### 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:

---

### ID NUMBER

- **MACSID**
- **PEDTM**
- **PEDDY**

### DATE

- JAN
- FEB
- MAR
- APR
- MAY
- JUNE
- JULY
- AUG
- SEPT
- OCT
- NOV
- DEC

### WEIGHT

- **WEIGHT**

### BLOOD PRESSURE

- **SBP**
- **DBP**
- **SBP2**
- **DBP2**

#### Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?
- Yes
- No

#### Did participant sit quietly for about 5 minutes prior to first BP reading?
- Yes
- No

#### Did participant sit quietly for about 5 minutes prior to second BP reading?
- Yes
- No

---

### SKIN/HAIR/NAILS (Excluding genital area)

1. **Intertriginous candida**
2. **Tinea versicolor**
3. **Onychomycosis**
4. **Herpes Zoster (active)**
5. **Molluscum contagiosum**
6. **Seborrhea**
7. **Psoriasis**
8. **Jaundice**
9. **Spider Angioma**
10. **Other (please describe below)**

#### Comments:

---

### ORAL TEMPERATURE

- **TEMP**

---

### PAGE 1
### 7. OROPHARYNGEAL

- **a. Consistent with oral thrush/candidiasis**
  - Yes:
    - KOH negative
    - OR:
    - KOH positive
    - OR:
    - Not performed
  - NO

- **b. Consistent with herpetic lesions**

- **c. Gingivitis/gum disease**

- **d. Oral hairy leukoplakia**

- **e. Other (please describe below)**

### 8. EYES

- **a. Conjuctiva**
  - 1) Redness
  - 2) Discharge
  - b. Scleral icterus
  - c. Other (please describe below)

### 9. LYMPH NODES

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

- **b. Presence of node ≥1 cm**
  - 1) Occipital
  - Right: OCCR_48
  - Left: OCCL_48
  - 2) Post. auricular
  - Right: POAUR_48
  - Left: POAUL_48
  - 3) Pre-auricular
  - Right: PRAUR_48
  - Left: PRAUL_48
  - 4) Submental/submandibular
  - Right: SUBMR_48
  - Left: SUBML_48
  - 5) Ant. cervical
  - Right: ACERR_48
  - Left: ACERL_48
  - 6) Post. cervical
  - Right: PCERR_48
  - Left: PCERL_48
  - 7) Supraclavicular
  - Right: SCLVR_48
  - Left: SCLVL_48
  - 8) Axillary
  - Right: AXILR_48
  - Left: AXILL_48
  - 9) Epitrochlear
  - Right: EPTRR_48
  - Left: EPTRL_48

- **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?**
  - NO
  - YES

- **e. Are any of the nodes matted?**

---

Page 2
10. ABDOMEN

a. Liver
   Percussed size in mid-clavicular line
   ○ LIVPS_48
   ○ CMS
   ○ REFUSED
   ○ NO
   ○ YES

b. Spleen (Rt. lateral decubitus, flexed knees/hips)
   Palpable on inspiration below left costal margin
   ○ SPLPL_48
   ○ CMS
   ○ REFUSED
   ○ NO
   ○ YES

c. Other (please describe below)
   ABDOT_48

11. ANAL/RECTAL EXAMINATION

Did the MACS perform an anal/rectal exam on this participant within the past 6 months?
○ NO
○ YES
   IF YES, SKIP TO Q 12 GENITALIA EXAM
   ☐ Mark here if entire rectal exam was declined

a. Discharge
   ARDIS_48

b. Herpetic lesions
   ARHPL_48

c. Warts
   ARWRT_48

d. Prostate
   ARPTN_48
   1) Enlarged
   ARPLG_48
   2) Tender
   ARPTN_48

e. Digital exam
   ARTAC_48
   1) Tender anal canal
   2) Other (please describe in 10.c)

f. Hemorrhoids, external
   ARHEM_48

g. Laceration/Fissure/Fistula
   ARLFF_48

h. Other
   AROTH_48

12. GENITALIA

Did this participant have an genitalia exam in the past 6 months?
○ NO
○ YES
   IF YES, SKIP TO Q 12 GENITALIA EXAM
   ☐ Mark here if genitalia exam was declined

a. Urethral discharge
   GSWRT_48

b. Skin
   1) Condyloma acuminata (warts)
      GSWRT_48
   2) Pediculosis
      GSPED_48
   3) Tinea cruris/Candida
      GSTCR_48
   4) Herpetic lesions (active)
      GSHPL_48

c. Foreskin
   GFSKN_48
   ○ PRESENT
   ○ ABSENT

d. Other (please describe in 10.c)
   GOTH_48

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

<table>
<thead>
<tr>
<th>General Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>NOT PERFORMED</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EXIGA_48</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Chest and Lungs</th>
<th></th>
<th>EXICL_48</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td></td>
<td>EXIHT_48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td>EXIET_48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological Exam</td>
<td></td>
<td>EXINE_48</td>
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</table>

SERIAL #
### 14. PERIPHERAL NEUROPATHY SCREENING

#### RIGHT

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a1. Perception of vibration (at great toe)</td>
<td>NO, YES, Unable to evaluate, REFUSED</td>
</tr>
<tr>
<td>IF YES: Vibration was felt for:</td>
<td></td>
</tr>
<tr>
<td>PNPVR_48</td>
<td></td>
</tr>
<tr>
<td>&gt;10 sec. (normal)</td>
<td></td>
</tr>
<tr>
<td>5–10 sec. (mild loss)</td>
<td></td>
</tr>
<tr>
<td>&gt;0 and &lt;5 sec. (moderate loss)</td>
<td></td>
</tr>
<tr>
<td>0 sec. (severe loss)</td>
<td></td>
</tr>
<tr>
<td>b1. Deep tendon reflexes (ankle reflexes)</td>
<td>NO, YES, Hyperactive, REFUSED</td>
</tr>
<tr>
<td>IF YES: Reflexes felt were:</td>
<td></td>
</tr>
<tr>
<td>PNTRR_48</td>
<td></td>
</tr>
<tr>
<td>Hypoactive</td>
<td></td>
</tr>
<tr>
<td>Normal deep tendon reflexes</td>
<td></td>
</tr>
<tr>
<td>Hyperactive deep tendon reflexes (e.g., with prominent spread)</td>
<td></td>
</tr>
<tr>
<td>Clonus</td>
<td></td>
</tr>
<tr>
<td>IF YES: Reflexes were:</td>
<td></td>
</tr>
<tr>
<td>PNTRL_48</td>
<td></td>
</tr>
<tr>
<td>NO, reflexes absent</td>
<td></td>
</tr>
<tr>
<td>YES, reflexes present</td>
<td></td>
</tr>
<tr>
<td>Unable to evaluate</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

#### LEFT

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a2. Perception of vibration (at great toe)</td>
<td>NO, YES, Unable to evaluate, REFUSED</td>
</tr>
<tr>
<td>IF YES: Vibration was felt for:</td>
<td></td>
</tr>
<tr>
<td>PNPVL_48</td>
<td></td>
</tr>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>b2. Deep tendon reflexes (ankle reflexes)</td>
<td>NO, YES, Hyperactive, REFUSED</td>
</tr>
<tr>
<td>IF YES: Reflexes felt were:</td>
<td></td>
</tr>
<tr>
<td>PNTRL_48</td>
<td></td>
</tr>
<tr>
<td>Hypoactive</td>
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<td>Normal deep tendon reflexes</td>
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<td>Hyperactive deep tendon reflexes (e.g., with prominent spread)</td>
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<td>Clonus</td>
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<tr>
<td>IF YES: Reflexes were:</td>
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<tr>
<td>PNTTL_48</td>
<td></td>
</tr>
<tr>
<td>NO, reflexes absent</td>
<td></td>
</tr>
<tr>
<td>YES, reflexes present</td>
<td></td>
</tr>
<tr>
<td>Unable to evaluate</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

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)

1b. If "yes" which parts of your body were affected, and how severely? [ASK EACH ITEM AND RECORD ITEM]

<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial fat</td>
<td>LFACE 48</td>
<td>Increase</td>
<td>Decrease</td>
</tr>
<tr>
<td>Arm fat</td>
<td>LARM 48</td>
<td>CHARM 48</td>
<td>SVARM 48</td>
</tr>
<tr>
<td>Leg fat</td>
<td>LLEG 48</td>
<td>CHLEG 48</td>
<td>SVLEG 48</td>
</tr>
<tr>
<td>Buttocks fat</td>
<td>LBUT 48</td>
<td>CHBUR 48</td>
<td>SVBUT 48</td>
</tr>
<tr>
<td>Belly (abdomen) fat</td>
<td>LABD 48</td>
<td>CHABD 48</td>
<td>SVABD 48</td>
</tr>
<tr>
<td>Fat on back of neck</td>
<td>LPAD 48</td>
<td>CHPAD 48</td>
<td>SVPAD 48</td>
</tr>
<tr>
<td>Breasts</td>
<td>LBRS 48</td>
<td>CHBRS 48</td>
<td>SVBRS 48</td>
</tr>
<tr>
<td>Hips</td>
<td>LHIP 48</td>
<td>CHHIP 48</td>
<td>SVHIP 48</td>
</tr>
<tr>
<td>Other (if Yes, specify below)</td>
<td>LDOH 48</td>
<td>CHOTH 48</td>
<td>SVOTH 48</td>
</tr>
</tbody>
</table>

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

- No
- Yes

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

- Shirt neck size?
- Trouser waist size?

<table>
<thead>
<tr>
<th>RECORD ANSWER</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing diet</td>
<td>CHDT 48</td>
<td>Increase</td>
<td>Decrease</td>
</tr>
<tr>
<td>Changing HIV medications</td>
<td>CHHIV 48</td>
<td>CHCH 48</td>
<td>CHCMS 48</td>
</tr>
<tr>
<td>Exercise/Weight lifting</td>
<td>CHWGT 48</td>
<td>CHWST 48</td>
<td></td>
</tr>
<tr>
<td>Taking nutritional supplements</td>
<td>CHSUP 48</td>
<td>CHNCK 48</td>
<td>IDNCK 48</td>
</tr>
<tr>
<td>Taking growth hormone or steroids</td>
<td>CHSTR 48</td>
<td>CHNCK 48</td>
<td>IDNCK 48</td>
</tr>
<tr>
<td>Liposuction surgery</td>
<td>CHSUR 48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheek implants/injections</td>
<td>CHCHK 48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cosmetic surgery</td>
<td>CHCMS 48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (if Yes, specify below)</td>
<td>CHOTH 48</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### LIPODYSTROPHY PHYSICAL EXAMINATION

#### 1. Height:
- **HEIGHCM**: 48

#### 2. Mid-Arm Girth:
- **LDMID**: (see instructions)

#### 3. Chest Girth:
- **LDCHE**: (see instructions)

#### 4. Waist Girth:
- **LDWA**:

#### 5. Hip Girth:
- **LDHIP**:

#### 6. Thigh Girth:
- **LDTHI**:

#### 7. Fat Wasting (see severity definitions below):

<table>
<thead>
<tr>
<th>Item</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Facial fat loss (sunken cheeks)</td>
<td>Refused</td>
</tr>
<tr>
<td>2) Arms</td>
<td>None</td>
</tr>
<tr>
<td>3) Legs</td>
<td>None</td>
</tr>
<tr>
<td>4) Buttocks</td>
<td>None</td>
</tr>
</tbody>
</table>

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<tr>
<td>4) Buttocks</td>
<td>None</td>
</tr>
</tbody>
</table>

#### 8. Fat Accumulation:

<table>
<thead>
<tr>
<th>Item</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Moon facies</td>
<td>Refused</td>
</tr>
<tr>
<td>2) Abdomen</td>
<td>None</td>
</tr>
<tr>
<td>3) Back of Neck</td>
<td>None</td>
</tr>
<tr>
<td>4) Breasts</td>
<td>None</td>
</tr>
</tbody>
</table>

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

#### 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:

- **Facial fat loss (sunken cheeks)**:
  - **Mild**: Increased prominence of veins
  - **Moderate**: Increased prominence of both veins and muscles
  - **Severe**: A + B with overall thinning appearance of the limb

- **Arm fat loss**:
  - **Mild**: Clearly visible deepened nasolabial folds
  - **Moderate**: Evidence of "hollowing out" of cheeks
  - **Severe**: Hallowed cheek areas with underlying muscle clearly visible

- **Leg fat loss**:
  - **Mild**: Increased prominence of veins
  - **Moderate**: Increased prominence of both veins and muscles
  - **Severe**: A + B with overall thinning appearance of the limb