

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: X, /, ~, ○

1. ID NUMBER			
	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
	5	5	5
	6	6	6
	7	7	7
	8	8	8
	9	9	9

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

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

2. DATE			
JAN			
FEB			
MAR	0	0	09
APR	10	1	10
MAY	20	2	11
JUNE	30	3	12
JULY		4	13
AUG		5	14
SEPT		6	15
OCT		7	16
NOV		8	17
DEC		9	18

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

(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
	7	7	7
	8	8	8
	9	9	9

KILOGRAMS

	NO	YES
Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?	<input type="radio"/>	<input type="radio"/>
Did participant sit quietly for about 5 minutes prior to first BP reading?	<input type="radio"/>	<input type="radio"/>
Did participant sit quietly for about 5 minutes prior to second BP reading?	<input type="radio"/>	<input type="radio"/>

4.a BLOOD PRESSURE Sitting, Right Arm			
FIRST READING		SECOND READING	
BLOOD PRESSURE		BLOOD PRESSURE	
Sitting, Right Arm			
SYSTOLIC		DIASTOLIC	
0	0	0	0
1	1	1	1
2	2	2	2
	3		3
	4		4
	5		5
	6		6
	7		7
	8		8
	9		9

4.b BLOOD PRESSURE ARM	
<input type="radio"/> Right	<input type="radio"/> Left

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

Is this a limited visit or a full visit?
 Limited Visit
 Full Visit

SECTION NOT COMPLETED DUE TO:

PAGES 1–4

Participant refused this section
 No clinician available

PAGES 5–6

Participant refused lipo section
 No lipo examiner available

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

a. Fungal infection lesions (excluding athletes foot)

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

b. Herpes Zoster (active) NO YES

c. Molluscum contagiosum NO YES

d. Seborrhea NO YES

e. Psoriasis NO YES

f. Jaundice NO YES

g. Spider Angioma NO YES

h. Other (please describe below) NO YES

i. Lesions

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

IF YES: Number of lesions

1–2 3–10 >10

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

cms

2) Oral lesions NO YES

3) Anal/perianal lesions NO YES
 Not examined

Comments:

7. OROPHARYNGEAL NO YES

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

8. EYES NO YES

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

9. LYMPH NODES NO YES

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

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? NO YES
- d. Are any of the nodes matted? NO YES

10. ABDOMEN

- a. Liver
 - Enlarged liver definition >3 cm below the right costal margin measured at the mid-clavicular line
- 1. Enlarged NO YES
- 2. Tender NO YES

- b. Spleen (Rt. lateral decubitus, flexed knees/hips)
- Palpable on inspiration below left costal margin NO YES

- c. Other conditions (please describe) NO YES

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 NO YES REFUSED
- b. Skin
 - 1) Condyloma acuminata (warts) NO YES REFUSED
 - 2) Tinea cruris/Candida NO YES REFUSED
 - 3) Herpetic lesions (active) NO YES REFUSED
- c. Circumcized NO YES REFUSED
- d. Other (please describe in 10.c) NO YES REFUSED

13. EXAMINER'S IMPRESSIONS (See PE guidelines)

	NO	YES	REFUSED	IF NOT NORMAL, EXPLAIN
General appearance of posture, back and spine:				
Stands upright	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Use assisted device while standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Extremities (arms and legs):				
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Peripheral edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Limited range of motion of ARMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Limited range of motion of LEGS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

14. PERIPHERAL NEUROPATHY SCREENING (See training video at <http://www.calcaprt.com/mac/mac.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

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

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

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

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

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

V69 PE Lipodystrophy Form

1. MACSID ID

DOB Date of Birth: (mm/dd/yyyy)

____/____/____

Visit No.

(069)

Clinician Number

2. **Date of Visit: (mm/dd/yyyy)**

____/____/____

Module 9: Lipodystrophy Questionnaire

5.0 Q17-18 not completed due to:

- Participant refused this section*
- no lipo examiner available*

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

- No*
- Yes*
- Refused*

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

- No*
- Yes*
- Refused*

If “No” or “Refused” stop section.

1c. If “Yes,” which parts of your body were affected, and how severely? [Ask each item and record answer]

V68 PE Lipodystrophy Form

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

