

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.

Correct Mark: ●
Incorrect Marks: ✕ ✎ ✎ ✎



| VISIT NUMBER | CLINICIAN NUMBER |
|--------------|------------------|
| 365 | |
| 0 0 | 0 |
| 1 1 | 10 1 |
| 2 2 | 20 2 |
| 3 3 | 30 3 |
| 4 4 | 40 4 |
| 5 5 | 50 5 |
| 6 6 | 60 6 |
| 7 7 | 70 7 |
| 8 8 | 80 8 |
| 9 9 | 90 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

| | DAY | YR |
|----------------------------|------|--------------------------|
| JAN <input type="radio"/> | | |
| FEB <input type="radio"/> | | |
| MAR <input type="radio"/> | 0 0 | 01 <input type="radio"/> |
| APR <input type="radio"/> | 10 1 | 02 <input type="radio"/> |
| MAY <input type="radio"/> | 20 2 | |
| JUNE <input type="radio"/> | 30 3 | |
| JULY <input type="radio"/> | 4 | |
| AUG <input type="radio"/> | 5 | |
| SEPT <input type="radio"/> | 6 | |
| OCT <input type="radio"/> | 7 | |
| NOV <input type="radio"/> | 8 | |
| DEC <input type="radio"/> | 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 | <input type="radio"/> | <input type="radio"/> |
| 2) Tinea versicolor | <input type="radio"/> | <input type="radio"/> |
| 3) Onychomycosis | <input type="radio"/> | <input type="radio"/> |

- b. Herpes Zoster (active) NO YES
- c. Molluscum contagiosum NO YES
- d. Seborrhea NO YES
- e. Psoriasis NO YES
- f. Jaundice NO YES
- g. Spider Angioma NO YES

h. Other (please describe below) NO YES

i. Kaposi's Sarcoma

| | NO | YES | | | | | | | | |
|------------------------------------|----------------------------|---------------------------|----|----|----|----|----|----|----|----|
| 1) Skin Lesions | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| IF YES: Number of lesions | | | | | | | | | | |
| <input type="radio"/> 1-2 | <input type="radio"/> 3-10 | <input type="radio"/> >10 | | | | | | | | |
| Diameter of largest lesion in cms. | | | | | | | | | | |
| | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

- 2) Oral lesions NO YES
- 3) Anal/perianal lesions NO YES
- Not examined

Comments:



10. ABDOMEN

a. Liver

Percussed size in mid-clavicular line

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

1. Ascites NO YES
2. Caput Medusa NO YES

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

- Palpable on inspiration below left costal margin NO YES

Size below LCM

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

c. Other (please describe below) NO YES

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

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

11. ANAL/RECTAL EXAMINATION

- | | | |
|----------------------------------|-----------------------|-----------------------|
| | NO | YES |
| a. Discharge | <input type="radio"/> | <input type="radio"/> |
| b. Herpetic lesions | <input type="radio"/> | <input type="radio"/> |
| c. Warts | <input type="radio"/> | <input type="radio"/> |
| d. Prostate | | |
| 1) Enlarged | <input type="radio"/> | <input type="radio"/> |
| 2) Tender | <input type="radio"/> | <input type="radio"/> |
| e. Digital exam | | |
| 1) Tender anal canal | <input type="radio"/> | <input type="radio"/> |
| f. Hemorrhoids, external | <input type="radio"/> | <input type="radio"/> |
| g. Laceration/Fissure/Fistula | <input type="radio"/> | <input type="radio"/> |
| h. Other (please describe below) | <input type="radio"/> | <input type="radio"/> |

| |
|--|
| |
| |

Mark here if genital exam was declined.

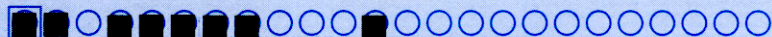
12. GENITALIA

- | | | |
|----------------------------------|-----------------------|-----------------------|
| | NO | YES |
| a. Urethral discharge | <input type="radio"/> | <input type="radio"/> |
| b. Testicular atrophy | <input type="radio"/> | <input type="radio"/> |
| c. Skin | | |
| 1) Condyloma acuminata (warts) | <input type="radio"/> | <input type="radio"/> |
| 2) Pediculosis | <input type="radio"/> | <input type="radio"/> |
| 3) Tinea cruris/Candida | <input type="radio"/> | <input type="radio"/> |
| 4) Herpetic lesions (active) | <input type="radio"/> | <input type="radio"/> |
| d. Circumcised | <input type="radio"/> | <input type="radio"/> |
| e. Other (please describe below) | <input type="radio"/> | <input type="radio"/> |

| |
|--|
| |
| |

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

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



LIPODYSTROPHY SELF-REPORT QUESTIONNAIRE

1a. In the past 2 years, have you noticed any changes in the distribution (location) or in the amount of your body fat (either loss or gain)?

- NO (IF "NO", SKIP TO QUESTION 3)
 YES

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

[ASK EACH ITEM AND RECORD ANSWER]

*If No, go to next question.
If Yes, indicate severity of symptom.*

Current Severity

| | No | Yes | | | | |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | | None | Mild | Moderate | Severe |
| 1) Facial fat loss (sunken cheeks) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Arm fat loss | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Leg fat loss | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Buttocks fat loss | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Belly (abdomen) fat gain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6) Fat pad (hump) on back of neck | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) Breasts fatter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8) Other (if Yes, specify below) | <input type="radio"/> | <input type="radio"/> | | | | |

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 |
|--------------------------------------|-----------------------|-----------------------|
| 1) Changing diet | <input type="radio"/> | <input type="radio"/> |
| 2) Changing HIV medications | <input type="radio"/> | <input type="radio"/> |
| 3) Exercise/Weight lifting | <input type="radio"/> | <input type="radio"/> |
| 4) Taking supplements | <input type="radio"/> | <input type="radio"/> |
| 5) Taking growth hormone or steroids | <input type="radio"/> | <input type="radio"/> |
| 6) Liposuction surgery | <input type="radio"/> | <input type="radio"/> |
| 7) Other (if Yes, specify below) | <input type="radio"/> | <input type="radio"/> |

2. In the past 2 years, have you noticed any change in:

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

Mark only one

Amount of change

| | No | Yes | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | | Increase | Decrease | <1 in. | 1-2 in. | >2 in. |
| 1) Shirt neck size | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Trouser waist size | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Have you ever been told by a medical practitioner that you have:

| | No | Yes |
|-----------------------------------|-----------------------|-----------------------|
| 1) High blood cholesterol level? | <input type="radio"/> | <input type="radio"/> |
| 2) High blood triglyceride level? | <input type="radio"/> | <input type="radio"/> |
| 3) High blood pressure? | <input type="radio"/> | <input type="radio"/> |

4. Have you been told by a medical practitioner that you have high blood sugar, diabetes, or sugar diabetes?

| | No | Yes |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(IF "NO", GO TO NEXT PAGE)

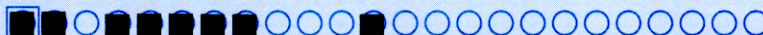
5. Have you taken insulin in the past 2 years?

| | No | Yes |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(IF "NO", GO TO NEXT PAGE)

6. Are you now taking insulin?

| | No | Yes |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



LIPODYSTROPHY PHYSICAL EXAMINATION

1. Weight:
recorded on page 1

2. Height:
inches

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

(see instructions)

3. Waist Girth:
cm

| | | |
|---|---|---|
| 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 |

(see instructions)

4. Hip Girth:
cm

| | | |
|---|---|---|
| 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 |

(see instructions)

5. Mid-Arm Girth:
cm

| | | |
|---|---|---|
| 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 |

(see instructions)

6. Thigh Girth:
cm

| | | |
|---|---|---|
| 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 |

(see instructions)

7. Fat Wasting (see severity definitions below):

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

None Yes

Severity*

Mild Moderate Severe

1) Facial fat loss (sunken cheeks)

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

2) Arms

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

3) Legs

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

4) Buttocks

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

8. Fat Accumulation:

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

None Yes

Severity*

Mild Moderate Severe

1) Moon facies

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

2) Abdomen

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

3) Back of Neck

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

4) Breasts

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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:

*** 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.