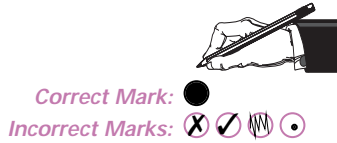


FOLLOW-UP VISIT PHYSICAL EXAM

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.

MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
• Make clean erasures.
• Make NO stray marks.
• Do NOT fold this form.



VISIT NUMBER 460, CLINICIAN NUMBER, VISIT\_46, CLIN\_46

1. ID NUMBER MACSID

2. DATE PEDTM\_46, PEDTD\_46, PEDTY\_46

3. WEIGHT WEIGHKG\_46

4.a. Did participant refrain from caffeine and nicotine... CFNIC\_46, SIT1\_46, SIT2\_46

FIRST READING BLOOD PRESSURE SITTING, RIGHT ARM SBP\_46 DBP\_46

4.b. BLOOD PRESSURE ARM BPARM\_46

5. ORAL TEMPERATURE TEMP\_46

Q 6-Q 14 NOT COMPLETED DUE TO: PENOC\_46

6. SKIN/HAIR/NAILS (Excluding genital area) a. Fungal infection lesions... SHNFC\_46, SHNFV\_46, SHNFO\_46

i. Kaposi's Sarcoma 1) Skin Lesions SHNKS\_46, SHNSL\_46, SHNLD\_46

h. Other (please describe below) SHNOT\_46

Comments:

SERIAL #

Serial number bubbles

7. OROPHARYNGEAL

NO YES REFUSED

a. Consistent with oral thrush/candidiasis **ENTTH\_46**

IF YES:

- KOH negative **ENTKO\_46**
- OR-
- KOH positive
- Not performed

b. Consistent with herpetic lesions **ENTHP\_46**

c. Gingivitis/gum disease **ENTGG\_46**

d. Oral hairy leukoplakia **ENTLE\_46**

e. Other (please describe below) **ENTOT\_46**

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8. EYES

NO YES REFUSED

a. Conjunctiva

1) Redness **EYRED\_46**

2) Discharge **EYDIS\_46**

b. Scleral icterus **EYSCI\_46**

c. Other (please describe below) **EYOTH\_46**

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9. LYMPH NODES

NO YES REFUSED

a. Are there any nodes present (excluding inguinal and femoral) which are  $\geq 1$  cm? **LYND1\_46**

**SKIP TO Q 10** ←

b. Presence of node  $\geq 1$  cm

1) Occipital **Right OCCR\_46**  
**Left OCCL\_46**

2) Post. auricular **Right POAUR\_46**  
**Left POAUL\_46**

3) Pre-auricular **Right PRAUR\_46**  
**Left PRAUL\_46**

4) Submental/submandibular **Right SUBMR\_46**  
**Left SUBML\_46**

5) Ant. cervical **Right ACERR\_46**  
**Left ACERL\_46**

6) Post. cervical **Right PCERR\_46**  
**Left PCERL\_46**

7) Supraclavicular **Right SCLVR\_46**  
**Left SCLVL\_46**

8) Axillary **Right AXILR\_46**  
**Left AXILL\_46**

9) Epitrochlear **Right EPTRR\_46**  
**Left EPTRL\_46**

c. What is the diameter of the largest node present? **LNODD\_46**

- 1–2 cm
- 2.1–4 cm
- >4 cm

d. Are any of the nodes tender? **TENND\_46**

e. Are any of the nodes matted? **MATND\_46**



### 14. PERIPHERAL NEUROPATHY SCREENING

#### RIGHT

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

PNPVR\_46

IF YES: Vibration was felt for:  $\rightarrow$   >10 sec. (normal)  
 5-10 sec. (mild loss)  
 >0 and <5 sec. (moderate loss)  
 0 sec. (severe loss)

PNVTR\_46

#### LEFT

a2. Perception of vibration (at great toe)  NO  
 YES  
 Unable to evaluate  
 REFUSED

PNPVL\_46

IF YES: Vibration was felt for:  $\rightarrow$   >10 sec. (normal)  
 5-10 sec. (mild loss)  
 >0 and <5 sec. (moderate loss)  
 0 sec. (severe loss)

PNVTL\_46

#### RIGHT

b1. Deep tendon reflexes (ankle reflexes)  NO, reflexes absent  
 YES, reflexes present  
 Unable to evaluate  
 REFUSED

PNTRR\_46

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

PNTRR\_46

#### LEFT

b2. Deep tendon reflexes (ankle reflexes)  NO, reflexes absent  
 YES, reflexes present  
 Unable to evaluate  
 REFUSED

PNTRL\_46

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

PNTTL\_46

#### Additional Comments:

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# 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) **LDFAT\_46**  
 YES  
 REFUSED (IF "REFUSED", SKIP TO PAGE 6)

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	<b>LFACE_46</b>			<b>CHFAC_46</b>		<input type="radio"/>	<b>SVFAC_46</b>		<input type="radio"/>
2) Arm fat	<b>LARM_46</b>			<b>CHARM_46</b>		<input type="radio"/>	<b>SVARM_46</b>		<input type="radio"/>
3) Leg fat	<b>LLEG_46</b>			<b>CHLEG_46</b>		<input type="radio"/>	<b>SVLEG_46</b>		<input type="radio"/>
4) Buttocks fat	<b>LBUT_46</b>			<b>CHBUT_46</b>		<input type="radio"/>	<b>SVBUT_46</b>		<input type="radio"/>
5) Belly (abdomen) fat	<b>LABD_46</b>			<b>CHABD_46</b>		<input type="radio"/>	<b>SVABD_46</b>		<input type="radio"/>
6) Fat on back of neck	<b>LPAD_46</b>			<b>CHPAD_46</b>		<input type="radio"/>	<b>SVPAD_46</b>		<input type="radio"/>
7) Breasts	<b>LBRS_46</b>			<b>CHBRS_46</b>		<input type="radio"/>	<b>SVBRS_46</b>		<input type="radio"/>
8) Hips	<b>LHIP_46</b>			<b>CHHIP_46</b>		<input type="radio"/>	<b>SVHIP_46</b>		<input type="radio"/>
9) Other (if Yes, specify below)	<b>LDOTH_46</b>			<b>CHOT_46</b>		<input type="radio"/>	<b>SVOTH_46</b>		<input type="radio"/>

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	No	Yes	Refused
1) Changing diet	<b>CHDIT_46</b>			6) Liposuction surgery	<b>CHSUR_46</b>	
2) Changing HIV medications	<b>CHHIV_46</b>			7) Cheek implants/injections	<b>CHCHK_46</b>	
3) Exercise/Weight lifting	<b>CHWGT_46</b>			8) Other cosmetic surgery	<b>CHCMS_46</b>	
4) Taking nutritional supplements	<b>CHSUP_46</b>			9) Other (if Yes, specify below)	<b>CHOTH_46</b>	
5) Taking growth hormone or steroids	<b>CHSTR_46</b>					

2. Since your last visit in [MONTH], have you noticed any change 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?	<b>CHNCK_46</b>			<b>(IDNCK_46)</b>		<input type="radio"/>	<b>ATNCK_46</b>	<input type="radio"/>
2) Trouser waist size?	<b>CHWST_46</b>			<b>(IDWST_46)</b>		<input type="radio"/>	<b>ATWST_46</b>	<input type="radio"/>

SERIAL #



# LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:

HEIGHCM\_46

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:

LDMID\_46

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:

LDCHE\_46

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:

LDWAI\_46

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:

LDHIP\_46

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

LDTHI\_46

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)

LPEXN\_46

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

7. Thigh Skinfold:

SKFTH\_46

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

8. Triceps Skinfold:

SKFTR\_46

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

9. Subscapular Skinfold:

SKSBS\_46

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

10. Biceps Skinfold:

SKFBI\_46

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

11. Breast Skinfold:

SKFBR\_46

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

12. Abdominal Skinfold:

SKFAB\_46

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:

SKSIL\_46

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SWFAC_46 <input type="radio"/>
2) Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SWARM_46 <input type="radio"/>
3) Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SWLEG_46 <input type="radio"/>
4) Buttocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SWBUT_46 <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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SWMOO_46 <input type="radio"/>
2) Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SWABD_46 <input type="radio"/>
3) Back of Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SWNCK_46 <input type="radio"/>
4) Breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SWBRS_46 <input type="radio"/>

**\* 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. **PCFAT\_46**

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

Specify: