# 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.

### Medical Information

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>DATE</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MACSID:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pages Not Completed Due To:***
- Participant refused this section
- No clinician available
- Participant refused lipo section
- No lipo examiner available

### Blood Pressure

- **First Reading**, Blood Pressure, Sitting, Right Arm
  - **SBP**: [752]
  - **DBP**: [752]

- **Second Reading**, Blood Pressure, Sitting, Right Arm
  - **SBP**: [752]
  - **DBP**: [752]

### Oral Temperature

- **Temp**: [752] °F

### SKIN/HAIR/NAILS (Excluding genital area)

#### a. Fungal infection lesions (excluding athletes foot)

<table>
<thead>
<tr>
<th>NO YES</th>
<th>SHNFC_752</th>
<th>SHNFV_752</th>
<th>SHNFO_752</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Intertriginous candida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Tinea versicolor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Onychomycosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### b. Herpes Zoster (active)

- SHNHZ_752

#### c. Molluscum contagiosum

- SHNMC_752

#### d. Seborrhea

- SHNSE_752

#### e. Psoriasis

- SHNPS_752

#### f. Jaundice

- SHNJA_752

#### g. Spider Angioma

- SHNSA_752

#### h. Other (please describe below)

- SHNOT_752

### Kaposi’s Sarcoma

#### i. Skin Lesions

- SHNKS_752

<table>
<thead>
<tr>
<th>NO YES REFUSED</th>
<th>SHNKS_752</th>
<th>SHNSL_752</th>
<th>SHNLD_752</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Number of lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Diameter of largest lesion in cmm.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### j. Oral lesions

- SHNKL_752

#### j. Anal/perianal lesions

- SHNNE_752

### Comments:

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Serial Number

- [Scantron Mark Reflex EM-22012A-25:654931]
7. OROPHARYNGEAL
   a. Consistent with oral thrush/candidiasis
      IF YES:
      ○ KOH negative ENTTH_752
      -OR-
      ○ KOH positive ENTKO_752
      ○ Not performed
   b. Consistent with herpetic lesions ENTHP_752
   c. Gingivitis/gum disease ENTGG_752
   d. Oral hairy leukoplakia ENTEL_752
   e. Other (please describe below) ENTOT_752

8. EYES
   a. Conjunctiva
      1) Redness EYRED_752
      2) Discharge EYDIS_752
   b. Scleral icterus EYSCL_752
   c. Other (please describe below) EYOTH_752

9. LYMPH NODES
   a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm? LYNDD_752
      SKIP TO Q 10
   b. Presence of node ≥1 cm
      1) Occipital Right OCCR_752
         Left OCLV_752
      2) Post. auricular Right POAUR_752
         Left POAUL_752
      3) Pre-auricular Right PRAUR_752
         Left PRAUL_752
      4) Submental/submandibular Right SUBMR_752
         Left SUBML_752
      5) Ant. cervical Right ACERR_752
         Left ACERL_752
      6) Post. cervical Right PCERR_752
         Left PCERL_752
      7) Supraclavicular Right AXILR_752
         Left AXILL_752
      8) Axillary Right EPTRR_752
         Left EPTRL_752
   c. What is the diameter of the largest node present?
      ○ 1–2 cm
      ○ 2.1–4 cm
      ○ >4 cm
   d. Are any of the nodes tender? TENND_752
   e. Are any of the nodes matted? MATND_752
10. ABDOMEN
   a. Liver
      Percussed size in mid-clavicular line
      0 10 LIVPS_752 76 69
   b. Spleen (Rt. lateral decubitus,
      flexed knees/hips)
      Palpable on inspiration below
      left costal margin SPLPL_752
   c. Other conditions
      (please describe) ABDOT_752

11. ANAL/RECTAL EXAMINATION
   a. Anal swab collected for:
      1) CytoLOGY test ARCVT_752
      2) HPV test ARHPV_752
      b. Discharge ARDIS_752
      c. Herpetic lesions ARHPPL_752
      d. Warts ARWRT_752
      e. Prostate ARPLG_752
      f. Digital exam ARTAC_752
      g. Hemorrhoids, external ARHEM_752
      h. Laceration/Fissure/Fistula ARLFF_752
      i. Other conditions
         (please describe below) AROTH_752

12. GENITALIA
   a. Urethral discharge GPDIS_752
   b. Skin
      1) Condyloma acuminata (warts) GSWRT_752
      2) Pediculosis GSPED_752
      3) Tinea cruris/Candida GSTCR_752
      4) Herpetic lesions (active) GSHPL_752
   c. Other (please describe in 10.c ) GOTH_752

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

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>NOT PERFORMED</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td></td>
<td>EXIGA_752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest and Lungs</td>
<td></td>
<td>EXICL_752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td>EXIHT_752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td>EXIET_752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological Exam</td>
<td></td>
<td>EXINE_752</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10.1. Physical Examiner instructions for current visit:
   1. Collect cytology swab
   2. Collect HPV swab
   3. Perform digital rectal exam

11.1. Other conditions
      (please describe below)

12.1. Other (please describe in 10.c)

SERIAL #

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)

PNPVR_752
PNVTR_752

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

PNTRR_752
PNTTR_752

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)

PNPVL_752
PNVTL_752

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

PNTRL_752
PNTTL_752

Additional Comments:
LIPODYSTROPHY QUESTIONNAIRE

1a. Since your last visit in [MONTH], have you noticed any changes in the distribution or in the amount of your body fat (either loss or gain)? [Changes include first time occurrences and increases or decreases in severity since your last visit.]

☐ NO (IF “NO”, SKIP TO PAGE 6)
☐ YES
☐ REFUSED (IF “REFUSED”, SKIP TO PAGE 6)

1b. If “yes” which parts of your body were affected, and how severely?

<table>
<thead>
<tr>
<th>[ASK EACH ITEM AND RECORD ANSWER]</th>
<th>Refused</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Facial fat</td>
<td>LFACE_752</td>
<td>CHFAC_752</td>
<td>SVFACE_752</td>
</tr>
<tr>
<td>2) Arm fat</td>
<td>LARM_752</td>
<td>CHARM_752</td>
<td>SVARM_752</td>
</tr>
<tr>
<td>3) Leg fat</td>
<td>LLG_752</td>
<td>CHLEG_752</td>
<td>SVLEG_752</td>
</tr>
<tr>
<td>4) Buttocks fat</td>
<td>LBUT_752</td>
<td>CHBUT_752</td>
<td>SVBUT_752</td>
</tr>
<tr>
<td>5) Belly (abdomen) fat</td>
<td>LABD_752</td>
<td>CHABD_752</td>
<td>SVABD_752</td>
</tr>
<tr>
<td>6) Fat on back of neck</td>
<td>LPAD_752</td>
<td>CHPAD_752</td>
<td>SVPAD_752</td>
</tr>
<tr>
<td>7) Breasts</td>
<td>LBRS_752</td>
<td>CHBRS_752</td>
<td>SVBRS_752</td>
</tr>
<tr>
<td>8) Hips</td>
<td>LHIP_752</td>
<td>CHHIP_752</td>
<td>SVHIP_752</td>
</tr>
<tr>
<td>9) Other (if Yes, specify below)</td>
<td>LDOTH_752</td>
<td>CHOTH_752</td>
<td>SVOTH_752</td>
</tr>
</tbody>
</table>

1c. Since you’ve noticed these changes, have you taken actions that would influence your fat distribution such as:

<table>
<thead>
<tr>
<th>[ASK EACH ITEM AND RECORD ANSWER]</th>
<th>No</th>
<th>Yes</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Changing diet</td>
<td>CHDIT_752</td>
<td>CHSUR_752</td>
<td></td>
</tr>
<tr>
<td>2) Changing HIV medications</td>
<td>CHHIV_752</td>
<td>CHCHK_752</td>
<td></td>
</tr>
<tr>
<td>3) Exercise/Weight lifting</td>
<td>CHWGT_752</td>
<td>CHCMS_752</td>
<td></td>
</tr>
<tr>
<td>4) Taking nutritional supplements</td>
<td>CHSUP_752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Taking growth hormone or steroids</td>
<td>CHSTR_752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Liposuction surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Cheek implants/injections</td>
<td>CHCHK_752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Other cosmetic surgery</td>
<td>CHCMS_752</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Other (if Yes, specify below)</td>
<td>CHOTH_752</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Since your last visit in [MONTH], have you noticed any change in:

| If No or Refused, go to next question. If Yes, indicate if change was an increase or decrease and the amount of change. |
|--------------------|--------------------|--------------------|
| Refused | No | Yes |
| 1) Shirt neck size? | CHNCK_752 | CHWNST_752 | |
| 2) Trouser waist size? | CHWST_752 | CHSWS_752 | |

Was this change an increase or decrease? Amount of change since your last visit.

<p>| Increase | Decrease |</p>
<table>
<thead>
<tr>
<th>&lt;1 in.</th>
<th>1-2 in.</th>
<th>&gt;2 in.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(IDNCK_752</td>
<td>(IDWST_752</td>
<td>(IDWST_752</td>
</tr>
</tbody>
</table>

SERIAL #
**LIPODYSTROPHY PHYSICAL EXAMINATION**

<table>
<thead>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>HEIGHCM_752</td>
<td>LDNEC_752</td>
<td>LDWAi_752</td>
<td>LDHIP_752</td>
<td>LDTHI_752</td>
<td>LPEXN_752</td>
</tr>
<tr>
<td>(see instructions)</td>
<td>(see instructions)</td>
<td>(see instructions)</td>
<td>(see instructions)</td>
<td>(see instructions)</td>
<td>(see instructions)</td>
</tr>
</tbody>
</table>

**6. Fat Wasting (see severity definitions below):**

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

<table>
<thead>
<tr>
<th>Severity*</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>severity*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1) Facial fat loss (sunken cheeks)</th>
<th>FFWAC_752</th>
<th>SWFAC_752</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Arms</td>
<td>FWARM_752</td>
<td>SWARM_752</td>
<td>0</td>
</tr>
<tr>
<td>3) Legs</td>
<td>FWLEg_752</td>
<td>SWLEG_752</td>
<td>0</td>
</tr>
<tr>
<td>4) Buttocks</td>
<td>FWBUT_752</td>
<td>SWBUT_752</td>
<td>0</td>
</tr>
</tbody>
</table>

**7. Fat Accumulation:**

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

<table>
<thead>
<tr>
<th>Severity*</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>severity*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1) Moon facies</th>
<th>FAMOO_752</th>
<th>SWMOO_752</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Abdomen</td>
<td>FAABD_752</td>
<td>SWABD_752</td>
<td>0</td>
</tr>
<tr>
<td>3) Back of Neck</td>
<td>FANCK_752</td>
<td>SWNCK_752</td>
<td>0</td>
</tr>
<tr>
<td>4) Breasts</td>
<td>FABRS_752</td>
<td>SWBRS_752</td>
<td>0</td>
</tr>
</tbody>
</table>

**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.

**Q6. Fat Wasting:**
The examiner observes and grades the lipoatrophy (both facial and limb) according to the following standards:

For facial lipoatrophy:
- a) mild — clearly visible deepened naso\(\)abial folds
- b) moderate — evidence of “hollowing out” of cheeks
- c) severe — hollowed cheek areas with underlying muscle clearly visible

For limb (arms and legs) lipoatrophy:
- a) mild — increased prominence of veins
- b) moderate — increased prominence of both veins and muscles
- c) severe — a + b with overall thinning appearance of the limb

**8. Other physical exam findings noted related to fat distribution:**

Specify:

---

*Page 6*