

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.



1. ID NUMBER MACSID grid with digits 0-9.

VISIT NUMBER VISIT_057 grid with digits 0-9.

CLINICIAN NUMBER CLIN_057 grid with digits 0-9.

2. DATE grid with months (JAN-DEC) and day/year fields.

3.a HEIGHT grid for recording height in centimeters.

3.b WEIGHT grid for recording weight in kilograms.

4.a Questions regarding caffeine/nicotine intake and BP reading conditions, with response grids.

4.a BLOOD PRESSURE grid for recording systolic and diastolic readings for two different positions.

4.b BLOOD PRESSURE ARM grid for recording right or left arm.

5. ORAL TEMPERATURE grid for recording temperature in degrees Fahrenheit.

SECTION NOT COMPLETED DUE TO: PAGES 1-4 and PAGES 5-6 with checkboxes for refusal or unavailability.

6. SKIN/HAIR/NAILS (Excluding genital area) grid for recording various skin conditions and lesions.

i. Kaposi's Sarcoma grid for recording skin lesions, including diameter of largest lesion.

Comments section for additional notes.

SERIAL #

Serial number input grid with 20 circles.

7. OROPHARYNGEAL NO YES REFUSED

a. Consistent with oral thrush/candidiasis **ENTTH_057**

IF YES:

- KOH negative
-OR-
- KOH positive
- Not performed

ENTKO_057

b. Consistent with herpetic lesions **ENTHP_057**

c. Gingivitis/gum disease **ENTGG_057**

d. Oral hairy leukoplakia **ENTLE_057**

e. Other (*please describe below*) **ENTOT_057**

8. EYES NO YES REFUSED

a. Conjunctiva

1) Redness **EYRED_057**

2) Discharge **EYDIS_057**

b. Scleral icterus **EYSCI_057**

c. Other (*please describe below*) **EYOTH_057**

9. LYMPH NODES NO YES REFUSED

a. Are there any nodes present (excluding inguinal and femoral) which are ≥ 1 cm? **LYND1_057**

SKIP TO Q 10 ←

b. Presence of node ≥ 1 cm

1) Occipital Right **OCCR_057**
Left **OCCL_057**

2) Post. auricular Right **POAUR_057**
Left **POAUL_057**

3) Pre-auricular Right **PRAUR_057**
Left **PRAUL_057**

4) Submental/submandibular Right **SUBMR_057**
Left **SUBML_057**

5) Ant. cervical Right **ACERR_057**
Left **ACERL_057**

6) Post. cervical Right **PCERR_057**
Left **PCERL_057**

7) Supraclavicular Right **SCLVR_057**
Left **SCLVL_057**

8) Axillary Right **AXILR_057**
Left **AXILL_057**

9) Eptirochlear Right **EPTRR_057**
Left **EPTRL_057**

c. What is the diameter of the largest node present? **LNODD_057**
 1-2 cm 2.1-4 cm >4 cm

d. Are any of the nodes tender? **TENND_057** NO YES
e. Are any of the nodes matted? **MATND_057**

14. PERIPHERAL NEUROPATHY SCREENING (See training video at <http://www.calcaprt.com/macsc/macsc.htm>).

RIGHT

a1. Perception of vibration (at great toe) **PNPVR_057**

(Use a 128 Hz tuning fork)

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

IF YES: Vibration was felt for: >10 sec. (normal) **PNVTR_057**
 5–10 sec. (mild loss)
 >0 and <5 sec. (moderate loss)

LEFT

a2. Perception of vibration (at great toe) **PNPVL_057**

(Use a 128 Hz tuning fork)

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

IF YES: Vibration was felt for: >10 sec. (normal) **PNVTL_057**
 5–10 sec. (mild loss)
 >0 and <5 sec. (moderate loss)

RIGHT

b1. Deep tendon reflexes (ankle reflexes) **PNTRR_057**

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

IF YES: Reflexes felt were: Hypoactive **PNTRR_057**
 Normal deep tendon reflexes
 Hyperactive deep tendon reflexes (e.g., with prominent spread)
 Clonus

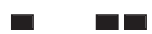
LEFT

b2. Deep tendon reflexes (ankle reflexes) **PNTRL_057**

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

IF YES: Reflexes felt were: Hypoactive **PNTRL_057**
 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_057**

- 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]

RECORD ANSWER]

1) Facial fat	Refused	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				
		Increase	Decrease	Increase	Decrease	None	Mild	Moderate	Severe	
1) Facial fat	<input type="radio"/>	LFACE_057	→	CHFAC_057	→	<input type="radio"/>	SVFAC_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Arm fat	<input type="radio"/>	LARM_057	→	CHARM_057	→	<input type="radio"/>	SVARM_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Leg fat	<input type="radio"/>	LLEG_057	→	CHLEG_057	→	<input type="radio"/>	SVLEG_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Buttocks fat	<input type="radio"/>	LBUT_057	→	CHBUT_057	→	<input type="radio"/>	SVBUT_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Belly (abdomen) fat	<input type="radio"/>	LABD_057	→	CHABD_057	→	<input type="radio"/>	SVABD_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Fat on back of neck	<input type="radio"/>	LPAD_057	→	CHPAD_057	→	<input type="radio"/>	SVPAD_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Breasts	<input type="radio"/>	LBRS_057	→	CHBRS_057	→	<input type="radio"/>	SVBRS_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Hips	<input type="radio"/>	LHIP_057	→	CHHIP_057	→	<input type="radio"/>	SVHIP_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Other (if Yes, specify below)	<input type="radio"/>	LDOTH_057	→	CHOTH_057	→	<input type="radio"/>	SVOTH_057	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	CHDIT_057	<input type="radio"/>	<input type="radio"/>	6) Liposuction surgery	<input type="radio"/>	CHSUR_057
2) Changing HIV medications	<input type="radio"/>	CHHIV_057	<input type="radio"/>	<input type="radio"/>	7) Cheek implants/injections	<input type="radio"/>	CHCHK_057
3) Exercise/Weight lifting	<input type="radio"/>	CHWGT_057	<input type="radio"/>	<input type="radio"/>	8) Other cosmetic surgery	<input type="radio"/>	CHCMS_057
4) Taking nutritional supplements	<input type="radio"/>	CHSUP_057	<input type="radio"/>	<input type="radio"/>	9) Other (if Yes, specify below)	<input type="radio"/>	CHOTH_057
5) Taking growth hormone or steroids	<input type="radio"/>	CHSTR_057	<input type="radio"/>	<input type="radio"/>			

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.

1) Shirt neck size?	Refused	No Yes		Increase Decrease		<1 in. 1-2 in. >2 in.		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1) Shirt neck size?	<input type="radio"/>	CHNCK_057	→	IDNCK_057	→	<input type="radio"/>	ATNCK_057	<input type="radio"/>
2) Trouser waist size?	<input type="radio"/>	CHWST_057	→	IDWST_057	→	<input type="radio"/>	ATWST_057	<input type="radio"/>

SERIAL #

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Neck Girth:

cm
LDNEC_057

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)

2. Waist Girth:

cm
LDWAI_057

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)

3. Hip Girth:

cm
LDHIP_057

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. Thigh Girth

cm
LDTHI_057

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
LPEXN_057

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

