## FOLLOW-UP VISIT **PHYSICAL EXAM**

### **MARKING INSTRUCTIONS**



<ul> <li>Make dark marks that fi the circle completely.</li> <li>Make clean erasures.</li> <li>Make NO stray marks.</li> <li>Do NOT fold this form.</li> </ul>	Corre	ect Mark:   at Marks:   O  O		3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 8
1.	(7 (7 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8	Did participant refrain from and nicotine for at least 30 prior to first BP reading?  Did participant sit quietly to 5 minutes prior to first BP  Did participant sit quietly to 5 minutes prior to second  FIRST READING  BLOOD PRESSURE Sitting, Right Arm  SYSTOLIC DIASTOLIC  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	for about reading?	9 9 9 9 9  4.b  BLOOD PRESSURE ARM  Right Left  5.  ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking  F  0 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 7 7 7 7 8 8 8 8 9 9 9
6. SKIN/HAIR/NAILS (Excluding go		i. Kaposi′s	Sarcoma	NO YES REFUSE
a. Fungal infection lesions (excludi		1) Sk	in Lesions	0 0 0
<ol> <li>1) Intertriginous candida</li> <li>2) Tinea versicolor</li> <li>3) Onychomycosis</li> <li>b. Herpes Zoster (active)</li> </ol>	NO YES	0	YES: Number of lesions 1-2 3-10 2 iameter of largest lesion i 0 0 2 3 4 5 6	n cms.
c. Molluscum contagiosum d. Seborrhea e. Psoriasis f. Jaundice	0 0 0 0 0	3) Ar	al lesions nal/perianal lesions Not examined	0 0 0
g. Spider Angioma  h. Other (please describe below)	0 0	Commen —	ts:	

**SERIAL** #

VISIT NUMBER

00

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7.	OROPHARYNGEAL	NO	YES REF	USED	9.	LY	YMPH NODES	NO	YES	REFUSED
	a. Consistent with oral thrush/candidiasis  IF YES:  KOH negative		a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?				0			
	-OR-						SKIP TO Q 10			
	<ul><li>KOH positive</li><li>Not performed</li></ul>									
	b. Consistent with herpetic lesions	0	0 (			b.	. Presence of node ≥1 cm			
	c. Gingivitis/gum disease	Ö	0 (	$\bigcirc$			1) Occipital	Right (	0	0
	d. Oral hairy leukoplakia e. Other (please describe below)	0	0 (				.,	Left 🔾	0	$\bigcirc$
	e. Other (prease describe below)			- -			2) Post. auricular	Right   Left	0	0
				-			3) Pre-auricular	Right (	0	0
				-			4) Submental/submandibular	Right O	0	0
				-			5) Ant. cervical	Right (	0	0
				-			6) Post. cervical	Right (	0	0
				- -			7) Supraclavicular	Right (	0	0
8.	EYES	NO	YES REF	LIGED			8) Axillary	Right (	0	0
	a. Conjuctiva 1) Redness	NO	YES REP				9) Epitrochlear	Right (	0	0
	<ul><li>2) Discharge</li><li>b. Scleral icterus</li></ul>	$\circ$	0 (	$\sum_{i=1}^{n}$						
	c. Other (please describe below)	0	0 (	)  -  -		C.	What is the diameter of the largest node present?  1-2 cm 2.1-4 cm	○ >4 cm	YES	
				-		d.	. Are any of the nodes tender?	O	0	
				- - - - -			Are any of the nodes matted?		Ö	
				-						

10. A	BDOMEN				Physical Examiner instructions for cu	rrent visit:		
	a. Liver			REFUSED	1. Collect cytology swab	No Yes		
	Percussed size in mid-c		е	0	2. Collect HPV swab	No O Yes		
	0 0 0 0 0 0 0 0 0	900000	ems		3. Perform digital rectal exam	No Yes		
	0 1 2 3 4 5 (	6 7 8 9			11. ANAL/RECTAL EXAMINATION			
	1. Ascites		NO YES	REFUSED	a. Anal swab collected for:	NO	YES	REFUSED
	I. Ascites		0 0		1) Cytology test		$\bigcirc$	$\circ$
					2) HPV test	O	Ö	
	h Coloon (Dt. Interval descri	la taura			b. Discharge	Ŏ	$\bigcirc$	0
	b. Spleen (Rt. lateral decul flexed knees/hips)	Ditus,			c. Herpetic lesions	$\circ$	$\bigcirc$	
	-		NO YES	REFUSED	d. Warts	0	0	$\circ$
	Palpable on inspiration	below	0 0		e. Prostate			
	left costal margin		$\circ$	O	1) Enlarged	$\bigcirc$	$\bigcirc$	$\bigcirc$
	IF PALPABLE, indicate	siza Othar	wise leave	siza	2) Tender f. Digital exam	$\cup$	$\bigcirc$	$\cup$
	box blank.	31201 011101	wise, icave	3120	Tender anal canal			
					g. Hemorrhoids, external		$\sim$	$\sim$
	Size below LCM				h. Laceration/Fissure/Fistula	$\tilde{O}$	$\tilde{O}$	$\overline{\bigcirc}$
	0 10 20 30 40 50 (	50 70 80 90			i. Other conditions			
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6789°	ems		(please describe below)	$\bigcirc$	$\bigcirc$	$\bigcirc$
			NO YES	REFUSED				
	c. Other conditions							
	(please describe)		0 0					
				—  Г	12. GENITALIA	NO	YES	REFUSED
					a. Urethral discharge	0	$\bigcirc$	
					b. Skin			
					1) Condyloma acuminata (w	arts)	0	$\bigcirc$
					2) Pediculosis	O	0	$\bigcirc$
					3) Tinea cruris/Candida	$\bigcirc$	0	$\bigcirc$
	Anal rectal exams are per unless otherwise request			oasis	4) Herpetic lesions (active)	O		$\circ$
	Indicate refusals by filling			for				
	each exam component. S					NO	VEC	REFUSED
	details.	Ū			c. Other (please describe in 10.0	NO O	YES	NEFUSEL
					The second of th	,,		
13. E	XAMINER'S IMPRESSIC	NS (use b	ack of pag	e if neces	ssary)			
				NOT				
_		NORMAL	ABNORMAL	PERFORME	COMMENTS			
	General Appearance	0	0	0				
	Chest and Lungs	0	0	0				
	Heart	0	0	0				
	Extremities	0	0	0				
	Neurological Exam	0	0	0				

RIGHT	LEFT
a1. Perception of vibration (at great toe) (Use a 128 Hz tuning fork)  NO, sensation absent  YES, sensation present Unable to evaluate  REFUSED	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	IF YES: Vibration
RIGHT	LEFT
b1. Deep tendon reflexes (ankle reflexes)  NO, reflexes absent  YES, reflexes present  Unable to evaluate  REFUSED	b2. Deep tendon reflexes (ankle reflexes)  NO, reflexes absent YES, reflexes present Unable to evaluate REFUSED
IF YES: Reflexes	IF YES: Reflexes
Additional Comments:	

# LIPODYSTROPHY QUESTIONNAIRE

1a. Since your last visit in [MON body fat (either loss or gain) severity since your last visit  NO (IF "NO", SKIP TO PON ONE ONE ONE ONE ONE ONE ONE ONE ONE O	? [Char .] AGE 6)	nges ir	clude first	-					_
1b. If "yes" which parts of your body were affected, and how severely?  [ASK EACH ITEM AND	next qu indicat	iestion. e type d	ed, go to If Yes, of change f symptom.	Was this increase decrease			Currer	nt Severity	· ——
RECORD ANSWER]	Refuse	d No	Yes	Increase	Decrease	None	Mild	Moderate	Severe
1) Facial fat			$\bigcirc$ $\longrightarrow$					$\circ$	
2) Arm fat			$\bigcirc$		0	0	0	0	
3) Leg fat			$\bigcirc$					0	
4) Buttocks fat			$\bigcirc$		0	O	0	Ō	
5) Belly (abdomen) fat	0		$\bigcirc$		O	0	0	O	0
6) Fat on back of neck	Ŏ	Ŏ	$\tilde{\bigcirc}$		Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
7) Breasts	Ŏ	Ŏ	$\tilde{\bigcirc}$		Ö	Ŏ	Ö	Ö	Ŏ
8) Hips	Ŏ	Ŏ	$0 \longrightarrow$		Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
9) Other (if Yes, specify below)	Ŏ	Ŏ	$\bigcirc$		Ö	Ŏ	Ŏ	O	Ö
1c. Since you've noticed these changes, have you taken actions that would influence your fat distribution such as:									
[ASK EACH ITEM AND RECOR	D ANSW		lo Yes Ref						s Refuse
1) Changing diet					posuction sur			0	
<ul><li>2) Changing HIV medications</li><li>3) Exercise/Weight lifting</li></ul>					heek implants ther cosmetic				
<ul><li>4) Taking nutritional supplement</li></ul>	nte.				ther <i>(if Yes, s</i>		147)	0	
5) Taking growth hormone or s				) <sub>9) 0</sub>	unei (ii res, s	pecify belo	vv)		
3) Taking growin normone of s	lerolus			J					
2. Since your last visit in [MON have you noticed any change	e in:	ext que ndicate ncrease he amo	Refused, go estion. If Yes if change w or decrease unt of chang	as an a and a and ge.	Was this cha increase or decrease?	-	ζ.	nt of change our last visit.	
4) 01:111 -1 -0	R	efused	No Yes		ncrease	Decrease	<1 in	. 1–2 in.	>2 in.
<ul><li>1) Shirt neck size?</li><li>2) Trouser waist size?</li></ul>		$\bigcirc$	0 0			0			
2) Houser waist size?		0	0 0		<u> </u>	<u> </u>		$\cup$	$\cup$

**SERIAL** #

# LIPODYSTROPHY PHYSICAL EXAMINATION

1. Heigh  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 instr	cm 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. Neck Girth:	3. Waist ( 0 0 0 0 ( 1 1 1 1 ( 2 2 2 2 ( 3 3 3 3 ( 4 4 4 ( 5 5 5 ( 6 6 6 ( 7 7 7 ( 8 8 8 ( 9 9 9 ( see instruction	CM () REFUSED () () () () () () () () () () () () ()	0 0 0 1 1 0 2 2 3 3 3 4 4 4 6 5 5 6 6 6 7 7 8 8 8 9 9	2 2 O		1 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 1 instruction	cm OREFUSED	0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9
6. Fat	Wasting (	see severity definition	ons below):			go to next q			-Severity	<u> </u>
				Refused		Yes	ioiii.	Mild	Moderate	Severe
	<ol> <li>Facial f</li> <li>Arms</li> </ol>	at loss (sunken cheeks)		0	0	0 —		0	0	0
	3) Legs			Ö	Ŏ	<u> </u>		Ö	Ö	O
	4) Buttock	S .			0	<u> </u>		0	0	<u> </u>
7. Fat	Accumulation 1) Moon fa				icate seve	go to next q rity of sympt Yes		Mild	Severity Moderate	Severe
	2) Abdom			Ö	Ö	$\ddot{\circ}$ —	-	Ö	Ö	Ö
	<ul><li>3) Back of</li><li>4) Breasts</li></ul>				0	<u> </u>		0	0	
* 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 nasolabial 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. Oth	ner physic	al exam findings not	ed related to	fat distr	ibution:					
	Specify:									