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: VISIT_054
CLINICIAN NUMBER: CLIN_054

1. ID NUMBER: MACSID

2. DATE: JAN / FEB / MAR / APR / MAY / JUNE / JULY / AUG / SEPT / OCT / NOV / DEC — DAY — YR
PEDTM_054 PEDTD_054 PEDTY_054

3. WEIGHT (KILOGRAMS): WEIGHKG_054

4.a

	NO	YES
Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?	CFNIC_054	
Did participant sit quietly for about 5 minutes prior to first BP reading?	SIT1_054	
Did participant sit quietly for about 5 minutes prior to second BP reading?	SIT2_054	

4.b BLOOD PRESSURE ARM: ○ Right ○ Left — BPARM_054

FIRST READING	SECOND READING
BLOOD PRESSURE Sitting, Right Arm	BLOOD PRESSURE Sitting, Right Arm
SYSTOLIC: SBP_054	SYSTOLIC: SBP2_054
DIASTOLIC: DBP_054	DIASTOLIC: DBP2_054

5. ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking: TEMP_054 °F

SECTION NOT COMPLETED DUE TO:

PAGES 1–4 — PENOC_054
○ Participant refused this section
○ No clinician available

PAGES 5–6 — PENOL_054
○ 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_054		
2) Tinea versicolor	SHNFV_054		
3) Onychomycosis	SHNFO_054		
b. Herpes Zoster (active)	SHNHZ_054		
c. Molluscum contagiosum	SHNMC_054		
d. Seborrhea	SHNSE_054		
e. Psoriasis	SHNPS_054		
f. Jaundice	SHNJA_054		
g. Spider Angioma	SHNSA_054		
h. Other (please describe below)	SHNOT_054		

i. Kaposi's Sarcoma

	NO	YES	REFUSED
1) Skin Lesions	SHNKS_054		
IF YES: Number of lesions ○ 1–2 ○ 3–10 ○ >10	SHNSL_054		
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) cm	SHNLD_054		
2) Oral lesions	SHNKO_054		
3) Anal/perianal lesions	SHNKL_054		
○ Not examined	SHNNE_054		

Comments:

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7. OROPHARYNGEAL

	NO	YES	REFUSED	
a. Consistent with oral thrush/candidiasis				ENTTH_054
IF YES: ◯ KOH negative -OR- ◯ KOH positive ◯ Not performed				ENTKO_054
b. Consistent with herpetic lesions				ENTHP_054
c. Gingivitis/gum disease				ENTGG_054
d. Oral hairy leukoplakia				ENTLE_054
e. Other *(please describe below)*				ENTOT_054

8. EYES

	NO	YES	REFUSED	
a. Conjuctiva				
1) Redness				EYRED_054
2) Discharge				EYDIS_054
b. Scleral icterus				EYSCI_054
c. Other *(please describe below)*				EYOTH_054

9. LYMPH NODES

	NO	YES	REFUSED	
a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?				LYND1_054

SKIP TO Q 10

b. Presence of node ≥1 cm

1) Occipital	*Right*	OCCR_054
	Left	OCCL_054
2) Post. auricular	*Right*	POAUR_054
	Left	POAUL_054
3) Pre-auricular	*Right*	PRAUR_054
	Left	PRAUL_054
4) Submental/submandibular	*Right*	SUBMR_054
	Left	SUBML_054
5) Ant. cervical	*Right*	ACERR_054
	Left	ACERL_054
6) Post. cervical	*Right*	PCERR_054
	Left	PCERL_054
7) Supraclavicular	*Right*	SCLVR_054
	Left	SCLVL_054
8) Axillary	*Right*	AXILR_054
	Left	AXILL_054
9) Epitrochlear	*Right*	EPTRR_054
	Left	EPTRL_054

c. What is the diameter of the largest node present? LNODD_054

◯ 1–2 cm ◯ 2.1–4 cm ◯ >4 cm

	NO	YES	
d. Are any of the nodes tender?			TENND_054
e. Are any of the nodes matted?			MATND_054

10. ABDOMEN

a. Liver

Percussed size in mid-clavicular line — REFUSED ◯

0 10 LIVPS_054 70 80 90 cms
0 1 2 3 4 5 6 7 8 9

	NO	YES	REFUSED
1. Ascites		LIVAS_054	

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

	NO	YES	REFUSED
Palpable on inspiration below left costal margin		SPLPL_054	

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

Size below LCM

0 10 SPLCM_054 70 80 90 cms
0 1 2 3 4 5 6 7 8 9

	NO	YES	REFUSED
c. Other conditions *(please describe)*		ABDOT_054	

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.**

ARMP6_054

PAP study consent obtained? PAPCON_054

◯ Yes, PAP cytology and HPV test
◯ Yes, PAP cytology only
→ **Perform annual rectal exam/collect swab**
◯ No → ◯ **Mark here if rectal exam was declined** ARERE F_054

11. ANAL/RECTAL EXAMINATION

	NO	YES	REFUSED
a. Anal swab collected for:			
1) Cytology test		ARCYT_054	
2) HPV test		ARHPV_054	
b. Discharge		ARDIS_054	
c. Herpetic lesions		ARHPL_054	
d. Warts		ARWRT_054	
e. Prostate			
1) Enlarged		ARPLG_054	
2) Tender		ARPTN_054	
f. Digital exam			
1) Tender anal canal		ARTAC_054	
g. Hemorrhoids, external		ARHEM_054	
h. Laceration/Fissure/Fistula		ARLFF_054	
i. Other conditions *(please describe below)*		AROTH_054	

◯ **Mark here if genitalia exam was declined** GEREF_054

12. GENITALIA

	NO	YES	REFUSED
a. Urethral discharge		GPDIS_054	
b. Skin			
1) Condyloma acuminata (warts)		GSWRT_054	
2) Pediculosis		GSPED_054	
3) Tinea cruris/Candida		GSTCR_054	
4) Herpetic lesions (active)		GSHPL_054	
c. Other *(please describe in 10.c)*		GOTH_054	

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

	NORMAL	ABNORMAL	NOT PERFORMED	COMMENTS
General Appearance	◯	EXIGA_054	◯	
Chest and Lungs	◯	EXICL_054	◯	
Heart	◯	EXIHT_054	◯	
Extremities	◯	EXIET_054	◯	
Neurological Exam	◯	EXINE_054	◯	

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14. PERIPHERAL NEUROPATHY SCREENING (See training video at *http://www.calcaprt.com/macs/macs.htm*).

RIGHT

a1. Perception of vibration (at great toe)
(Use a 128 Hz tuning fork)

- ◯ NO, sensation absent
- ◯ YES, sensation present
- ◯ Unable to evaluate
- ◯ REFUSED

PNPVR_054

PNVTR_054

IF YES: Vibration was felt for: →
- ◯ >10 sec. (normal)
- ◯ 5–10 sec. (mild loss)
- ◯ >0 and <5 sec. (moderate loss)

LEFT

a2. Perception of vibration (at great toe)
(Use a 128 Hz tuning fork)

- ◯ NO, sensation absent
- ◯ YES, sensation present
- ◯ Unable to evaluate
- ◯ REFUSED

PNPVL_054

PNVTL_054

IF YES: Vibration was felt for: →
- ◯ >10 sec. (normal)
- ◯ 5–10 sec. (mild loss)
- ◯ >0 and <5 sec. (moderate loss)

RIGHT

b1. Deep tendon reflexes (ankle reflexes)

- ◯ NO, reflexes absent
- ◯ YES, reflexes present
- ◯ Unable to evaluate
- ◯ REFUSED

PNTRR_054

PNTTR_054

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

PNTRL_054

PNTTL_054

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.]

LDFAT_054

- ◯ 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	LFACE_054	◯	◯ →	CHFAC_054		◯	SVFAC_054		◯
2) Arm fat	LARM_054	◯	◯ →	CHARM_054		◯	SVARM_054		◯
3) Leg fat	LLEG_054	◯	◯ →	CHLEG_054		◯	SVLEG_054		◯
4) Buttocks fat	LBUT_054	◯	◯ →	CHBUT_054		◯	SVBUT_054		◯
5) Belly (abdomen) fat	LABD_054	◯	◯ →	CHABD_054		◯	SVABD_054		◯
6) Fat on back of neck	LPAD_054	◯	◯ →	CHPAD_054		◯	SVPAD_054		◯
7) Breasts	LBRS_054	◯	◯ →	CHBRS_054		◯	SVBRS_054		◯
8) Hips	LHIP_054	◯	◯ →	CHHIP_054		◯	SVHIP_054		◯
9) Other *(if Yes, specify below)*	LDOTH_054	◯	◯ →	CHOT_054		◯	SVOTH_054		◯

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_054		
2) Changing HIV medications	CHHIV_054		
3) Exercise/Weight lifting	CHWGT_054		
4) Taking nutritional supplements	CHSUP_054		
5) Taking growth hormone or steroids	CHSTR_054		
6) Liposuction surgery	CHSUR_054		
7) Cheek implants/injections	CHCHK_054		
8) Other cosmetic surgery	CHCMS_054		
9) Other *(if Yes, specify below)*	CHOTH_054		

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?	CHNCK_054		→	IDNCK_054		ATNCK_054		
2) Trouser waist size?	CHWST_054		→	IDWST_054		ATWST_054		

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LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:	2. Neck Girth:	3. Waist Girth:	4. Hip Girth:	5. Thigh Girth	LIPODYSTROPHY MEASURER CODE
cm	cm	cm	cm	cm	
HEIGHCM_054	LDNEC_054	LDWAI_054	LDHIP_054	LDTHI_054	LPEXN_054
1 2 3 4 5 6 7 8 9 REFUSED	1 2 3 REFUSED	1 2 3 REFUSED	1 2 3 REFUSED	1 2 3 REFUSED	0 1 2 3 4 5 6 7 8 9
(see instructions)	(see instructions)	(see instructions)	(see instructions)	(see instructions)	

6. 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_054	→		SWFAC_054	
2) Arms		FWARM_054	→		SWARM_054	
3) Legs		FWLEG_054	→		SWLEG_054	
4) Buttocks		FWBUT_054	→		SWBUT_054	

7. 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_054	→		SWMOO_054	
2) Abdomen		FAABD_054	→		SWABD_054	
3) Back of Neck		FANCK_054	→		SWNCK_054	
4) Breasts		FABRS_054	→		SWBRS_054	

*** 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:
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

PCFAT_054
(% Body Fat Option)

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

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

Specify: