MACS

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: ✗ ✓ ⓦ ⊙

1. ID NUMBER: MACSID

VISIT NUMBER: VISIT_064

CLINICIAN NUMBER: CLIN_064

2. DATE

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

DAY: 09

YR: PEDTM_064 PEDTD_064 PEDTY_064

3.a HEIGHT: HEIGHCM_064 cm (see instructions)

3.b WEIGHT (KILOGRAMS): WEIGHKG_064

4.a

	NO	YES
Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?		CFNIC_064
Did participant sit quietly for about 5 minutes prior to first BP reading?		SIT1_064
Did participant sit quietly for about 5 minutes prior to second BP reading?		SIT2_064

4.b BLOOD PRESSURE ARM: ○ Right ○ Left — BPARM_064

FIRST READING BLOOD PRESSURE Sitting, Right Arm	SECOND READING BLOOD PRESSURE Sitting, Right Arm
SYSTOLIC: SBP_064	SYSTOLIC: SBP2_064
DIASTOLIC: DBP_064	DIASTOLIC: DBP2_064

5. ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking: TEMP_064 °F

SECTION NOT COMPLETED DUE TO:

PAGES 1–4 — PENOC_064
- ○ Participant refused this section
- ○ No clinician available

PAGES 5–6 — PENOL_064
- ○ 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		SHNFC_064
2) Tinea versicolor		SHNFV_064
3) Onychomycosis		SHNFO_064

b. Herpes Zoster (active)	SHNHZ_064
c. Molluscum contagiosum	SHNMC_064
d. Seborrhea	SHNSE_064
e. Psoriasis	SHNPS_064
f. Jaundice	SHNJA_064
g. Spider Angioma	SHNSA_064

h. Other (please describe below): SHNOT_064

i. Lesions

	NO	YES
1) Skin Lesions		SHNKS_064

IF YES: Number of lesions ○ 1–2 ○ 3–10 ○ >10 SHNSL_064

Diameter of largest lesion in cms. cms SHNLD_064

2) Oral lesions	SHNKO_064
3) Anal/perianal lesions	SHNKL_064
○ Not examined	SHNNE_064

Comments:

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7. OROPHARYNGEAL

	NO	YES	
a. Consistent with oral thrush/candidiasis			ENTTH_064
b. Consistent with herpetic lesions			ENTHP_064
c. Gingivitis/gum disease			ENTGG_064
d. Oral hairy leukoplakia			ENTLE_064
e. Other *(please describe below)*			ENTOT_064

8. EYES

	NO	YES	
a. Conjunctiva			
1) Redness			EYRED_064
2) Discharge			EYDIS_064
b. Scleral icterus			EYSCI_064
c. Other *(please describe below)*			EYOTH_064

9. LYMPH NODES

	NO	YES	
a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?			LYND1_064

SKIP TO Q 10

b. What is the diameter of the largest node present? LNODD_064

○ 1–2 cm ○ 2.1–4 cm ○ >4 cm

	NO	YES	
c. Are any of the nodes tender?			TENND_064
d. Are any of the nodes matted?			MATND_064

10. ABDOMEN

a. Liver

Enlarged liver definition >3 cm below the right costal margin measured at the mid-clavicular line

	NO	YES	
1. Enlarged			LIVEN_064
2. Tender			LIVTE_064

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

	NO	YES	
Palpable on inspiration below left costal margin			SPLPL_064

	NO	YES	
c. Other conditions *(please describe)*			ABDOT_064

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 PDREX_064

11. ANAL/RECTAL EXAMINATION

	NO	YES	REFUSED	
a. Visual exam				
1) Discharge				ARDIS_064
2) Herpetic lesions				ARHPL_064
3) Warts				ARWRT_064
4) Hemorrhoids, external				ARHEM_064
5) Laceration/fissure/fistula				ARLFF_064
b. Digital exam				
1) Tender anal canal				ARTAC_064
2) Prostate				
2.a) enlarged				ARPLG_064
2.b) tender				ARPTN_064
c. Other conditions *(please describe below)*				AROTH_064

12. GENITALIA

	NO	YES	REFUSED	
a. Urethral discharge				GPDIS_064
b. Skin				
1) Condyloma acuminata (warts)				GSWRT_064
2) Tinea cruris/Candida				GSTCR_064
3) Herpetic lesions (active)				GSHPL_064
c. Circumsized				CIRCU_064
d. Other *(please describe in 10.c)*				GOTH_064

13. EXAMINER'S IMPRESSIONS (See PE guidelines)

		NO	YES	REFUSED	IF NOT NORMAL, EXPLAIN
General appearance of posture, back and spine:					
Stands upright	EXISU_064			◯	
Use assisted device while standing	EXIAD_064			◯	
Extremities (arms and legs):					
Arthritis	EXIAR_064			◯	
Peripheral edema	EXIAD_064			◯	
Limited range of motion of ARMS	EXILA_064			◯	
Limited range of motion of LEGS	EXILL_064			◯	

14. PERIPHERAL NEUROPATHY SCREENING (See training video at *http://www.calcaprt.com/macs/macs.htm*).

RIGHT

a1. Perception of vibration (at great toe) (Use a 128 Hz tuning fork) PNPVR_064
- ◯ NO, sensation absent
- ◯ YES, sensation present
- ◯ Unable to evaluate
- ◯ REFUSED

IF YES: Vibration was felt for: → PNVTR_064
- ◯ >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) PNPVL_064
- ◯ NO, sensation absent
- ◯ YES, sensation present
- ◯ Unable to evaluate
- ◯ REFUSED

IF YES: Vibration was felt for: → PNVTL_064
- ◯ >10 sec. (normal)
- ◯ 5–10 sec. (mild loss)
- ◯ >0 and <5 sec. (moderate loss)

RIGHT

b1. Deep tendon reflexes (ankle reflexes) PNTRR_064
- ◯ NO, reflexes absent
- ◯ YES, reflexes present
- ◯ Unable to evaluate
- ◯ REFUSED

IF YES: Reflexes felt were: → PNTTR_064
- ◯ Hypoactive
- ◯ Normal deep tendon reflexes
- ◯ Hyperactive deep tendon reflexes (e.g., with prominent spread)
- ◯ Clonus

LEFT

b2. Deep tendon reflexes (ankle reflexes) PNTRL_064
- ◯ NO, reflexes absent
- ◯ YES, reflexes present
- ◯ Unable to evaluate
- ◯ REFUSED

IF YES: Reflexes felt were: → PNTTL_064
- ◯ Hypoactive
- ◯ Normal deep tendon reflexes
- ◯ Hyperactive deep tendon reflexes (e.g., with prominent spread)
- ◯ Clonus

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15a. STANDING BALANCE:

	TIME HELD (stop watch at 10 seconds)	UNABLE	REFUSED	EXPLAIN:
1. Side-by-side stand SSSEC_064	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	SSUN1_064	SSREF_064	
2. Semi-tandem stand STSEC_064	(stop watch at 30 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	STUN1_064	STREF_064	
3. Tandem stand TSSEC_064	(stop watch at 30 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	TSUN1_064	TSREF_064	
4. Single leg stand SLSEC_064	(stop watch at 30 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	SLUN1_064	SLREF_064	

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	CHARM1_064	CHREF1_064	CHNONE_064	CHCOM1_064

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	CHUREP_064	CHREF_064	CHFIVE_064	CHTEN_064	CHCOMREP_064

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 — CHFIVES_064

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 — CHTENS_064

16. ALERT AND ORIENTED:

Ask participant to. . .	NO	YES	REFUSED	IF NO, EXPLAIN:
1. Name city he is in		ALERTC_064	○	
2. Give current month and year		ALERTMY_064	○	

3. Tap fingers (see guidelines) # finger taps in 5 seconds: ⓪ ① ② ③ ALERTFT_064 REFUSED ○
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

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.] LDFAT_064

○ 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?
[ASK EACH ITEM AND RECORD ANSWER]

If No or Refused, go to next question. If Yes, indicate type of change and severity of symptom.

Was this change an increase or decrease? →

	Refused	No	Yes	Increase	Decrease	Current Severity: None	Mild	Moderate	Severe
1) Facial fat			LFACE_064	→ CHFAC_064		○	SVFAC_064		○
2) Arm fat			LARM_064	→ CHARM_064		○	SVARM_064		○
3) Leg fat			LLEG_064	→ CHLEG_064		○	SVLEG_064		○
4) Buttocks fat			LBUT_064	→ CHBUT_064		○	SVBUT_064		○
5) Belly (abdomen) fat			LABD_064	→ CHABD_064		○	SVABD_064		○
6) Fat on back of neck			LPAD_064	→ CHPAD_064		○	SVPAD_064		○
7) Breasts			LBRS_064	→ CHBRS_064		○	SVBRS_064		○
8) Hips			LHIP_064	→ CHIP_064		○	SVHIP_064		○
9) Other *(if Yes, specify below)*			LDOTH_064	→ CHOT_064		○	SVOTH_064		○

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

[ASK EACH ITEM AND RECORD ANSWER]

	No	Yes	Refused
1) Changing diet		CHDIT_064	
2) Changing HIV medications		CHHIV_064	
3) Exercise/Weight lifting		CHWGT_064	
4) Taking nutritional supplements		CHSUP_064	
5) Taking growth hormone or steroids		CHSTR_064	
6) Liposuction surgery		CHSUR_064	
7) Cheek implants/injections		CHCHK_064	
8) Other cosmetic surgery		CHCMS_064	
9) Other *(if Yes, specify below)*		CHOTH_064	

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.

Was this change an increase or decrease? →

Amount of change since your last visit.

	Refused	No	Yes	Increase	Decrease	<1 in.	1–2 in.	>2 in.
1) Shirt neck size?			CHNCK_064	→ IDNCK_064		ATNCK_064		○
2) Trouser waist size?			CHWST_064	→ IDWST_064		ATWST_064		○

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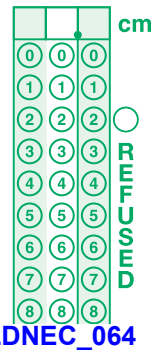
LIPODYSTROPHY PHYSICAL EXAMINATION

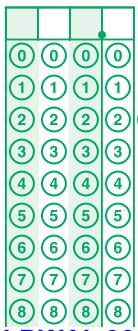
1. Neck Girth: cm



LDNEC_064

(see instructions)

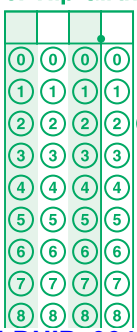
2. Waist Girth: cm



LDWAI_064

(see instructions)

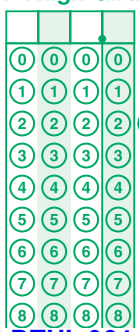
3. Hip Girth: cm



LDHIP_064

(see instructions)

4. Thigh Girth cm

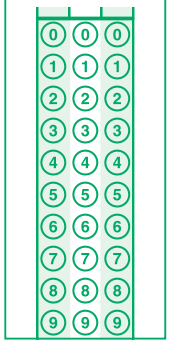


LDTHI_064

(see instructions)

LIPODYSTROPHY MEASURER CODE

LPEXN_064



COMMENTS