how severely?

[ASK EACH ITEM AND RECORD ANSWER]

	If No or Refused, go to next question. If Yes, indicate type of change and severity of symptom.			*Was this change an increase or decrease?* →		Current Severity			
	Refused	No	Yes	Increase	Decrease	None	Mild	Moderate	Severe
1) Facial fat	LFACE_45			CHFAC_45		SVFAC_45		◯	◯
2) Arm fat	LARM_45			CHARM_45		SVARM_45		◯	◯
3) Leg fat	LLEG_45			CHLEG_45		SVLEG_45		◯	◯
4) Buttocks fat	LBUT_45			CHBUT_45		SVBUT_45		◯	◯
5) Belly (abdomen) fat	LABD_45			CHABD_45		SVABD_45		◯	◯
6) Fat on back of neck	LPAD_45			CHPAD_45		SVPAD_45		◯	◯
7) Breasts	LBRS_45			CHBRS_45		SVBRS_45		◯	◯
8) Hips	LHIP_45			CHHIP_45		SVHIP_45		◯	◯
9) Other *(if Yes, specify below)*	LDOTH_45			CHOT_45		SVOTH_45		◯	◯

1c. Since you've noticed these changes, have you taken actions that would influence your fat distribution such as:

[ASK EACH ITEM AND RECORD ANSWER]

	No	Yes	Refused
1) Changing diet	CHDIT_45		
2) Changing HIV medications	CHHIV_45		
3) Exercise/Weight lifting	CHWGT_45		
4) Taking nutritional supplements	CHSUP_45		
5) Taking growth hormone or steroids	CHSTR_45		
6) Liposuction surgery	CHSUR_45		
7) Cheek implants/injections	CHCHK_45		
8) Other cosmetic surgery	CHCMS_45		
9) Other *(if Yes, specify below)*	CHOTH_45		

2. Since your last visit in [MONTH], have you noticed any <u>change</u> in:

	If No or Refused, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.			*Was this change an increase or decrease?* →		*Amount of change since your last visit.*		
	Refused	No	Yes	Increase	Decrease	<1 in.	1–2 in.	>2 in.
1) Shirt neck size?	◯	CHNCK_45		IDNCK_45		ATNCK_45		◯
2) Trouser waist size?	◯	CHWST_45		IDWST_45		ATWST_45		◯

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LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height: cm
HEIGHCM_45
(see instructions)

2. Mid-Arm Girth: cm
LDMID_45
(see instructions)

3. Chest Girth: cm
LDCHE_45
(see instructions)

4. Waist Girth: cm
LDWAI_45
(see instructions)

5. Hip Girth: cm
LDHIP_45
(see instructions)

6. Thigh Girth cm
LDTHI_45
(see instructions)

LIPODYSTROPHY MEASURER CODE
LPEXN_45

7. Thigh Skinfold: mm
SKFTH_45

8. Triceps Skinfold: mm
SKFTR_45

9. Subscapular Skinfold: mm
SKSBS_45

10. Biceps Skinfold: mm
SKFBI_45

11. Breast Skinfold: mm
SKFBR_45

12. Abdominal Skinfold: mm
SKFAB_45

13. Suprailiac Skinfold: mm
SKSIL_45

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)	○	○	FWFAC_45	SWFAC_45		○
2) Arms	○	○	FWARM_45	SWARM_45		○
3) Legs	○	○	FWLEG_34	SWLEG_45		○
4) Buttocks	○	○	FWBUT_45	SWBUT_45		○

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	○	○	FAMOO_45	SWMOO_45	○	○
2) Abdomen	○	○	FAABD_45	SWABD_45	○	○
3) Back of Neck	○	○	FANCK_45	SWNCK_45	○	○
4) Breasts	○	○	FABRS_45	SWBRS_45	○	○

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

Specify: PCFAT_45

*** 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.