

FOLLOW-UP VISIT

PHYSICAL EXAM

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:

VISIT NUMBER			CLINICIAN NUMBER		
4	8	0			
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1

1. ID NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1

2. DATE

MONTH	DAY	YR
JAN <input type="radio"/>	<input type="text"/>	<input type="text"/>
FEB <input type="radio"/>	<input type="text"/>	<input type="text"/>
MAR <input type="radio"/>	<input type="text"/>	<input type="text"/>
APR <input type="radio"/>	<input type="text"/>	<input type="text"/>
MAY <input type="radio"/>	<input type="text"/>	<input type="text"/>
JUNE <input type="radio"/>	<input type="text"/>	<input type="text"/>
JULY <input type="radio"/>	<input type="text"/>	<input type="text"/>
AUG <input type="radio"/>	<input type="text"/>	<input type="text"/>
SEPT <input type="radio"/>	<input type="text"/>	<input type="text"/>
OCT <input type="radio"/>	<input type="text"/>	<input type="text"/>
NOV <input type="radio"/>	<input type="text"/>	<input type="text"/>
DEC <input type="radio"/>	<input type="text"/>	<input type="text"/>

3. WEIGHT

KILOGRAMS			
<input type="text"/>			
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1

4.a

Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?	NO <input type="radio"/>	YES <input type="radio"/>
Did participant sit quietly for about 5 minutes prior to first BP reading?	<input type="radio"/>	<input type="radio"/>
Did participant sit quietly for about 5 minutes prior to second BP reading?	<input type="radio"/>	<input type="radio"/>

4.b

BLOOD PRESSURE ARM

Right

Left

FIRST READING		SECOND READING	
BLOOD PRESSURE Sitting, Right Arm		BLOOD PRESSURE Sitting, Right Arm	
SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 8	<input type="radio"/> 9

5. ORAL TEMPERATURE

At least 30 minutes after smoking, eating, or drinking

°F			
<input type="text"/>			
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 0	<input type="radio"/> 1

SECTION NOT COMPLETED DUE TO:

PAGES 1-4 Participant refused this section
 No clinician available

PAGES 5-6 Participant refused lipo section
 No lipo examiner available

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

a. Fungal infection lesions (excluding athletes foot)

	NO	YES	REFUSED
1) Intertriginous candida	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Tinea versicolor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Onychomycosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Herpes Zoster (active) NO YES REFUSED

c. Molluscum contagiosum NO YES REFUSED

d. Seborrhea NO YES REFUSED

e. Psoriasis NO YES REFUSED

f. Jaundice NO YES REFUSED

g. Spider Angioma NO YES REFUSED

h. Other (please describe below) NO YES REFUSED

i. Kaposi's Sarcoma

	NO	YES	REFUSED																				
1) Skin Lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
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.																							
<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="radio"/> 0</td><td><input type="radio"/> 10</td><td><input type="radio"/> 20</td><td><input type="radio"/> 30</td><td><input type="radio"/> 40</td><td><input type="radio"/> 50</td><td><input type="radio"/> 60</td><td><input type="radio"/> 70</td><td><input type="radio"/> 80</td><td><input type="radio"/> 90</td></tr></table> cms				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90														
2) Oral lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
3) Anal/perianal lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/> Not examined																							

Comments:

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)

8. EYES

NO YES REFUSED

a. Conjunctiva

1) Redness

2) Discharge

b. Scleral icterus

c. Other (please describe below)

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:

(This section contains 20 horizontal lines for providing additional comments.)

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

(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

(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

(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

(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

(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

(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. Fat Wasting (see severity definitions below):

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

Severity*

Mild Moderate Severe

Refused None Yes

1) Facial fat loss (sunken cheeks)

2) Arms

3) Legs

4) Buttocks

8. Fat Accumulation:

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

Severity*

Mild Moderate Severe

Refused None Yes

1) Moon facies

2) Abdomen

3) Back of Neck

4) Breasts

* 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.

Q7. Fat Wasting:

The examiner observes and grades the lipoatrophy (both facial and limb) according to the following standards:

For facial lipoatrophy:

- mild — clearly visible deepened nasolabial folds
- moderate — evidence of “hollowing out” of cheeks
- severe — hollowed cheek areas with underlying muscle clearly visible

For limb (arms and legs) lipoatrophy:

- mild — increased prominence of veins
- moderate — increased prominence of both veins and muscles
- severe — a + b with overall thinning appearance of the limb

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

Specify: