

**NEW BUTTON ON MDMS: PE FORM (after CADI Entry)**

**Have the following in the corner (like CADI go to question DDL):**

**Go to module \_\_\_\_\_ (drop down menu:**

- 1: Vital Signs, Height, and Weight**
- 2: Core Physical Exam**
- 3: Anal/rectal, genitalia examinations**
- 4: Examiner's Impressions**
- 5: Aging/ Neuropathy Examination**
- 6: Standing Balance**
- 7: Chair Stands**
- 8: Alert and Oriented**
- 9: Lipodystrophy Questionnaire**

**Include this drop down list to give option to skip from module to module from any screen once a record has been started)**

**All questions within each module should be displayed on one screen.**

**MAIN SCREEN**

**1. \*MACSID ID NUMBER**

*5-digit field*

*(double entry of MACSID)*

*DOB Date of Birth:*

*-- / -- / -----*

**\*VISIT Visit No.**

**(072)** *(Pre-set)*

**2. \*DOVMDY Date of Visit:**

*-- / -- / -----*

**3. LIMVFUL Is this a limited visit or a full visit?**

*Limited Visit (code 1)*

*Full Visit (code 2)*

*If possible: List of Modules (clickable links)*

- 1: Vital Signs, Height, and Weight (go to **HEIGHCM**)
- 2: Core Physical Exam (go to **PENOC**)
- 3: Anal/rectal, genitalia examinations (go to **PDREX**)
- 4: Examiner's Impressions (go to **EXISU**)
- 5: Aging/ Neuropathy Examination (go to **PNPVR**)
- 6: Standing Balance (go to **SSSEC**)
- 7: Chair Stands (go to **CHARM1**)
- 8: Alert and Oriented (go to **ALERTC**)
- 9: Lipodystrophy Questionnaire (go to **PENOL**)

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### MODULE 1: Vital Signs, Height, and Weight

Dee, is it possible to add a checkbox listing of all of the modules (top or bottom of screen) so that when this module is completed (i.e. all of the questions are answered), a "check" is populated automatically and is visible throughout the other modules? The goal would be for sites to be able to see which modules are completed/ vs still need to be completed.

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Controlling variables for each of the above check boxes are MOD# and a check box at the bottom of each screen

3.a \***HEIGHCM** Height [in cm]. Refused = 888.8

*(Text field to hundreds place, with tens place after decimal)*

*Dee – if HEIGHCM is not 888.8 and 150.0 > HEIGHCM > 210.0 then pop up message "Please double check height value" - Don't blank out the value entered.*

3.b \***WEIGHKG** Weight [in Kg]. Refused = 888.8.

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*(Text field to hundreds place, with tens place after decimal)*

*Dee – if WEIGHKG is not 888.8 and 40.0 > WEIGHKG > 140.0 then pop up message “Please double check weight value” - Don’t blank out the value entered.*

*OR – if WEIGHKG is not 888.8 and HEIGHCM is not 888.8 and WEIGHKG > HEIGHCM then pop up message “Please check for switched height and weight values” - Don’t blank out the values entered.*

### 4.a00

- PEBPREF** Participant refused blood pressure measurement (*Checkbox that, when selected, skips CFNIC-BPARM and goes to CLIN1*) (code 2 when checked)

### 4.a

	<i>NO=1</i>	<i>Yes=2</i>
<b>4a1. CFNIC</b> Did participant refrain from caffeine & nicotine for at least 30 minutes prior to first BP Reading?	○	○
<b>4a2. SIT1</b> Did participant sit quietly for about 5 minutes prior to first BP reading?	○	○
<b>4a3. SIT2</b> Did participant sit quietly for about 5 minutes prior to second BP reading?	○	○

**4a4. SBP** Systolic BP [in mmHg]  
*3-digit text field*

**4a5. DBP** Diastolic BP [in mmHg]  
*3-digit text field.*

**4a6. SBP2** Systolic BP [in mmHg]  
*3-digit text field*

**4a7. DBP2** Diastolic BP [in mmHg]  
*3-digit text field.*

### 4.b BPARM Blood Pressure Arm

- *Right (code 1)*
- *Left (code 2)*

**CLIN1\*\*** Clinician Number  
 3-digit text field (*can be left blank (.)*)

**MOD1** =2 if checked. Use to determine if completed.

*Buttons:*

*Submit and go home (return to MACSID screen with menu of all modules)*  
*Submit and go to next module*

**MODULE 2: Core Physical Exam**

**Checkbox listing of all of the modules (top or bottom of screen) so that when this module is completed (i.e. all of the questions are answered), a “check” is populated automatically and is visible throughout the other modules.**

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**If MOD2 is filled out, the module is complete.**

**6.00 PENOC Q6-10 not completed due to:**

- *Participant refused this section (code 1)*
- *no clinician available (code 2)*

**[If 1, 2, go to Module 3]**

**6.01 Skin, Hair, Nails (Excluding genital area)**

	<i>1=No</i>	<i>2=Yes</i>	<i>8=Refused</i>
<b>6a. Fungal infection lesions (excluding athletes foot?)</b>			
<b>6a1. SHNFC Intertriginous candida?</b>	○	○	○
<b>6a2. SHNFV Tinea versicolor?</b>	○	○	○
<b>6a3. SHNFO Onychomycosis?</b>	○	○	○
<b>6b. SHNHZ Herpes Zoster (active)?</b>	○	○	○

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6c. <b>SHNMC</b> Molluscum contagiosum?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6d. <b>SHNSE</b> Seborrhea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6e. <b>SHNPS</b> Psoriasis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6f. <b>SHNJA</b> Jaundice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6g. <b>SHNSA</b> Spider Angioma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6h. <b>SHNOT</b> Other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SNCOM</b> (Text box for comments)			
6i. <b>Kaposi Sarcoma</b> Lesions	<b>1=No</b>	<b>2=Yes</b>	<b>8=Refused</b>
6i1. <b>SHNKS</b> Skin Lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>IF SHNKS=YES:</b> <b>SHNSL</b> Number of lesions?	<b>1=1-2</b>	<b>2=3-10</b>	<b>3= &gt;=10</b>
<b>IF SHNKS=YES:</b> <b>SHNLD</b> Diameter of largest lesions [in cm]? <i>Enter value as integer (e.g., 1) except, if less than 1 cm, enter value as decimal (e.g., 0.4)</i>	<b>2 digit text box</b>		
6i2. <b>SHNKO</b> Oral lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6i3. <b>SHNKL</b> Anal/ perianal lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6i3. <b>SHNNE</b> Not Examined		<input type="radio"/> (=2)	

7. Oropharyngeal

7a. <b>ENTTH</b> Consistent with oral thrush/ candidiasis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7b. <b>ENTHP</b> Consistent with herpetic lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7c. <b>ENTGG</b> Gingivitis/ gum disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7d. <b>ENTLE</b> Oral hairy leukoplakia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7e. <b>ENTOT</b> Other (please describe)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>ENTOTSP</b> (Text box for comments)			

8. Eyes

8a. Conjunctiva	<b>1=No</b>	<b>2=Yes</b>	<b>8=Refused</b>
8a1. <b>EYRED</b> Redness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8a2. <b>EYDIS</b> Discharge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8b. <b>EYSCI</b> Scleral icterus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8c. <b>EYOTH</b> Other (please describe below)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<i><b>EYOTHSP</b> (Text box for comments)</i>
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**9. Lymph Nodes**

	<i>1=No</i>	<i>2=Yes</i>	<i>8=Refused</i>
<b>9a. LYND1</b> Are there any nodes present (excluding inguinal and femoral) which are >=1cm? [If No, skip to Q10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9b. IF LYND1=YES: LNODD</b> What is the diameter of the largest node present?	<i>1=1-2cm</i>	<i>2=2.1-4cm</i>	<i>3=&gt;4cm</i>
<b>9c. TENND</b> Are any of the nodes tender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9d. MATND</b> Are any of the nodes matted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. Abdomen**

<b>10a. Liver: Enlarged liver definition &gt;3cm below the right costal margin measured at the mid-clavicular line?</b>			
<b>10a1. LIVEN</b> Enlarged?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10a2. LIVTE</b> Tender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10b0. Spleen (Rt. Lateral decubitus, flexed knees/ hips)</b>			
<b>10b. SPLPL</b> Palpable on inspiration below left costal margin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10c. ABDOT</b> Other conditions (please describe)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<i><b>ABDOTSP</b> (Text box for comments)</i>

**CLIN2** Clinician Number

*3-digit text field (can be left blank (.))*

**MOD2** =2 if checked. Use to determine if completed.

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**Module 3: Anal/rectal, genitalia examinations**

Dee, is it possible to add a checkbox listing of all of the modules (top or bottom of screen) so that when this module is completed (i.e. all of the questions are answered), a “check” is populated automatically and is visible throughout the

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other modules? The goal would be for sites to be able to see which modules are completed/ vs still need to be completed.

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Perform anal rectal exam, including digital, annually. It may be performed at every visit if requested by the participant.

**PDREX** Performed at visit? 1=No 2=Yes. If 1, skip to **GPDIS**.

Indicate refusals by filling in the refusal bubble for each exam component. See guidelines for more details

**11. Anal/ rectal examination**

<b>11a. Visual Exam</b>	<i>1=No</i>	<i>2=Yes</i>	<i>8=Refused</i>
<b>11a1. ARDIS</b> Discharge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11a2. ARHPL</b> Herpetic lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11a3. ARWRT</b> Warts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11a4. ARHEM</b> Hemorrhoids, external?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11a5. ARLFF</b> Laceration/ fissure/ fistula?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11b. Digital exam</b>			
<b>11b1. ARTAC</b> Tender anal canal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11b2. Prostate?</b>	<input type="radio"/>		
<b>11b2a. ARPLG</b> Enlarged?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11b2b. ARPTN</b> Tender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11c. AROTH</b> Other conditions (Please describe)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i><b>AROTHSP</b> (Text box for comments)</i>		

**12. Genitalia**

	<i>1=No</i>	<i>2=Yes</i>	<i>8=Refused</i>
<b>12a. GPDIS</b> Urethral discharge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12b. Skin</b>			
<b>12b1. GSWRT</b> Condyloma acuminata (warts)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12b2. GSTCR</b> Tinea cruris/ Candida?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12b3. GSHPL</b> Herpetic lesions (active)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12c. CIRCUC</b> Circumcised?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12d. GOTH</b> Other conditions (Please describe)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i><b>GOTHSP</b> (Text box for comments)</i>		

**CLIN3** Clinician Number  
*3-digit text field (can be left blank (.))*

**MOD3** =2 if checked. Use to determine if completed.

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**Module 4: Examiner’s Impressions**

Dee, is it possible to add a checkbox listing of all of the modules (top or bottom of screen) so that when this module is completed (i.e. all of the questions are answered), a “check” is populated automatically and is visible throughout the other modules? The goal would be for sites to be able to see which modules are completed/ vs still need to be completed.

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13.

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General appearance of posture, back, and spine:	<i>1=No</i>	<i>2=Yes</i>	<i>8=Refused</i>	<i>If not normal, explain</i>
13a. <b>EXISU</b> Stands upright?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>SUCOM</b> <i>(Text box for comments)</i>
13b. <b>EXIAD</b> Use assisted device while standing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>ADCOM</b> <i>(Text box for comments)</i>
<b>Extremities (arms and legs):</b>				
13c. <b>EXIAR</b> Arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>ARCOM</b> <i>(Text box for comments)</i>
13d. <b>EXIPE</b> Peripheral edema?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>PECOM</b> <i>(Text box for comments)</i>
13e. <b>EXILA</b> Limited range of motion of ARMS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>LACOM</b> <i>(Text box for comments)</i>
13f. <b>EXILL</b> Limited range of motion of LEGS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>LLCOM</b> <i>(Text box for comments)</i>

**CLIN4** Clinician Number

*3-digit text field (can be left blank (.))*

**MOD4** =2 if checked. Use to determine if completed.

**Module 5: Aging/ Neuropathy Examination**

Dee, is it possible to add a checkbox listing of all of the modules (top or bottom of screen) so that when this module is completed (i.e. all of the questions are answered), a “check” is populated automatically and is visible throughout the other modules? The goal would be for sites to be able to see which modules are completed/ vs still need to be completed.

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**14a1. RIGHT:**

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

- No, sensation absent (code 1) (Skip to **PNPVL**)
- Yes, sensation present (code 2)
- Unable to evaluate (code 3) (Skip to **PNPVL**)
- Refused (code 8) (Skip to **PNPVL**)

**IF YES: PNVTR** Vibration was felt for

- >10sec. (normal) (code 1)
- 5-10sec. (mild loss) (code 2)
- >0 and <5sec. (moderate loss) (code 3)

**14a2. LEFT:**

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

- No, sensation absent (code 1) (Skip to **PNTRR**)
- Yes, sensation present (code 2)
- Unable to evaluate (code 3) (Skip to **PNTRR**)
- Refused (code 8) (Skip to **PNTRR**)

**IF YES: PNVTL** Vibration was felt for

- >10sec. (normal) (code 1)
- 5-10sec. (mild loss) (code 2)
- >0 and <5sec. (moderate loss) (code 3)

**14b1. RIGHT:**

**PNTRR** Deep tendon reflexes (ankle reflexes).

- No, reflexes absent (code 1) (Skip to **PNTRL**)

- *Yes, reflexes present (code 2)*
- *Unable to evaluate (code 3) (Skip to **PNTRL**)*
- *Refused (code 8) (Skip to **PNTRL**)*

**IF YES: PNTTR** Reflexes felt were

- *Hypoactive (code 2)*
- *Normal deep tendon reflexes (code 3)*
- *Hyperactive deep tendon reflexes (e.g., with prominent spread) (code 4)*
- *Clonus (code 5)*

**14b2. LEFT:**

**PNTRL** Deep tendon reflexes (ankle reflexes).

- *No, reflexes absent (code 1) Skip to end of module 5*
- *Yes, reflexes present (code 2)*
- *Unable to evaluate (code 3) Skip to end of module 5*
- *Refused (code 8) Skip to end of module 5*

**IF YES: PNTTL** Reflexes felt were →

- *Hypoactive (code 2)*
  - *Normal deep tendon reflexes (code 3)*
  - *Hyperactive deep tendon reflexes (e.g., with prominent spread) (code 4)*
  - *Clonus (code 5)*
- 

**CLIN5** Clinician Number

*3-digit text field (can be left blank (.))*

**MOD5** =2 if checked. Use to determine if completed.

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**Module 6: Standing Balance**

**Dee**, is it possible to add a checkbox listing of all of the modules (top or bottom of screen) so that when this module is completed (i.e. all of the questions are answered), a “check” is populated automatically and is visible throughout the other modules? The goal would be for sites to be able to see which modules are completed/ vs still need to be completed.

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**15a. Standing Balance**

Complete the tasks in the order described below. See Guidelines for full instructions.

**(Dee: ok for user to leave these blank; do not require a response to Q15; complicated internal skip patterns)**

	Time Held	Unable (2=Yes, Blank=Missing)	Refused?(2=Yes, Blank=Missing)	Comments:
<b>15a1a.</b> <b>SSSEC</b> Side-by-side stand (stop watch at 10 seconds). Note: Stop here if unable to hold for at least 10 seconds. Record time and move to chair stands.	<i>Four digit text field with decimal place after tens place (i.e. 10.00)</i>	<b>15a1b. SSUN1</b>	<b>15a1c. SSREF</b>	<b>SSCOM</b> <i>Text box for comments.</i>
<b>15a2a.</b> <b>STSEC</b> Semi-Tandem stand (stop	<i>Four digit text field with decimal place after tens</i>	<b>15a2b. STUN1</b>	<b>15a2c. STREF</b>	<b>STCOM</b> <i>Text box for comments.</i>

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<p>watch at 30 seconds).  <b>Note: Stop here if unable to hold for at least 10 seconds. Record time and move to chair stands.</b></p>	<p><i>place (i.e. 30.00)</i></p>			
<p><b>15a3a. TSSEC</b>  <b>Tandem stand (stop watch at 30 seconds). Note: Stop here if unable to hold for at least 30 seconds. Record time and move on to chair stands.</b></p>	<p><i>Four digit text field with decimal place after tens place (i.e. 30.00)</i></p>	<p><b>15a3b. TSUN1</b></p>	<p><b>15a3c. TSREF</b></p>	<p><b>TSCOM</b>  <i>Text box for comments.</i></p>
<p><b>15a4a. SLSEC</b>  <b>Single leg stand (stop watch at 30 seconds).</b></p>	<p><i>Four digit text field with decimal place after tens place (i.e. 30.00)</i></p>	<p><b>15a4b. SLUN1</b></p>	<p><b>15a4c. SLREF</b></p>	<p><b>SLCOM</b>  <i>Text box for comments.</i></p>

**CLIN6** Clinician Number  
*3-digit text field (can be left blank (.))*

**MOD6** =2 if checked. Use to determine if completed.

**Module 7: Chair Stands**

Dee, is it possible to add a checkbox listing of all of the modules (top or bottom of screen) so that when this module is completed (i.e. all of the questions are answered), a “check” is populated automatically and is visible throughout the other modules? The goal would be for sites to be able to see which modules are completed/ vs still need to be completed.

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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 (fold arms over chest, touching shoulders). 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 5<sup>th</sup> time, and stop the watch when he STANDS for the 10<sup>th</sup> 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.

**15b1. Single Chair Stand (select one) CHSIN**

- *Unable =1*, go to **CHCOM**, then end of module 7
- *Refused =2* , then end of module 7
- *Attempted, but unable to do 1 =3*, go to **CHCOM**, then end of module 7
- *Completed =4*, go to **CHREP**

**If CHSIN=1 or 3:**

**Explain why unable:** \_\_\_\_\_

**CHCOM** Text box for comments.

**15b2. Repeated Chair Stand (select one) CHREP**

- *Unable =1* , go to **CHCOMR**, then end of module 7
- *Refused =2* go to end of module 7
- *Attempted, but unable to do 5 =3* go to **CHCOMR**, then end of module 7
- *Attempted, but unable to do 10 =4* go to **CHCOMR**, **CHFIVES** then end of module 7
- *Completed =5* (go to **CHFIVES**)

If **CHREP**=1, 3, or 4,

Explain why unable: \_\_\_\_\_

**CHCOMR** Text box for comments.

15b2a. if **CHREP**=4 or 5,

**CHFIVES** Time for first 5 stands (Seconds):

*Four digit text box with decimal after tens place (i.e. 30.00).*

15b2b. If **CHREP**=5,

**CHNTENS** Time for all 10 stands (Seconds):

*Four digit text box with decimal after tens place (i.e. 30.00).*

**CLIN7** Clinician Number

*3-digit text field (can be left blank (.))*

**MOD7** =2 if checked. Use to determine if completed.

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**Module 8: Alert and Oriented**

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16.

Ask participant to...	<i>1=No</i>	<i>2=Yes</i>	<i>8=Refused</i>	<i>If No, explain</i>
16.1. <b>ALERTC</b> Name city he is in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CITYCOM</b> (Text box for comments)
16.2. <b>ALERTMY</b> Give current month and year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>MONTHCOM</b> (Text box for comments)
16.3. <b>ALERTFT</b> Tap fingers (see guidelines) # finger taps in 5 seconds:	<i>(two digit text box) (88=Refused) (Dee can you add the highlighted black text to MDMS below the text box?)</i>			
Additional comments: <b>ALTCOM</b> (Text box for comments)				

**CLIN8** Clinician Number  
3-digit text field (can be left blank (.))

**MOD8=2** if checked. Use to determine if completed.

if MOD9 is completed, then module 9 is complete.

### Module 9: Lipodystrophy Questionnaire

- 5.0 **PENOL\*\*** Q17-18 not completed due to:
- Participant refused this section (code 1)

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- *no lipo examiner available (code 2)*  
If 1, 2, go to end of module

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

- *No (code 1)*
- *Yes (code 2)*
- *Refused (code 8)*

*If No (1) or Refused (8), Skip to Lipodystrophy Physical Examination **LPEXN**.*

**1b. LDFATNEW**

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

- *No (code 1)*
- *Yes (code 2)*
- *Refused (code 8)*

**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. → (Refused=8, No=1, Yes=2)	Was this too much or too little fat? → (1= too much, 2= too little)	Current Severity (0=None, 1=Mild, 2=Moderate, 3=Severe)
	No Yes Refused	Too much fat Too little fat	None Mild Moderate Severe
<b>1. Facial Fat</b>	<b>LFACEN</b>	<b>CHFACN</b>	<b>SVFAC</b>
<b>2. Arm Fat</b>	<b>LARMN</b>	<b>CHARMN</b>	<b>SVARM</b>

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3. Leg fat	<b>LLEGN</b>	<b>CHLEGN</b>	<b>SVLEG</b>
4. Buttocks Fat	<b>LBUTN</b>	<b>CHBUTN</b>	<b>SVBUT</b>
5. Belly (abdomen) fat	<b>LABDN</b>	<b>CHABDN</b>	<b>SVABD</b>
6. Fat on back of neck	<b>LPADN</b>	<b>CHPADN</b>	<b>SVPAD</b>
7. Breasts	<b>LBRSN</b>	<b>CHBRSN</b>	<b>SVBRS</b>
8. Hips	<b>LHIPN</b>	<b>CHHIPN</b>	<b>SVHIP</b>
9. Other (if yes, specify)	<b>LDOTHN</b>	<b>CHOTN</b>	<b>SVOTH</b>
<b>LDCOM</b> (Text box for comments)			

**Lipodystrophy Physical Examination:**

**Remove CLIN9 from this module; use MOD9 for check box completeness.**

**1. LDNEC Neck Girth in cm:**

*Three-digit textbox with decimal place after tens place (i.e., 25.0)*

○ **Refused**

*(Refused=888.8, Blank = Missing)*

*Dee – if LDNEC is not 888.8 and 25.0 > LDNEC > 55.0 then pop up message*

*“Please double check neck girth value”*

*- Don't blank out the value entered.*

**2. LDWAI Waist Girth in cm:**

*Four-digit textbox with decimal place after tens place (i.e., 0050.0)*

○ **Refused**

*(Refused=888.8, Blank = Missing)*

*Dee – if LDWAI is not 888.8 and 65.0 > LDWAI > 135.0 then pop up message*

*“Please double check waist girth value”*

*- Don't blank out the value entered.*

**3. LDHIP Hip Girth in cm:**

*Four-digit textbox with decimal place after tens place (i.e, 095.0)*

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- **Refused**

*(Refused=888.8, Blank = Missing)*

*Dee – if LDHIP is not 888.8 and  $80.0 > LDHIP > 140.0$  then pop up message*

*“Please double check hip girth value”*

*- Don't blank out the value entered.*

#### **4. LDTHI Thigh Girth in cm:**

*Four-digit textbox with decimal place after tens place (i.e., 050.0)*

- **Refused**

*(Refused=888.8, Blank = Missing)*

*Dee – if LDTHI is not 888.8 and  $35.0 > LDTHI > 75.0$  then pop up message “Please double check thigh girth value”*

*- Don't blank out the value entered.*

**PECOM Comments:** *Text box for comments.*

**LPEXN Lipodystrophy Examiner Code**

*Three-digit text box*