5/8" Glue

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,



1.	- 10	N C	UIV	BE	R
	1 2 3 4	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8

	CLI	NICI JMB	AN ER
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	1	1	1
	2	2	2
	3)	(3)	(3)
	4) 5)	(4) (5)	(4)
	6)	6	6
(7	7	7
(8	8	8
(9	9	9

2				9999	8 8 9 9 9 9 9
DATE	3.a HEIGHT	3.b 4.6	Did participant refrain from c and nicotine for at least 30 m prior to first BP reading?		BLOOD PRESSURE ARM
JAN	0 0 0 0 1 1 1 1 2 2 2 2	0 0 0 0 0 0 0 1 1 1 1 1 1	Did participant sit quietly for 5 minutes prior to first BP rea Did participant sit quietly for 5 minutes prior to second BP	ading?	Right Left
MAY (20 2 11) IUNE (30 3 12) JULY (4 13) AUG (5 14) SEPT (6 15) OCT (7 16) NOV (8 17) DEC (9 18)	3 3 3 3 3 4 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 (see instructions)	2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9	FIRST READING BLOOD PRESSURE Sitting, Right Arm SYSTOLIC DIASTOLIC 0 0 0 0 0 0 0 1 1 1 1 1 1 2 2 2 2 2 2 2	SECOND READING BLOOD PRESSURE Sitting, Right Arm SYSTOLIC DIASTOLIC 0 0 0 0 0 0 0 1 1 1 1 1 1 2 2 2 2 2 2 2	ORAL TEMPERATURE At least 30 minutes after smoking, eating, or drinking or or or or or or or or or o
PAGES 1-4 PAGES 5-6	COMPLETED DUE Participant refused No clinician available Participant refused No lipo examiner av	this section le lipo section	3 3 3 4 4 4 4 5 5 5 5 6 6 6 7 7 7 7 8 8 8 8 8 8 9 9 9 9	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3 3 3 4 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 8 9 9 9

R/NAILS (Exc	

a. Fungal infection lesions (excluding athletes foot)

		NO	YES	REFUSE
	1) Intertriginous candida			
	2) Tinea versicolor			
	3) Onychomycosis			
b.	Herpes Zoster (active)	\circ	\circ	\bigcirc
C.	Molluscum contagiosum	\bigcirc	\bigcirc	
d.	Seborrhea			
e.	Psoriasis			
f.	Jaundice		\bigcirc	
g.	Spider Angioma			
h.	Other (please describe below)			
				_

i.	Kap	009	si's	Saı	COI	ma
		1)	Ski	n L		ons

NO YES REFUSED

IF Y	ES: Nu	mbe	r of le	sions		
O 1	-2	\bigcirc :	3–10		>1	0
Diar	neter d	of lar	gest l	esion	in	cm

2)	Oral	lesions	

- 3) Anal/perianal lesions

SERIAL #

7. OROPHARYNGEAL	NO	YES	REFUSED	9.	LYM	PH NODES	NO	YES	REFUSED
a. Consistent with oral thrush/candidiasisIF YES:KOH negative					(e	re there any nodes present x cluding inguinal and femor hich are \geq 1 cm?		0	0
-OR-						(IP TO Q 10 essence of node ≥1 cm			_
b. Consistent with herpetic lesions c. Gingivitis/gum disease d. Oral hairy leukoplakia	0000	000	000			Occipital	Right (0	0
e. Other (please describe below)					2)	Post. auricular	Right (0	0
					3)	Pre-auricular	Right (0	0
			_		4)	Submental/submandibular	Right (0	0
					5)	Ant. cervical	Right (0	0
					6)	Post. cervical	Right (0	0
					7)	Supraclavicular	Right (0	0
8. EYES					8)	Axillary	Right (0	0
a. Conjuctiva1) Redness2) Discharge	NO	YES	REFUSED		9)	Epitrochlear	Right (0	0
b. Scleral icterus c. Other (please describe below)	0	0	0		la	hat is the diameter of the rgest node present? 1-2 cm 2.1-4 cm	○ >4 cm		
					d A	re any of the nodes tender?	NO	YES	
						re any of the nodes matted?		0	

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14. PERIPHERAL NEUROPATHY SCREENING (See training v	video at <u>http://www.calcaprt.com/macs/macs.htm</u>).
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 felt were: Normal deep tendon reflexes Hyperactive deep tendon reflexes (e.g., with prominent spread) Clonus
Additional Comments:	

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LIPODYSTROPHY QUESTIONNAIRE

1b. If "yes" which parts of your body were affected, and how severely? [ASK EACH ITEM AND	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?	— Curre	ent Severity ——
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)	Refused No Yes	Increase Decrease	None Mild	Moderate Severe
1c. Since you've noticed these of such as:	changes, have you take	i actions that would	i illiluence your	iat distribution
 [ASK EACH ITEM AND RECORI 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting 4) Taking nutritional supplemen 5) Taking growth hormone or st 		sused 6 Liposuction s 7 Cheek implar 8 Other cosmet 9 Other (if Yes,	ts/injections ic surgery	No Yes Refuse

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LIPODYSTROPHY PHYSICAL EXAMINATION

1.	Ne	ck	Girth:
			cm
	0		
1	1	1	
2	2	2	
	3		R
4	4	4	톧
	(5)		υ
6	6	6	S
7	7	7	D
8	8	8	
9	9	9	

(see instructions)

				cn
	0			
1	1	1	1	
2	2	2	2	\bigcirc
3	3		3	R
4	4	4	4	Ę
	(5)		(5)	Ü
6	6	6	6	S
7	7	7	7	Б
8	8	8	8	
9	9	9	9	

			cm
00	0	0	
1 1	1	1	
22	2	2	\bigcirc
3 3	3	3	R
4 4	4	4	Ė.
5 5	5	(5)	Ü
66	6	6	S
77	7	7	D
88	8	8	
99	9	9	

4. Thigh Girth					
				cm	
0		0			
1	1	1	1		
2	2	2	2	\bigcirc	
3		3		Ŗ	
4	4	4	4	F	
(5)		(5)		Ü	
6	6	6	6	E	
7	7	7	7	D	
8	8	8	8		
9	9	9	9		
(see	in	stru	icti	ons)	



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