

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.



Grid for VISIT NUMBER and CLINICIAN NUMBER (0-9).

1. ID NUMBER grid (0-9).

2. DATE section with month and day/year options.

3. WEIGHT grid (KILOGRAMS) (0-9).

4.a. Questions regarding caffeine/nicotine and BP reading conditions.

4.b. BLOOD PRESSURE ARM section (Right/Left).

BLOOD PRESSURE Sittng, Right Arm section with SYSTOLIC and DIASTOLIC grids.

5. ORAL TEMPERATURE section with degree Fahrenheit grid.

SECTION NOT COMPLETED DUE TO:

PAGES 1-4: Participant refused this section / No clinician available.

PAGES 5-6: Participant refused lipo section / No lipo examiner available.

6. SKIN/HAIR/NAILS (Excluding genital area) - a. Fungal infection lesions, b. Herpes Zoster, c. Molluscum contagiosum, d. Seborrhea, e. Psoriasis, f. Jaundice, g. Spider Angioma, h. Other.

i. Kaposi's Sarcoma - 1) Skin Lesions (Number of lesions, Diameter of largest lesion), 2) Oral lesions, 3) Anal/perianal lesions.

Comments section with horizontal lines for notes.

SERIAL #

Serial number grid (0-9).

## 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  $\geq 1$  cm?

**SKIP TO Q 10** ←

b. Presence of node  $\geq 1$  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 (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)

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

- IF YES: Vibration**  >10 sec. (normal)
- was felt for:**  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)

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

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

RIGHT

b1. Deep tendon reflexes (ankle reflexes)

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

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

Additional Comments:

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# LIPODYSTROPHY PHYSICAL EXAMINATION

## 1. Height:

0	0	0	0	cm
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	

REFUSED

(see instructions)

## 2. Neck Girth:

0	0	0	cm
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	

REFUSED

(see instructions)

## 3. Waist Girth:

0	0	0	0	cm
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	

REFUSED

(see instructions)

## 4. Hip Girth:

0	0	0	0	cm
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	

REFUSED

(see instructions)

## 5. Thigh Girth:

0	0	0	0	cm
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	

REFUSED

(see instructions)

LIPODYSTROPHY MEASURER CODE			
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	

## 6. Fat Wasting (see severity definitions below):

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

	Refused	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"/>	<input type="radio"/>
2) Arms	<input type="radio"/>	<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"/>	<input type="radio"/>
4) Buttocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 7. Fat Accumulation:

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

	Refused	None	Yes	Severity*		
				Mild	Moderate	Severe
1) Moon facies	<input type="radio"/>	<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"/>	<input type="radio"/>
3) Back of Neck	<input type="radio"/>	<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"/>	<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.

### Q6. Fat Wasting:

The examiner observes and grades the lipotrophy (both facial and limb) according to the following standards:

For facial lipotrophy:

- 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) lipotrophy:

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

Specify: