

- 7. OROPHARYNGEAL** NO YES
- a. Consistent with oral thrush/candidiasis
 - b. Consistent with herpetic lesions
 - c. Gingivitis/gum disease
 - d. Oral hairy leukoplakia
 - e. Other (please describe below)

- 8. EYES** NO YES
- a. Conjunctiva
 - 1) Redness
 - 2) Discharge
 - b. Scleral icterus
 - c. Other (please describe below)

- 9. LYMPH NODES** NO YES
- a. Are there any nodes present (excluding inguinal and femoral) which are ≥ 1 cm?

SKIP TO Q 10 ←

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

- c. Are any of the nodes tender?
- d. Are any of the nodes matted?

10. ABDOMEN

- a. Liver
Enlarged liver definition >3 cm below the right costal margin measured at the mid-clavicular line

- 1. Enlarged
- 2. Tender

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

- Palpable on inspiration below left costal margin

- c. Other conditions (please describe)

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:

Perform annual rectal exam, including digital No Yes

11. ANAL/RECTAL EXAMINATION

- | | NO | YES | REFUSED |
|--|-----------------------|-----------------------|-----------------------|
| a. Visual exam | | | |
| 1) Discharge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Herpetic lesions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Warts | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Hemorrhoids, external | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Laceration/fissure/fistula | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Digital exam | | | |
| 1) Tender anal canal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Prostate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.a) enlarged | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.b) tender | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Other conditions (please describe below) | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. GENITALIA

- | | NO | YES | REFUSED |
|---|-----------------------|-----------------------|-----------------------|
| a. Urethral discharge | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Skin | | | |
| 1) Condyloma acuminata (warts) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Tinea cruris/Candida | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Herpetic lesions (active) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Circumcized | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Other (please describe in 10.c) | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15a. STANDING BALANCE:

	TIME HELD (stop watch at 10 seconds)	UNABLE	REFUSED	EXPLAIN:																																								
1. Side-by-side stand	<table border="1"> <tr><td>0</td><td>1</td><td colspan="8"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1									0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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2. Semi-tandem stand	<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td colspan="6"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3							0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
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3. Tandem stand	<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td colspan="6"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3							0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
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4. Single leg stand	<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td colspan="6"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3							0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>	
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15b. CHAIR STANDS:

A chair stand starts with the participant in the sitting position and rises up to a stand with legs fully extended, without using his arms. After the initial trial single chair stand, ask the participant to perform 10 chair stands. The clinician should start timing as soon as he/she says go, do a split with the stopwatch when he STANDS for the 5th time, and stop the watch when he STANDS for the 10th time. If unable to do 5 stands, bubble in "unable to do 5 stands". If performed 5 stands, but unable to do 10 stands, record the time for 5 stands and bubble in "unable to do 10 stands". Refer to the guidelines for complete instructions.

	UNABLE	REFUSED	ATTEMPTED, UNABLE TO DO 1	COMPLETED
1. Single chair stand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXPLAIN WHY UNABLE:				

	UNABLE	REFUSED	ATTEMPTED, UNABLE TO DO 5	ATTEMPTED, BUT UNABLE TO DO 10 (Enter time for first 5 below)	COMPLETED (Enter time for first 5 and all 10 below)
2. Repeated chair stand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXPLAIN WHY UNABLE:					

**TIME FOR
FIRST 5 STANDS
(Seconds)**

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

**TIME FOR
ALL 10 STANDS
(Seconds)**

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

16. ALERT AND ORIENTED:

Ask participant to . . .

NO

YES

REFUSED

IF NO, EXPLAIN:

1. Name city he is in

2. Give current month and year

3. Tap fingers (see guidelines)
finger taps in 5 seconds

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

REFUSED

Additional Comments:

PERF

SLIT

5/8"
Glue

PERF

PE Lipodystrophy Template V67

1. MACSID ID

DOB Date of Birth:

--/--/-----

Visit No.

(067)

Clinician Number

2. Date of Visit:

--/--/-----

Module 9: Lipodystrophy Questionnaire

5.0 Q17-18 not completed due to:

- *Participant refused this section*
 - *no lipo examiner available*
- If 1, 2, go to end of module**

1a. Do you feel that your body fat distribution is abnormal?

- *No*
- *Yes*
- *Refused*

If No or Refused, Skip to Lipodystrophy Physical Examination.

1b. Have you noticed too much (lipohypertrophy) or too little (lipoatrophy) fat on any part of your body?

- *No*
- *Yes*
- *Refused*

PE Lipodistrophy Template V67

1c. 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 in table. If Yes, indicate the type of change and severity of symptom. →	Was this too much or too little fat? →	Current Severity
	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
1. Facial Fat	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
2. Arm Fat	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
3. Leg fat	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
4. Buttocks Fat	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
5. Belly (abdomen) fat	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
6. Fat on back of neck	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
7. Breasts	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
8. Hips	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
9. Other (if yes, specify)	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
Comments:			

