

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**

REFUSED

Percussed size in mid-clavicular line

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

 cms**1. Ascites**NO YES REFUSED
 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)

Did the MACS perform an anal/rectal exam on this participant in the past 6 months? No
 Yes

If yes: Perform only PAP if consented for study and skip to genitalia. Rectal exam may still be performed if requested.

PAP study consent obtained? Yes, PAP cytology and HPV test Yes, PAP cytology only No **Mark here if rectal exam was declined****Perform annual 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	<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 #

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:

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

cm

REFUSED

(see instructions)

2. Neck Girth:

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

cm

REFUSED

(see instructions)

3. Waist Girth:

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

cm

REFUSED

(see instructions)

4. Hip Girth:

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

cm

REFUSED

(see instructions)

5. Thigh Girth

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

cm

REFUSED

(see instructions)

LIPODYSTROPHY MEASURER CODE					
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

6. Fat Wasting (see severity definitions below):

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

				Severity*		
	Refused	None	Yes	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"/>

7. Fat Accumulation:

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

				Severity*		
	Refused	None	Yes	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.

Q6. 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

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

Specify: