

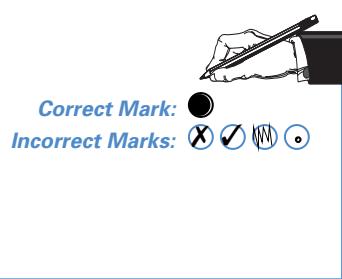
MACS

NEW ENROLLMENT BASELINE

PHYSICAL EXAM

MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make NO stray marks.
- Do NOT fold this form.



VISIT NUMBER	CLINICIAN NUMBER
3 6 5	
(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)

1. ID NUMBER

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

2. DATE

JAN	DAY	YR
FEB		
MAR	0 0	01
APR	10 1	02
MAY	20 2	
JUNE	30 3	
JULY	4	
AUG	5	
SEPT	6	
OCT	7	
NOV	8	
DEC	9	

3. WEIGHT

POUNDS
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

4. BLOOD PRESSURE
Sitting, Right Arm

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

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

°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

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

a. Fungal infection lesions (excluding athletes foot)

NO YES

- 1) Intertriginous candida
- 2) Tinea versicolor
- 3) Onychomycosis

b. Herpes Zoster (active)

c. Molluscum contagiosum

d. Seborrhea

e. Psoriasis

f. Jaundice

g. Spider Angioma

h. Other (please describe below)

i. Kaposi's Sarcoma

NO YES

1) Skin Lesions

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
1	2	3	4	5	6	7	8	9	

cms

2) Oral lesions

3) Anal/perianal lesions

 Not examined

Comments:

SERIAL #

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7. OROPHARYNGEAL

NO YES

a. Consistent with oral thrush/candidiasis

IF YES:

- KOH negative
- OR-
- KOH positive

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. Presence of node ≥ 1 cm1) Occipital Right
Left 2) Post. auricular Right
Left 3) Pre-auricular Right
Left 4) Submental/submandibular Right
Left 5) Ant. cervical Right
Left 6) Post. cervical Right
Left 7) Supraclavicular Right
Left 8) Axillary Right
Left 9) Epitrochlear Right
Left c. What is the diameter of the
largest node present? 1–2 cm 2.1–4 cm >4 cmd. Are any of the nodes tender? e. Are any of the nodes matted?

NO YES

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10. ABDOMEN

a. Liver

Percussed size in mid-clavicular line

	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

cms

NO YES

1. Ascites

2. Caput Medusa

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

NO YES

Palpable on inspiration below left costal margin

Size below LCM

	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

cms

NO YES

c. Other (please describe below)

13. EXAMINER'S IMPRESSIONS (use back of page if necessary)

Printed in U.S.A.

Mark Reflex® forms by NCS Pearson EM-241628B-1:654321

	NORMAL	ABNORMAL	COMMENTS
General Appearance	<input type="radio"/>	<input checked="" type="radio"/>	
Chest and Lungs	<input type="radio"/>	<input checked="" type="radio"/>	
Heart	<input type="radio"/>	<input checked="" type="radio"/>	
Extremities	<input type="radio"/>	<input checked="" type="radio"/>	
Neurological Exam	<input type="radio"/>	<input checked="" type="radio"/>	

SERIAL #



Mark here if either entire rectal exam was declined or sections d) and e).

11. ANAL/RECTAL EXAMINATION

NO YES

a. Discharge

b. Herpetic lesions

c. Warts

d. Prostate

1) Enlarged

2) Tender

e. Digital exam

1) Tender anal canal

f. Hemorrhoids, external

g. Laceration/Fissure/Fistula

h. Other (please describe below)

Mark here if genital exam was declined.

12. GENITALIA

NO YES

a. Urethral discharge

b. Testicular atrophy

c. Skin

1) Condyloma acuminata (warts)

2) Pediculosis

3) Tinea cruris/Candida

4) Herpetic lesions (active)

d. Circumcised

e. Other (please describe below)

14. PERIPHERAL NEUROPATHY SCREENING

a. Perception of vibration (at great toe) NO YES

- IF YES: Vibration was felt for: →
- >10 sec. (normal)
 - 5–10 sec. (mild loss)
 - >0 and <5 sec. (moderate loss)
 - 0 sec. (severe loss)
 - Unable to evaluate

b. Deep tendon reflexes (ankle reflexes) NO YES

- IF YES: Reflexes felt were: →
- Absent
 - Hypoactive
 - Normal deep tendon reflexes
 - Hyperactive deep tendon reflexes (e.g., with prominent spread)
 - Clonus
 - Unable to evaluate

Additional Comments:

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Cuestionario Auto-informe de Lipodistrofia

1a. En los últimos dos años, ¿ha notado cambios en la distribución o en la cantidad de grasa en su cuerpo (tanto, pérdida como aumento de grasa)? [Estos cambios se refieren a la primera vez que ocurrieron y el nivel de gravedad durante estos últimos dos años.]

- No (IF "NO", SKIP TO QUESTION 3)
 Sí

1b. Si contestó que "Sí" a la primera pregunta, ¿qué partes de su cuerpo fueron afectadas y cuán grave fue?

[ASK EACH ITEM AND RECORD ANSWER]

- 1) Pérdida de grasa facial (mejillas hundidas)
- 2) Pérdida de grasa en los brazos
- 3) Pérdida de grasa en las piernas
- 4) Pérdida de grasa en los glúteos
- 5) Aumento de grasa en el abdomen
- 6) Grasa detrás del cuello
- 7) Aumento de grasa en los senos
- 8) Otro (especifique)

If No, go to next question.
If Yes, indique gravedad del cambio

No	Sí	Poca	Alguna	Moderada	Severa
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

1c. Cuando notó estos cambios, ¿ha hecho usted algo para influir en la distribución de grasa en su cuerpo? Por ejemplo:

[ASK EACH ITEM AND RECORD ANSWER]

- 1) Cambiar la dieta
- 2) Cambiar los medicamentos contra el VIH
- 3) Hacer ejercicios/levantamiento de pesos
- 4) Tomar suplementos
- 5) Tomar hormonas de crecimiento o esteroides
- 6) Liposucción
- 8) Otro (especifique)

No Sí

2. En los últimos dos años, ha notado cambio en:

If No, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change.

- 1) Tamaño del cuello/camisa
- 2) Tamaño de cintura/pantalón

No

Sí

Mark only one

Aumento Disminución

Tamaño del cambio en los últimos dos años

<1 in. 1-2 in. >2 in.

In.= pulgadas

3. En los últimos dos años, ¿le ha dicho su médico que usted tiene:

- 1) Nivel alto de colesterol en la sangre?
- 2) Niveles altos de triglicéridos en la sangre?
- 3) Presión sanguínea alta?

No Sí

4. En los últimos dos años, ¿le ha dicho su médico que usted tiene alto nivel de azúcar en la sangre, o diabetes, o diabetes de azúcar?

No Sí

(IF "NO", GO TO NEXT PAGE)

5. ¿Ha tomado insulina en los últimos dos años?

No Sí

(IF "NO", GO TO NEXT PAGE)

6. ¿Está tomando insulina actualmente?

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LIPODYSTROPHY PHYSICAL EXAMINATION

1. Weight: recorded on page 1	2. Height:	3. Waist Girth:	4. Hip Girth:	5. Mid-Arm Girth:	6. Thigh Girth																																																	
	inches	cm	cm	cm	cm																																																	
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7. Fat Wasting (see severity definitions below):

- 1) Facial fat loss (sunken cheeks)
- 2) Arms
- 3) Legs
- 4) Buttocks

If None, go to next question. If Yes, indicate severity of symptom.

None Yes

Severity*
 Mild Moderate Severe

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Fat Accumulation:

- 1) Moon facies
- 2) Abdomen
- 3) Back of Neck
- 4) Breasts

If None, go to next question. If Yes, indicate severity of symptom.

None Yes

Severity*
 Mild Moderate Severe

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Other physical exam findings noted related to fat distribution:

Specify:

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* Definitions:

- None: Patient does not exhibit any signs of fat maldistribution. (Not noted by patient or clinician)
- Mild: Mild signs noted only after close inspection by patient or clinician.
- Moderate: Signs of fat maldistribution are noticed by patient or clinician without specifically looking for it. Patient may complain that current clothing has become tighter.
- Severe: Signs of fat maldistribution easily noted by casual observer. Symptoms have required a change in size of clothing or undergarments worn.