

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**)

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.

- 1: Vital Signs, Height, and Weight
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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>
4a1. CFNIC Did participant refrain from caffeine & nicotine for at least 30 minutes prior to first BP Reading?	○	○
4a2. SIT1 Did participant sit quietly for about 5 minutes prior to first BP reading?	○	○
4a3. SIT2 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>
6a. Fungal infection lesions (excluding athletes foot?)			
6a1. SHNFC Intertriginous candida?	○	○	○
6a2. SHNFV Tinea versicolor?	○	○	○
6a3. SHNFO Onychomycosis?	○	○	○
6b. SHNHZ Herpes Zoster (active)?	○	○	○

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6c. SHNMC Molluscum contagiosum?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6d. SHNSE Seborrhea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6e. SHNPS Psoriasis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6f. SHNJA Jaundice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6g. SHNSA Spider Angioma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6h. SHNOT Other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SNCOM (Text box for comments)			
6i. Kaposi Sarcoma Lesions	1=No	2=Yes	8=Refused
6i1. SHNKS Skin Lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF SHNKS=YES: SHNSL Number of lesions?	1=1-2	2=3-10	3= >=10
IF SHNKS=YES: SHNLD 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>	2 digit text box		
6i2. SHNKO Oral lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6i3. SHNKL Anal/ perianal lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6i3. SHNNE Not Examined		<input type="radio"/> (=2)	

7. Oropharyngeal

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

8. Eyes

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

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

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

10. Abdomen

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

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

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

12. Genitalia

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

CLIN3 Clinician Number

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

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

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

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.

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.

- 1: Vital Signs, Height, and Weight**

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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:
15a1a. SSSEC 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>	15a1b. SSUN1	15a1c. SSREF	SSCOM <i>Text box for comments.</i>
15a2a. STSEC Semi-Tandem stand (stop	<i>Four digit text field with decimal place after tens</i>	15a2b. STUN1	15a2c. STREF	STCOM <i>Text box for comments.</i>

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

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.

Module 8: Alert and Oriented

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16.

Ask participant to...	1=No	2=Yes	8=Refused	If No, explain
16.1. ALERTC Name city he is in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CITYCOM (Text box for comments)
16.2. ALERTMY Give current month and year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MONTHCOM (Text box for comments)
16.3. ALERTFT 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: ALTCOM (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
1. Facial Fat	LFACEN	CHFACN	SVFAC
2. Arm Fat	LARMN	CHARMN	SVARM

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

PE Template V72

- **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