

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**

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	6
7	7	7	7
8	8	8	8
9	9	9	9

VISIT NUMBER **VISIT_060**

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

CLINICIAN NUMBER **CLIN_060**

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

2. DATE

JAN	DAY	YR
FEB		
MAR	00	09
APR		
MAY		
JUN		
JUL		
AUG	5	14
SEPT	6	15
OCT	7	16
NOV	8	17
DEC	9	18

PEDTM_060
PEDTD_060
PEDTY_060

3.a HEIGHT

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	6
7	7	7	7
8	8	8	8
9	9	9	9

cm **HEIGHCM_060**

(see instructions)

3.b WEIGHT

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	6
7	7	7	7
8	8	8	8
9	9	9	9

KILOGRAMS **WEIGHKG_060**

4.a

NO YES **CFNIC_060**

Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?

NO YES **SIT1_060**

Did participant sit quietly for about 5 minutes prior to first BP reading?

NO YES **SIT2_060**

Did participant sit quietly for about 5 minutes prior to second BP reading?

4.b BLOOD PRESSURE ARM

Right **BPARM_060**
 Left

4.a BLOOD PRESSURE Sitting, Right Arm

FIRST READING		SECOND READING	
BLOOD PRESSURE		BLOOD PRESSURE	
Sitting, Right Arm		Sitting, Right Arm	
SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC
0	0	0	0
1	0	1	1
2	0	2	2
3	0	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

SBP_060 **DBP_060** **SBP2_060** **DBP2_060**

5. ORAL TEMPERATURE

At least 30 minutes after smoking, eating, or drinking

TEMP_060 °F

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	6
7	7	7	7
8	8	8	8
9	9	9	9

SECTION NOT COMPLETED DUE TO:

PAGES 1-4 Participant refused this section **PENOC_060** No clinician available

PAGES 5-6 Participant refused lipo section **PENOL_060** No lipo examiner available

6. SKIN/HAIR/NAILS (Excluding genital area)

a. Fungal infection lesions (excluding athletes foot)

	NO	YES	REFUSED
1) Intertriginous candida	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Tinea versicolor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Onychomycosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SHNFC_060 **SHNFV_060** **SHNFO_060** **SHNHZ_060**

b. Herpes Zoster (active) **SHNMC_060**
c. Molluscum contagiosum **SHNSE_060**
d. Seborrhea **SHNPS_060**
e. Psoriasis **SNHJA_060**
f. Jaundice **SHNSA_060**
g. Spider Angioma **SHNOT_060**

h. Other (please describe below)

i. Kaposi's Sarcoma

	NO	YES	REFUSED
1) Skin Lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SHNKS_060

IF YES: Number of lesions

1-2 3-10 >10 **SHNSL_060**

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

SHNLD_060

2) Oral lesions **SHNKO_060**
3) Anal/perianal lesions **SHNKL_060**

Not examined **SHNNE_060**

Comments:

SERIAL #

7. OROPHARYNGEAL

NO YES REFUSED

a. Consistent with oral thrush/candidiasis **ENTTH_060**

IF YES:

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

ENTKO_060

b. Consistent with herpetic lesions **ENTHP_060**

c. Gingivitis/gum disease **ENTGG_060**

d. Oral hairy leukoplakia **ENTLE_060**

e. Other (please describe below) **ENTOT_060**

8. EYES

NO YES REFUSED

a. Conjunctiva

1) Redness **EYRED_060**

2) Discharge **EYDIS_060**

b. Scleral icterus **EYSCI_060**

c. Other (please describe below) **EYOTH_060**

9. LYMPH NODES

NO YES REFUSED

a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm? **LYND1_060**

SKIP TO Q 10 ←

b. Presence of node ≥1 cm

1) Occipital **Right OCCR_060**
Left OCCL_060

2) Post. auricular **Right POAUR_060**
Left POAUL_060

3) Pre-auricular **Right PRAUR_060**
Left PRAUL_060

4) Submental/submandibular **Right SUBMR_060**
Left SUBML_060

5) Ant. cervical **Right ACERR_060**
Left ACERL_060

6) Post. cervical **Right PCERR_060**
Left PCERL_060

7) Supraclavicular **Right SCLVR_060**
Left SCLVL_060

8) Axillary **Right AXILR_060**
Left AXILL_060

9) Epitrochlear **Right EPTRR_060**
Left EPTRL_060

c. What is the diameter of the largest node present? **LNODD_060**

- 1-2 cm
- 2.1-4 cm
- >4 cm

d. Are any of the nodes tender? **TENND_060**

e. Are any of the nodes matted? **MATND_060**

10. ABDOMEN

a. Liver REFUSED

Percussed size in mid-clavicular line

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	10	LIVPS_060	70	80	90				
	0	1	2	3	4	5	6	7	8	9

cms

1. Ascites NO YES REFUSED
LIVAS_060

b. Spleen (Rt. lateral decubitus, flexed knees/hips) NO YES REFUSED

Palpable on inspiration below left costal margin **SPLPL_060**

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

Size below LCM NO YES REFUSED

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	10	SPLCM_060	70	80	90				
	0	1	2	3	4	5	6	7	8	9

cms

c. Other conditions (please describe) **ABDOT_060**

Perform anal rectal exam, including digital, annually. It may be performed at every visit if requested by the participant. Indicate refusals by filling in the refusal bubble for each exam component. See guidelines for more details.

Physical Examiner instructions for current visit:

1. Collect cytology swab **CCYT_060**
2. Collect HPV swab **CHPV_060**
3. Perform annual rectal exam, including digital **PDREX_060**

11. ANAL/RECTAL EXAMINATION NO YES REFUSED

a. Anal swab collected for:

- 1) Cytology test **ARCYT_060**
 - 2) HPV test **ARHPV_060**
- b. Visual exam **ARDIS_060**
- 1) Discharge **ARHPL_060**
 - 2) Herpetic lesions **ARWRT_060**
 - 3) Warts **ARHEM_060**
 - 4) Hemorrhoids, external **ARLFF_060**
 - 5) Laceration/fissure/fistula

c. Digital exam **ARTAC_060**

- 1) Tender anal canal
 - 2) Prostate
- 2.a) enlarged **ARPLG_060**
- 2.b) tender **ARPTN_060**

d. Other conditions (please describe below) **AROTH_060**

12. GENITALIA NO YES REFUSED

a. Urethral discharge **GPDIS_060**

- b. Skin **GSWRT_060**
- 1) Condyloma acuminata (warts) **GSPED_060**
 - 2) Pediculosis **GSTCR_060**
 - 3) Tinea cruris/Candida **GSHPL_060**
 - 4) Herpetic lesions (active) **GSWRT_060**

c. Other (please describe in 10.c) NO YES REFUSED
GOTH_060

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"/>	EXIGA_060
Chest and Lungs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EXICL_060
Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EXIHT_060
Extremities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EXIET_060
Neurological Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EXINE_060

SERIAL #

0	1	2	3	4	5	6	7	8	9
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14. PERIPHERAL NEUROPATHY SCREENING (See training video at <http://www.calcaprt.com/mac/mac.html>).

RIGHT

a1. Perception of vibration (at great toe) **PNPVR_060**

(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_060**
 5–10 sec. (mild loss)
 >0 and <5 sec. (moderate loss)

LEFT

a2. Perception of vibration (at great toe) **PNPVL_060**

(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_060**
 5–10 sec. (mild loss)
 >0 and <5 sec. (moderate loss)

RIGHT

b1. Deep tendon reflexes (ankle reflexes) **PNTRR_060**

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

IF YES: Reflexes felt were: —▶ Hypoactive **PNTRR_060**
 Normal deep tendon reflexes
 Hyperactive deep tendon reflexes (e.g., with prominent spread)
 Clonus

LEFT

b2. Deep tendon reflexes (ankle reflexes) **PNTRL_060**

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

IF YES: Reflexes felt were: —▶ Hypoactive **PNTRL_060**
 Normal deep tendon reflexes
 Hyperactive deep tendon reflexes (e.g., with prominent spread)
 Clonus

Additional Comments:



LIPODYSTROPHY PHYSICAL EXAMINATION

1. Neck Girth:

cm
LDNEC_060

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_060

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_060

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_060

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_060

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