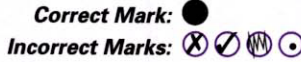


FOLLOW-UP VISIT PHYSICAL EXAM

Visits 33 - 34

MARKING INSTRUCTIONS

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



LEGEND § = Further Evaluation

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

1. ID NUMBER

	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	<input type="radio"/>	DAY		YR	
FEB	<input type="radio"/>				
MAR	<input type="radio"/>	0	0		
APR	<input type="radio"/>	10	1		
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		00

3. WEIGHT

	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	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	

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. Other (please describe below) NO YES

g. Kaposi's Sarcoma

NO YES

§ 1) Skin Lesions NO YES

IF YES: Number of lesions

1-2 3-10 >10

Diameter of largest lesion in cms.

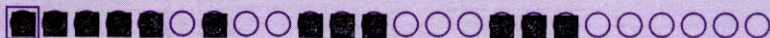
	0	10	20	30	40	50	60	70	80	90	cms
	0	1	2	3	4	5	6	7	8	9	

§ 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	

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

NO YES

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	

NO YES

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 NO YES

§ b. Herpetic lesions NO YES

§ c. Warts NO YES

d. Prostate NO YES

1) Enlarged NO YES

2) Tender NO YES

§ e. Digital exam NO YES

1) Tender anal canal NO YES

f. Hemorrhoids, external NO YES

§ g. Laceration/Fissure/Fistula NO YES

h. Other (please describe below) NO YES

Mark here if genital exam was declined.

12. GENITALIA

NO YES

§ a. Urethral discharge NO YES

§ b. Skin NO YES

1) Condyloma acuminata (warts) NO YES

2) Pediculosis NO YES

3) Tinea cruris/Candida NO YES

4) Herpetic lesions (active) NO YES

Other (please describe below) NO YES

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"/>	

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LIPODYSTROPHY SELF-REPORT 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 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. Since your last visit in [MONTH], 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 since your last visit.

	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. Since your last visit in [Month], have you 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. Since your last visit in [Month], have you been told by a medical practitioner that you have high blood sugar, diabetes, or sugar diabetes?

5. Have you taken insulin since your last visit?

6. Are you now taking insulin?

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

(IF "NO", GO TO NEXT PAGE)
(IF "NO", GO TO NEXT PAGE)

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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)
- 2) Arms
- 3) Legs
- 4) Buttocks

<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"/>	<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:

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

None Yes

Severity*

Mild Moderate Severe

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

<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"/>	<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:

* **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.