MACS

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
0 0	0 0 0
1 1	1 1 1
2 2	2 2 2
3 3	3 3 3
4 4	4 4 4
5 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

1. ID NUMBER

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

2. DATE

	DAY		YR
JAN			
FEB			
MAR	0	0	09
APR	10	1	10
MAY	20	2	11
JUNE	30	3	12
JULY		4	13
AUG		5	14
SEPT		6	15
OCT		7	16
NOV		8	17
DEC		9	18

3. WEIGHT

KILOGRAMS

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
	7	7	7
	8	8	8
	9	9	9

4.a

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

4.b

BLOOD PRESSURE ARM

○ Right
○ Left

FIRST READING

BLOOD PRESSURE Sitting, Right Arm

SYSTOLIC			DIASTOLIC		
0	0	0	0	0	0
1	1	1	1	1	1
2	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

SECOND READING

BLOOD PRESSURE Sitting, Right Arm

SYSTOLIC			DIASTOLIC		
0	0	0	0	0	0
1	1	1	1	1	1
2	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

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

				°F
	0	0	0	0
	1	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

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	○	○	○
2) Tinea versicolor	○	○	○
3) Onychomycosis	○	○	○

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	○	○	○

IF YES: Number of lesions

○ 1–2 ○ 3–10 ○ >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	○	○	○
3) Anal/perianal lesions	○	○	○

○ Not examined

Comments:

SERIAL #

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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. Conjuctiva			
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

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

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

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

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)*	◯	◯	◯

PAP study consent obtained?

- ◯ Yes, PAP cytology and HPV test
- ◯ Yes, PAP cytology only
- ◯ No → ◯ **Mark here if rectal exam was declined**

→ **Perform rectal exam/ collect swab**

11. ANAL/RECTAL EXAMINATION

	NO	YES	REFUSED
a. Anal swab collected for:			
1) Cytology test	◯	◯	◯
2) HPV test	◯	◯	◯
b. Discharge	◯	◯	◯
c. Herpetic lesions	◯	◯	◯
d. Warts	◯	◯	◯
e. Prostate			
1) Enlarged	◯	◯	◯
2) Tender	◯	◯	◯
f. Digital exam			
1) Tender anal canal	◯	◯	◯
g. Hemorrhoids, external	◯	◯	◯
h. Laceration/Fissure/Fistula	◯	◯	◯
i. Other conditions *(please describe below)*	◯	◯	◯

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

12. GENITALIA

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

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

	NORMAL	ABNORMAL	NOT PERFORMED	COMMENTS
General Appearance	◯	◯	◯	
Chest and Lungs	◯	◯	◯	
Heart	◯	◯	◯	
Extremities	◯	◯	◯	
Neurological Exam	◯	◯	◯	

SERIAL # ◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯

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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:

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 ANSWER]	*If No or Refused, go to next question. If Yes, indicate type of change and severity of symptom.*			*Was this change an increase or decrease?*		Current Severity			
	Refused	No	Yes	Increase	Decrease	None	Mild	Moderate	Severe
1) Facial fat	◯	◯	◯	◯	◯	◯	◯	◯	◯
2) Arm fat	◯	◯	◯	◯	◯	◯	◯	◯	◯
3) Leg fat	◯	◯	◯	◯	◯	◯	◯	◯	◯
4) Buttocks fat	◯	◯	◯	◯	◯	◯	◯	◯	◯
5) Belly (abdomen) fat	◯	◯	◯	◯	◯	◯	◯	◯	◯
6) Fat on back of neck	◯	◯	◯	◯	◯	◯	◯	◯	◯
7) Breasts	◯	◯	◯	◯	◯	◯	◯	◯	◯
8) Hips	◯	◯	◯	◯	◯	◯	◯	◯	◯
9) Other *(if Yes, specify below)*	◯	◯	◯	◯	◯	◯	◯	◯	◯

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		No	Yes	Refused
1) Changing diet	◯	◯	◯	6) Liposuction surgery	◯	◯	◯
2) Changing HIV medications	◯	◯	◯	7) Cheek implants/injections	◯	◯	◯
3) Exercise/Weight lifting	◯	◯	◯	8) Other cosmetic surgery	◯	◯	◯
4) Taking nutritional supplements	◯	◯	◯	9) Other *(if Yes, specify below)*	◯	◯	◯
5) Taking growth hormone or steroids	◯	◯	◯				

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

SERIAL # ◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯

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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
cm	cm	cm	cm	cm	cm	
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)	○	○	○ →	○	○	○
2) Arms	○	○	○ →	○	○	○
3) Legs	○	○	○ →	○	○	○
4) Buttocks	○	○	○ →	○	○	○

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	○	○	○ →	○	○	○
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:
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: