

7. OROPHARYNGEAL

NO YES REFUSED

a. Consistent with oral thrush/candidiasis IF YES:

- KOH negative
-OR-
 KOH positive
 Not performed

b. Consistent with herpetic lesions c. Gingivitis/gum disease d. Oral hairy leukoplakia

e. Other (please describe below)

8. EYES

NO YES REFUSED

a. Conjunctiva

1) Redness 2) Discharge b. Scleral icterus

c. Other (please describe below)

9. LYMPH NODES

NO YES REFUSED

a. Are there any nodes present (excluding inguinal and femoral) which are ≥ 1 cm? **SKIP TO Q 10** b. Presence of node ≥ 1 cm

1) Occipital

Right
Left

2) Post. auricular

Right
Left

3) Pre-auricular

Right
Left

4) Submental/submandibular

Right
Left

5) Ant. cervical

Right
Left

6) Post. cervical

Right
Left

7) Supraclavicular

Right
Left

8) Axillary

Right
Left

9) Epitrochlear

Right
Left

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? NO YES

e. Are any of the nodes matted?

14. PERIPHERAL NEUROPATHY SCREENING

RIGHT

a1. Perception of vibration (at great toe)

- NO
 - YES
 - Unable to evaluate
 - REFUSED

IF YES: Vibration

- >10 sec. (normal)
 - 5–10 sec. (mild loss)
 - >0 and <5 sec. (moderate loss)
 - 0 sec. (severe loss)

LEFT

a2. Perception of vibration (at great toe)

- NO
 - YES
 - Unable to evaluate
 - REFUSED

IF YES: Vibration

- >10 sec. (normal)
 - ○ 5–10 sec. (mild loss)
 - >0 and <5 sec. (moderate loss)
 - 0 sec. (severe loss)

RIGHT

b1. Deep tendon reflexes (ankle reflexes)

- NO, reflexes absent
 - YES, reflexes present
 - Unable to evaluate
 - REFUSED

IF YES: Reflexes

- Hypoactive
 - Normal deep tendon reflexes
 - Hyperactive deep tendon reflexes
(e.g., with prominent spread)
 - Clonus

LEFT

b2. Deep tendon reflexes (ankle reflexes)

- NO, reflexes absent
 - YES, reflexes present
 - Unable to evaluate
 - REFUSED

IF YES: Reflexes

- Hypoactive
 - Normal deep tendon reflexes
 - Hyperactive deep tendon reflexes
(e.g., with prominent spread)
 - Clonus

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?

[ASK EACH ITEM AND RECORD ANSWER]

- 1) Facial fat
 - 2) Arm fat
 - 3) Leg fat
 - 4) Buttocks fat
 - 5) Belly (abdomen) fat
 - 6) Fat on back of neck
 - 7) Breasts
 - 8) Hips
 - 9) Other (*if Yes, specify below*)

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?

— Current Severity —

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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Changing HIV medications | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Exercise/Weight lifting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Taking nutritional supplements | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Taking growth hormone or steroids | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

	No	Yes	Refused
6) Liposuction surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Cheek implants/injections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Other cosmetic surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Other (if Yes, specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- 1) Shirt neck size?
 - 2) Trouser waist size?

Amount of change since your last visit.

Refused No Yes

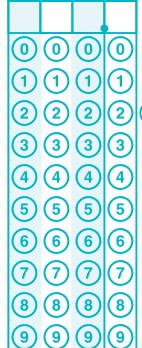
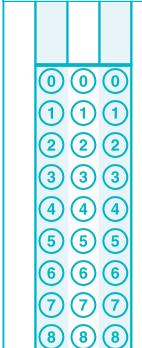
Increase Decrease

<1 in. 1-2 in. >2 in.

SERIAL #

A horizontal row of 20 light blue circles, evenly spaced, representing a sequence or a set of items.

LIPODYSTROPHY PHYSICAL EXAMINATION

1. Height:  (see instructions)	2. Mid-Arm Girth:  (see instructions)	3. Chest Girth:  (see instructions)	4. Waist Girth:  (see instructions)	5. Hip Girth:  (see instructions)	6. Thigh Girth  (see instructions)	LIPODYSTROPHY MEASURER CODE 
cm	cm	cm	cm	cm	cm	

7. Fat Wasting (see severity definitions below):

- 1) Facial fat loss (sunken cheeks)
- 2) Arms
- 3) Legs
- 4) Buttocks

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

Refused None Yes

Severity*		
Mild	Moderate	Severe
<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:

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

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

Refused None Yes

Severity*		
Mild	Moderate	Severe
<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"/>

* 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.

Q7. 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

9. Other physical exam findings noted related to fat distribution:

Specify: