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.

Correct Mark: ●
Incorrect Marks: ✗ ✓ ⊗ ⊙

1. ID Number | Visit Number | Clinician Number

2. Date — JAN, FEB, MAR, APR, MAY, JUNE, JULY, AUG, SEPT, OCT, NOV, DEC; Day; Yr 09, 10, 11, 12, 13, 14, 15, 16, 17, 18

3.a Height (cm) (see instructions)

3.b Weight (Kilograms)

4.a

	NO	YES
Did participant refrain from caffeine and nicotine for at least 30 minutes prior to first BP reading?	○	○
Did participant sit quietly for about 5 minutes prior to first BP reading?	○	○
Did participant sit quietly for about 5 minutes prior to second BP reading?	○	○

4.b Blood Pressure Arm: ○ Right ○ Left

First Reading — Blood Pressure Sitting, Right Arm: Systolic / Diastolic

Second Reading — Blood Pressure Sitting, Right Arm: Systolic / Diastolic

5. Oral Temperature — At least 30 minutes after smoking, eating, or drinking °F

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 (excluding athletes foot)

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

i. Lesions

	NO	YES
1) Skin Lesions	○	○

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
0 1 2 3 4 5 6 7 8 9 cms

2) Oral lesions	○	○
3) Anal/perianal lesions	○	○
○ Not examined		

Comments:

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7. OROPHARYNGEAL

	NO	YES
a. Consistent with oral thrush/candidiasis	◯	◯
b. Consistent with herpetic lesions	◯	◯
c. Gingivitis/gum disease	◯	◯
d. Oral hairy leukoplakia	◯	◯
e. Other *(please describe below)*	◯	◯

8. EYES

	NO	YES
a. Conjunctiva		
1) Redness	◯	◯
2) Discharge	◯	◯
b. Scleral icterus	◯	◯
c. Other *(please describe below)*	◯	◯

9. LYMPH NODES

	NO	YES
a. Are there any nodes present (excluding inguinal and femoral) which are ≥1 cm?	◯	◯

SKIP TO Q 10

b. What is the diameter of the largest node present?

◯ 1–2 cm ◯ 2.1–4 cm ◯ >4 cm

	NO	YES
c. Are any of the nodes tender?	◯	◯
d. Are any of the nodes matted?	◯	◯

EXAM COMMENTS

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10. ABDOMEN

a. Liver

Enlarged liver definition >3 cm below the right costal margin measured at the mid-clavicular line

	NO	YES
1. Enlarged	◯	◯
2. Tender	◯	◯

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

	NO	YES
Palpable on inspiration below left costal margin	◯	◯

	NO	YES
c. Other conditions *(please describe)*	◯	◯

_____

_____

_____

Perform anal rectal exam, including digital, annually. It may be performed at every visit if requested by the participant. Indicate refusals by filling in the refusal bubble for each exam component. See guidelines for more details.

Physical Examiner instructions for current visit:

Perform annual rectal exam, including digital ◯ No ◯ Yes

11. ANAL/RECTAL EXAMINATION

	NO	YES	REFUSED
a. Visual exam			
1) Discharge	◯	◯	◯
2) Herpetic lesions	◯	◯	◯
3) Warts	◯	◯	◯
4) Hemorrhoids, external	◯	◯	◯
5) Laceration/fissure/fistula	◯	◯	◯
b. Digital exam			
1) Tender anal canal	◯	◯	◯
2) Prostate	◯	◯	◯
2.a) enlarged	◯	◯	◯
2.b) tender	◯	◯	◯
c. Other conditions *(please describe below)*	◯	◯	◯

_____

_____

_____

_____

12. GENITALIA

	NO	YES	REFUSED
a. Urethral discharge	◯	◯	◯
b. Skin			
1) Condyloma acuminata (warts)	◯	◯	◯
2) Tinea cruris/Candida	◯	◯	◯
3) Herpetic lesions (active)	◯	◯	◯
c. Circumsized	◯	◯	◯
d. Other *(please describe in 10.c)*	◯	◯	◯

13. EXAMINER'S IMPRESSIONS (See PE guidelines)

	NO	YES	REFUSED	IF NOT NORMAL, EXPLAIN
General appearance of posture, back and spine:				
Stands upright	◯	◯	◯	_____
Use assisted device while standing	◯	◯	◯	_____
Extremities (arms and legs):				
Arthritis	◯	◯	◯	_____
Peripheral edema	◯	◯	◯	_____
Limited range of motion of ARMS	◯	◯	◯	_____
Limited range of motion of LEGS	◯	◯	◯	_____

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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 was felt for: →
- ◯ >10 sec. (normal)
- ◯ 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 was felt for: →
- ◯ >10 sec. (normal)
- ◯ 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 felt were: →
- ◯ 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 felt were: →
- ◯ Hypoactive
- ◯ Normal deep tendon reflexes
- ◯ Hyperactive deep tendon reflexes (e.g., with prominent spread)
- ◯ Clonus

15. STANDING BALANCE:

	TIME HELD (stop watch at 30 seconds)	UNABLE	REFUSED	EXPLAIN:
1. Semi-tandem stand	① ② ③ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	◯	◯	
2. Tandem stand	① ② ③ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	◯	◯	
3. Single leg stand	① ② ③ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	◯	◯	

16. ALERT AND ORIENTED:

Ask participant to. . .	NO	YES	REFUSED	IF NO, EXPLAIN:
1. Name city he is in	◯	◯	◯	
2. Give current month and year	◯	◯	◯	
3. Tap fingers (see guidelines) # finger taps in 5 seconds	① ② ③ / ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		REFUSED ◯	

Additional Comments:

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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]

	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			
	Refused	No	Yes	Increase	Decrease	None	Mild	Moderate	Severe
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)*	◯	◯	◯ →	◯	◯	◯	◯	◯	◯

_____

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		No	Yes	Refused
1) Changing diet	◯	◯	◯	6) Liposuction surgery	◯	◯	◯
2) Changing HIV medications	◯	◯	◯	7) Cheek implants/injections	◯	◯	◯
3) Exercise/Weight lifting	◯	◯	◯	8) Other cosmetic surgery	◯	◯	◯
4) Taking nutritional supplements	◯	◯	◯	9) Other *(if Yes, specify below)*	◯	◯	◯
5) Taking growth hormone or steroids	◯	◯	◯				

_____

2. Since your last visit in [MONTH], have you noticed any <u>change</u> 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?* →		*Amount of change since your last visit.*		
	Refused	No	Yes	Increase	Decrease	<1 in.	1–2 in.	>2 in.
1) Shirt neck size?	◯	◯	◯ →	◯	◯	◯	◯	◯
2) Trouser waist size?	◯	◯	◯ →	◯	◯	◯	◯	◯

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LIPODYSTROPHY PHYSICAL EXAMINATION

1. Neck Girth: cm

0 1 2 3 4 5 6 7 8 9 — REFUSED

(see instructions)

2. Waist Girth: cm

0 1 2 3 4 5 6 7 8 9 — REFUSED

(see instructions)

3. Hip Girth: cm

0 1 2 3 4 5 6 7 8 9 — REFUSED

(see instructions)

4. Thigh Girth cm

0 1 2 3 4 5 6 7 8 9 — REFUSED

(see instructions)

LIPODYSTROPHY MEASURER CODE

0 1 2 3 4 5 6 7 8 9

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