

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	CLINICIAN NUMBER
4 7 0	
(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(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)
VISIT_47	CLIN_47

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) (2) (2) (2) (2)
(3) (3) (3) (3) (3)
(4) (4) (4) (4) (4)
(5) (5) (5) (5) (5)
(6) (6) (6) (6) (6)
(7) (7) (7) (7) (7)
(8) (8) (8) (8) (8)
(9) (9) (9) (9) (9)

2. DATE

JAN	()	DAY	YR
FEB	()		
MAR	()	PEDTM_47	
APR	()	PEDTD_47	
MAY	()	PEDTY_47	
JUNE	()	30 3	03
JULY	()	4	04
AUG	()	5	05
SEPT	()	6	06
OCT	()	7	07
NOV	()	8	08
DEC	()	9	09

3. WEIGHT

WEIGHKG_47
(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)

4.a. NO YES

Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading? **CFNIC_47**

Did participant sit quietly for about 5 minutes prior to first BP reading? **SIT1_47**

Did participant sit quietly for about 5 minutes prior to second BP reading? **SIT2_47**

FIRST READING		SECOND READING	
BLOOD PRESSURE Sitting, Right Arm		BLOOD PRESSURE Sitting, Right Arm	
SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC
SBP_47	DBP_47	SBP2_47	DBP2_47

4.b. BLOOD PRESSURE ARM

Right **BPARM_47**
 Left

Q 6-Q 14 NOT COMPLETED DUE TO:

Participant refused this section
 No clinician available **PENOC_47**

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

TEMP_47	°F
(2) (2) (2)	
(3) (3) (3)	
(4) (4) (4)	
(5) (5) (5)	
(6) (6) (6)	
(7) (7) (7)	
(8) (8) (8)	
(9) (9) (9)	

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

a. Fungal infection lesions (excluding athletes foot)

	NO	YES	REFUSED
1) Intertriginous candida	SHNFC_47		
2) Tinea versicolor	SHNFV_47		
3) Onychomycosis	SHNFO_47		

b. Herpes Zoster (active) **SHNHZ_47**
 c. Molluscum contagiosum **SHNMC_47**
 d. Seborrhea **SHNSE_47**
 e. Psoriasis **SHNPS_47**
 f. Jaundice **SHNJA_47**
 g. Spider Angioma **SHNSA_47**
 h. Other (please describe below) **SHNOT_47**

i. Kaposi's Sarcoma

	NO	YES	REFUSED
1) Skin Lesions		SHNKS_47	
IF YES: Number of lesions	<input type="radio"/> 1-2	<input type="radio"/> 3-10	<input type="radio"/> >10
Diameter of largest lesion in cms.		SHNSL_47	
	(0) (10) (20) (30) (40) (50) (60) (70) (80) (90)		SHNLD_47
	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9) cms		

2) Oral lesions **SHNKO_47**
 3) Anal/perianal lesions **SHNKL_47**
 Not examined **SHNNE_47**

Comments:

SERIAL #



7. OROPHARYNGEAL

NO YES REFUSED

a. Consistent with oral thrush/candidiasis ENTTH_47

IF YES:

- KOH negative -OR- ENTKO_47
- KOH positive
- Not performed

b. Consistent with herpetic lesions ENTHP_47

c. Gingivitis/gum disease ENTGG_47

d. Oral hairy leukoplakia ENTLE_47

e. Other (please describe below) ENTOT_47

8. EYES

NO YES REFUSED

a. Conjunctiva EYRED_47

1) Redness EYDIS_47

2) Discharge EYSCI_47

b. Scleral icterus EYOTH_47

c. Other (please describe below)

9. LYMPH NODES

NO YES REFUSED

a. Are there any nodes present LYND1_47

(excluding inguinal and femoral) which are ≥1 cm?

SKIP TO Q 10 ←

b. Presence of node ≥1 cm

1) Occipital Right OCCR_47
Left OCCL_47

2) Post. auricular Right POAUR_47
Left POAUL_47

3) Pre-auricular Right PRAUR_47
Left PRAUL_47

4) Submental/submandibular Right SUBMR_47
Left SUBML_47

5) Ant. cervical Right ACERR_47
Left ACERL_47

6) Post. cervical Right PCERR_47
Left PCERL_47

7) Supraclavicular Right SCLVR_47
Left SCLVL_47

8) Axillary Right AXILR_47
Left AXILL_47

9) Epitrochlear Right EPTRR_47
Left EPTRL_47

c. What is the diameter of the largest node present? LNODD_47

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

d. Are any of the nodes tender? NO YES
TENND_47

e. Are any of the nodes matted? MATND_47

10. ABDOMEN

a. Liver

REFUSED

Percussed size in mid-clavicular line

Grid for liver size (0-90 cms)

LIVPS_47

1. Ascites

NO YES REFUSED

LIVAS_47

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

NO YES REFUSED

Palpable on inspiration below left costal margin

NO YES REFUSED

SPLPL_47

Size below LCM

Grid for spleen size (0-90 cms)

SPLCM_47

c. Other (please describe below)

NO YES REFUSED

ABDOT_47

Text area for describing other abdominal findings

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

ARMP6_47

NO YES IF YES, SKIP TO Q 12 GENITALIA EXAM

Mark here if entire rectal exam was declined AREREF_47

11. ANAL/RECTAL EXAMINATION

NO YES REFUSED

a. Discharge

ARDIS_47

b. Herpetic lesions

ARHPL_47

c. Warts

ARWRT_47

d. Prostate

1) Enlarged

ARPLG_47

2) Tender

ARPTN_47

e. Digital exam

1) Tender anal canal

ARTAC_47

f. Hemorrhoids, external

ARHEM_47

g. Laceration/Fissure/Fistula

ARLFF_47

h. Other (please describe below)

AROTH_47

Text area for describing other anal/rectal exam findings

Mark here if genitalia exam was declined GEREF_47

12. GENITALIA

NO YES REFUSED

a. Urethral discharge

GPDIS_47

b. Skin

1) Condyloma acuminata (warts)

GSWRT_47

2) Pediculosis

GSPED_47

3) Tinea cruris/Candida

GSTCR_47

4) Herpetic lesions (active)

GSHPL_47

c. Other (please describe below)

GOTH_47

Text area for describing other genitalia exam findings

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

Table with columns: NORMAL, ABNORMAL, NOT PERFORMED, COMMENTS and rows: General Appearance, Chest and Lungs, Heart, Extremities, Neurological Exam.

SERIAL #

Grid for recording serial number

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:

_____ cm
HEIGHTCM_47

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:

_____ cm
LDMID_47

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

(see instructions)

3. Chest Girth:

_____ cm
LDCHE_47

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:

_____ cm
LDWAI_47

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:

_____ cm
LDHIP_47

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:

_____ cm
LDTHI_47

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)

LIPODYSTROPHY MEASURER CODE

LPEXN_47

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:

_____ mm
SKFTH_47

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

8. Triceps Skinfold:

_____ mm
SKFTR_47

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

9. Subscapular Skinfold:

_____ mm
SKSBS_47

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

10. Biceps Skinfold:

_____ mm
SKFBI_47

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

11. Breast Skinfold:

_____ mm
SKFBR_47

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

12. Abdominal Skinfold:

_____ mm
SKFAB_47

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

13. Suprailiac Skinfold:

_____ mm
SKSIL_47

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

14. Fat Wasting (see severity definitions below):

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

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"/>

- 1) Facial fat loss (sunken cheeks)
- 2) Arms
- 3) Legs
- 4) Buttocks

Refused	None	Yes
<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.

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"/>

- 1) Moon facies
- 2) Abdomen
- 3) Back of Neck
- 4) Breasts

Refused	None	Yes
<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"/>

* 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.

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

PCFAT_47

Specify: