MACS

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: 5 1 0 — VISIT_51

CLINICIAN NUMBER — CLIN_51

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. DATE — JAN, FEB, MAR (PEDTM_51), APR (PEDTD_51), MAY (PEDTY_51), JUNE, JULY, AUG, SEPT, OCT, NOV, DEC; DAY; YR

3. WEIGHT — KILOGRAMS — WEIGHKG_51

4.a

	NO	YES
Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?	CFNIC_51	
Did participant sit quietly for about 5 minutes prior to first BP reading?	SIT1_51	
Did participant sit quietly for about 5 minutes prior to second BP reading?	SIT2_51	

4.b BLOOD PRESSURE ARM — Right, Left — BPARM_51

FIRST READING	SECOND READING
BLOOD PRESSURE Sitting, Right Arm	BLOOD PRESSURE Sitting, Right Arm
SYSTOLIC — SBP_51	SYSTOLIC — SBP2_51
DIASTOLIC — DBP_51	DIASTOLIC — DBP2_51

5. ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking — °F — TEMP_51

SECTION NOT COMPLETED DUE TO:

PAGES 1–4 — PENOC_51
- Participant refused this section
- No clinician available

PAGES 5–6 — PENOL_51
- 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	SHNFC_51		
2) Tinea versicolor	SHNFV_51		
3) Onychomycosis	SHNFO_51		

b. Herpes Zoster (active)	SHNHZ_51
c. Molluscum contagiosum	SHNMC_51
d. Seborrhea	SHNSE_51
e. Psoriasis	SHNPS_51
f. Jaundice	SHNJA_51
g. Spider Angioma	SHNSA_51
h. Other (please describe below)	SHNOT_51

i. Kaposi's Sarcoma

	NO	YES	REFUSED
1) Skin Lesions	SHNKS_51		

IF YES: Number of lesions — 1–2, 3–10, >10 — SHNSL_51

Diameter of largest lesion in cms. — SHNLD_51 (0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9) cr

2) Oral lesions	SHNKO_51		
3) Anal/perianal lesions	SHNKL_51		
Not examined	SHNNE_51		

Comments:

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7. OROPHARYNGEAL

	NO	YES	REFUSED	
a. Consistent with oral thrush/candidiasis				ENTTH_51
IF YES:				
◯ KOH negative -OR-				ENTKO_51
◯ KOH positive				
◯ Not performed				
b. Consistent with herpetic lesions				ENTHP_51
c. Gingivitis/gum disease				ENTGG_51
d. Oral hairy leukoplakia				ENTLE_51
e. Other *(please describe below)*				ENTOT_51

8. EYES

	NO	YES	REFUSED	
a. Conjuctiva				
1) Redness				EYRED_51
2) Discharge				EYDIS_51
b. Scleral icterus				EYSCI_51
c. Other *(please describe below)*				EYOTH_51

9. LYMPH NODES

	NO	YES	REFUSED	
a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?				LYND1_51

SKIP TO Q 10

b. Presence of node ≥1 cm

1) Occipital	*Right*	OCCR_51
	Left	OCCL_51
2) Post. auricular	*Right*	POAUR_51
	Left	POAUL_51
3) Pre-auricular	*Right*	PRAUR_51
	Left	PRAUL_51
4) Submental/submandibular	*Right*	SUBMR_51
	Left	SUBML_51
5) Ant. cervical	*Right*	ACERR_51
	Left	ACERL_51
6) Post. cervical	*Right*	PCERR_51
	Left	PCERL_51
7) Supraclavicular	*Right*	SCLVR_51
	Left	SCLVL_51
8) Axillary	*Right*	AXILR_51
	Left	AXILL_51
9) Epitrochlear	*Right*	EPTRR_51
	Left	EPTRL_51

c. What is the diameter of the largest node present? LNODD_51

◯ 1–2 cm ◯ 2.1–4 cm ◯ >4 cm

	NO	YES	
d. Are any of the nodes tender?			TENND_51
e. Are any of the nodes matted?			MATND_51

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 — LIVPS_51 — cms

	NO	YES	REFUSED
1. Ascites LIVAS_51	◯	◯	◯

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

	NO	YES	REFUSED
Palpable on inspiration below left costal margin SPLPL_51	◯	◯	◯

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 — SPLCM_51 — cms

	NO	YES	REFUSED
c. Other conditions *(please describe below)* ABDOT_51	◯	◯	◯

Did the MACS perform an anal/rectal exam on this participant within the past 6 months? ARMP6_51

◯ 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** ARERE F_51

11. ANAL/RECTAL EXAMINATION

	NO	YES	REFUSED
a. Discharge ARDIS_51	◯	◯	◯
b. Herpetic lesions ARHPL_51	◯	◯	◯
c. Warts ARWRT_51	◯	◯	◯
d. Prostate			
1) Enlarged ARPLG_51	◯	◯	◯
2) Tender ARPTN_51	◯	◯	◯
e. Digital exam			
1) Tender anal canal ARTAC_51	◯	◯	◯
f. Hemorrhoids, external ARHEM_51	◯	◯	◯
g. Laceration/Fissure/Fistula ARLFF_51	◯	◯	◯
h. Other conditions *(please describe below)* AROTH_51	◯	◯	◯

◯ **Mark here if genitalia exam was declined** GEREF_51

12. GENITALIA

	NO	YES	REFUSED
a. Urethral discharge GPDIS_51	◯	◯	◯
b. Skin			
1) Condyloma acuminata (warts) GSWRT_51	◯	◯	◯
2) Pediculosis GSPED_51	◯	◯	◯
3) Tinea cruris/Candida GSTCR_51	◯	◯	◯
4) Herpetic lesions (active) GSHPL_51	◯	◯	◯
c. Other *(please describe in 10.c)* GOTH_51	◯	◯	◯

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

	NORMAL	ABNORMAL	NOT PERFORMED	COMMENTS
General Appearance	◯	EXIGA_51	◯	
Chest and Lungs	◯	EXICL_51	◯	
Heart	◯	EXIHT_51	◯	
Extremities	◯	EXIET_51	◯	
Neurological Exam	◯	EXINE_51	◯	

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14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe) PNPVR_51 PNVTR_51

- ◯ 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) PNPVL_51 PNVTL_51

- ◯ 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) PNTRR_51 PNTTR_51

- ◯ 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) PNTRL_51 PNTTL_51

- ◯ 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:

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_51
- ◯ 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.* Refused	No	Yes	*Was this change an increase or decrease?* Increase	Decrease	Current Severity None	Mild	Moderate	Severe
1) Facial fat	LFACE_51			CHFAC_51			SVFAC_51		
2) Arm fat	LARM_51			CHARM_51			SVARM_51		
3) Leg fat	LLEG_51			CHLEG_51			SVLEG_51		
4) Buttocks fat	LBUT_51			CHBUT_51			SVBUT_51		
5) Belly (abdomen) fat	LABD_51			CHABD_51			SVABD_51		
6) Fat on back of neck	LPAD_51			CHPAD_51			SVPAD_51		
7) Breasts	LBRS_51			CHBRS_51			SVBRS_51		
8) Hips	LHIP_51			CHHIP_51			SVHIP_51		
9) Other *(if Yes, specify below)*	LDOTH_51			CHOT_51			SVOTH_51		

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
1) Changing diet	CHDIT_51		
2) Changing HIV medications	CHHIV_51		
3) Exercise/Weight lifting	CHWGT_51		
4) Taking nutritional supplements	CHSUP_51		
5) Taking growth hormone or steroids	CHSTR_51		
6) Liposuction surgery	CHSUR_51		
7) Cheek implants/injections	CHCHK_51		
8) Other cosmetic surgery	CHCMS_51		
9) Other *(if Yes, specify below)*	CHOTH_51		

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. Refused	No	Yes	*Was this change an increase or decrease?* Increase	Decrease	*Amount of change since your last visit.* <1 in.	1–2 in.	>2 in.
1) Shirt neck size?	CHNCK_51			IDNCK_51			ATNCK_51	
2) Trouser waist size?	CHWST_51			IDWST_51			ATWST_51	

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LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:	2. Mid-Arm Girth:	3. Chest Girth:	4. Waist Girth:	5. Hip Girth:	6. Thigh Girth	LIPODYSTROPHY MEASURER CODE
HEIGHCM_51	LDMID_51	LDCHE_51	LDWAI_51	LDHIP_51	LDTHI_51	LPEXN_51
cm	cm	cm	cm	cm	cm	
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
REFUSED	REFUSED	REFUSED	REFUSED	REFUSED	REFUSED	
(see instructions)	(see instructions)	(see instructions)	(see instructions)	(see instructions)	(see instructions)	

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)	FWFAC_51				SWFAC_51	
2) Arms	FWARM_51				SWARM_51	
3) Legs	FWLEG_51				SWLEG_51	
4) Buttocks	FWBUT_51				SWBUT_51	

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	FAMOO_51				SWMOO_51	
2) Abdomen	FAABD_51				SWABD_51	
3) Back of Neck	FANCK_51				SWNCK_51	
4) Breasts	FABRS_51				SWBRS_51	

*** 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:

PCFAT_51 - percentage of body fat (center option)

For facial lipoatrophy:
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) lipoatrophy:
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: