

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		
5	1	0			
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

1. ID NUMBER				2. DATE			3. WEIGHT			
				DATE			KILOGRAMS			
0	0	0	0	JAN	DAY	YR	0	0	0	0
1	1	1	1	FEB			1	1	1	1
2	2	2	2	MAR	0	09	2	2	2	2
3	3	3	3	APR	10	1	3	3	3	3
4	4	4	4	MAY	20	2	4	4	4	4
5	5	5	5	JUNE	30	3	5	5	5	5
6	6	6	6	JULY	4	13	6	6	6	6
7	7	7	7	AUG	5	14	7	7	7	7
8	8	8	8	SEPT	6	15	8	8	8	8
9	9	9	9	OCT	7	16	9	9	9	9
				NOV	8	17				
				DEC	9	18				

4.a

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

FIRST READING				SECOND READING			
BLOOD PRESSURE Sitting, Right Arm				BLOOD PRESSURE Sitting, Right Arm			
SYSTOLIC		DIASTOLIC		SYSTOLIC		DIASTOLIC	
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

4.b

BLOOD PRESSURE ARM

Right
 Left

5. ORAL TEMPERATURE

At least 30 minutes after smoking, eating, or drinking

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

°F

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)

c. Molluscum contagiosum

d. Seborrhea

e. Psoriasis

f. Jaundice

g. Spider Angioma

h. Other (please describe below)

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.											
	0	10	20	30	40	50	60	70	80	90	
	0	1	2	3	4	5	6	7	8	9	
	cms										
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:

SERIAL #

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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? NO YES

e. Are any of the nodes matted?

10. ABDOMEN

a. Liver

Percussed size in mid-clavicular line

REFUSED

	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

cms

NO YES REFUSED

1. Ascites

NO YES REFUSED

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

NO YES REFUSED

Palpable on inspiration below left costal margin

NO YES REFUSED

IF PALPABLE, indicate size. Otherwise, leave size box blank.

Size below LCM

	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 conditions

(please describe below)

NO YES REFUSED

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

NO YES

IF YES, RECTAL EXAM MAY STILL BE PERFORMED. OTHERWISE, SKIP TO Q 12 GENITALIA EXAM

Mark here if entire rectal exam was declined

11. ANAL/RECTAL EXAMINATION

NO YES REFUSED

a. Discharge NO YES REFUSED

b. Herpetic lesions NO YES REFUSED

c. Warts NO YES REFUSED

d. Prostate

1) Enlarged NO YES REFUSED

2) Tender NO YES REFUSED

e. Digital exam

1) Tender anal canal NO YES REFUSED

f. Hemorrhoids, external NO YES REFUSED

g. Laceration/Fissure/Fistula NO YES REFUSED

h. Other conditions NO YES REFUSED

(please describe below)

Mark here if genitalia exam was declined

12. GENITALIA

NO YES REFUSED

a. Urethral discharge NO YES REFUSED

b. Skin

1) Condyloma acuminata (warts) NO YES REFUSED

2) Pediculosis NO YES REFUSED

3) Tinea cruris/Candida NO YES REFUSED

4) Herpetic lesions (active) NO YES REFUSED

NO YES REFUSED

c. Other (please describe in 10.c) NO YES REFUSED

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

	NORMAL	ABNORMAL	NOT PERFORMED	COMMENTS
General Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Chest and Lungs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Extremities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Neurological Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SERIAL #

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:

0	0	0	0	cm
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	cm
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	cm
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	cm
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	cm
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	cm
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.*

	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"/>	<input type="radio"/>	<input type="radio"/>
2) Arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. 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"/>	<input type="radio"/>	<input type="radio"/>
2) Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Back of Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Breasts	<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.

Q7. Fat Wasting:

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

For facial lipotrophy:

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

For limb (arms and legs) lipotrophy:

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

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

Specify: