S S S S

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.



	/ISIT		CLI	NICI	AN ER
140		-"			
5	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
4 L					

2					88888	99	(8) (8) (9) (9)	
2.	3.a	3.b 4.a	Did participa	nt refrain from ca for at least 30 mi	NO YES offeine nutes	4.b BLOOD PRE	SSURE	
DATE		WEIGHT	prior to first	BP reading?		ARIV	1	
JAN O DAY FEB O O O O	VR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(I)	5 minutes pri Did participa	nt sit quietly for a ior to first BP rea nt sit quietly for a ior to second BP	ding?	Right Left		
APR (10 1) MAY (20 2)	10 (2222	1111 222 2	FIRST REA		SECOND READING	5.		
JUNE () 39 (3)		33333	BLOOD PRE Sitting, Rig	ıht Arm	BLOOD PRESSURE Sitting, Right Arm	ORAL TEMP At least 30 mi smoking, eating	inutes afte	er
SEPT 6	14 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 5 5 5 6 6 6 7 7 7		000	SYSTOLIC DIASTOLIC O O O O O		°F	
NOV 9	9 9 9 9 (see instructions)	888	111 222	22	111 11 222 22			
	OT COMPLETED DUE	TO:	33	3 3 4 4	33 33			
PAGES 1–4 PAGES 5–6	Participant refused No clinician availab Participant refused No lipo examiner a	lipo section	5 5 6 6 7 7 8 8 9 9	5 5 6 6 7 7 8 8 9 9	\$ 5 5 6 6 6 6 6 6 6 6			
	AIR/NAILS (Excluding			i. Lesions			NO Y	YES
a. Fungal	l infection lesions (exclu	ding athletes foot NO		1) Skin			0	0
2) Tir	tertriginous candida nea versicolor	0	0	<u> </u>	neter of largest lesion i			
	nychomycosis	0	0		000000000000000000000000000000000000000			
•	s Zoster (active) scum contagiosum	0	O	2) Oral	lasiana			\bigcirc
d. Seborr		0	0		perianal lesions		\mathcal{O}	
e. Psoria		ŏ		_	ot examined			
f. Jaundi	ice	Ŏ	Ö	Comments:				\neg
g. Spider	Angioma	0	0	Johnne Hills.				
h. Other	(please describe below)	0	0					- _

SERIAL #



7. OROPHARYNGEAL	NO	•	YES				N	0 '	YES
a. Consistent with oral thrus	h/candidiasis		0		c.	Other conditions		•	
b. Consistent with herpetic le	esions		O			(please describe)		\supset	0
c. Gingivitis/gum disease	O		0						
d. Oral hairy leukoplakia	O		O						
e. Other (please describe belo			O						
			-	I					
				Pe	erforn	n anal rectal exam, including digi	ital. a	nnua	allv.
						be performed at every visit if req			
						pant. Indicate refusals by filling ir			
o EVEO						for each exam component. See	guide	lines	for
8. EYES	NO	•	YES	m	nore d	letails.			
a. Conjunctiva				_					
1) Redness	0		\bigcirc						
2) Discharge	\circ		0						
b. Scleral icterus	O		0						
c. Other (please describe belo	ow)		\circ	Dho	veiss	Examiner instructions for curren	4 visi	. .	
					•		_		
			_	Per	rform	annual rectal exam, including digital	\bigcirc V	lo	O Yes
				_					
			_	11. <i>A</i>	ANA	L/RECTAL EXAMINATION			
			_			Viewel and	NO	YES	REFUSED
						Visual exam			
						1) Discharge	0	0	
						2) Herpetic lesions 3) Warts	0	00	0
						4) Hemorrhoids, external	Ö	0	Ö
9. LYMPH NODES			·			5) Laceration/fissure/fistula	0	0	\sim
a. Are there any nodes prese	NO not	· · ·	YES			Digital exam	\cup	\cup	0
(excluding inguinal and fe						1) Tender anal canal	0	0	\circ
which are >1 cm?			\bigcirc			2) Prostate	ŏ		
	Ĭ		\cup			2.a) enlarged	Ŏ	\bigcirc	\bigcirc
SKIP TO Q 10						2.b) tender	\sim	\sim	\sim
b. What is the diameter of the	ne.				C	Other conditions			
largest node present?						(please describe below)	\bigcirc	\bigcirc	\bigcirc
1–2 cm 2.1–4 c	m () >4 cm					Tproduct decerning percent,			
Q 1 2 siii	NO NO	,	YES						
c. Are any of the nodes tend			0		-				
d. Are any of the nodes mat	_		Õ		_				
,									
					-				
					-				
10. ABDOMEN									
a. Liver									
Enlarged liver definition >3 of	cm								
below the right costal marg	in								
measured at the mid-clavicu	ılar line			1					
	NO	•	YES	12. (GENI	ITALIA	NO	YES	REFUSED
1. Enlarged	O		\bigcirc		a.	Urethral discharge	0	0	0
2. Tender	\circ		\circ			Skin			
				1		1) Condyloma acuminata (warts)	0	0	0
b. Spleen (Rt. lateral decubitus	5 ,			1		2) Tinea cruris/Candida	0	Ō	O
flexed knees/hips)				1		3) Herpetic lesions (active)	0	0	0
	NO	•	YES	1 -		Circumsized	Ŏ	0	Ŏ
Palpable on inspiration belo	W				d.	Other (please describe in 10.c)	0	0	\circ
left costal margin				1					

3. EXAMINER'S IMPRESSIONS (See P	E guid	lelines)		
General appearance of posture, back and spine:	NO	YES	REFUSED	IF NOT NORMAL, EXPLAIN
Stands upright	0	0	0	
Use assisted device while standing	0	0	0	
Extremities (arms and legs):				
Arthritis	0	0	0	
Peripheral edema	0	0	0	
Limited range of motion of ARMS	0	0	0	
Limited range of motion of LEGS	0	0	0	
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: >0 and <5 se	ild 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: >0 and <5 sec. (moderate loss)
RIGHT 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		reflexes		IF YES: Reflexes ○ Hypoactive felt were: ○ Normal deep tendon reflexes

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15a.	STANDING BALANCE	TIM	E HELD at 10 seconds)	UNABLE	REFUSED	EXPLAIN:	
	1. Side-by-side stand	01 0123 0123 0123	1 10 seconds) 1 4 5 6 7 8 9 1 4 5 6 7 8 9 1 4 5 6 7 8 9 1 4 5 6 7 8 9 at 30 seconds)		0		
	2. Semi-tandem stand	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3			0		
	3. Tandem stand	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3))456789)456789)456789		0		
	4. Single leg stand	0 1 2 3 0 1 2 3 0 1 2 3	at 30 seconds) (4 5 6 7 8 9 (4 5 6 7 8 9 (4 5 6 7 8 9		0		
15b.	CHAIR STANDS: A chair stand starts with using his arms. After the start timing as soon as watch when he STANDS stands, but unable to do guidelines for complete	e initial trial sing he/she says go, S for the 10th tion o 10 stands, reco	gle chair stand, as do a split with the ne. If unable to do	k the parti e stopwat o 5 stands, stands and ATTEN	icipant to pe ch when he s , bubble in "ı	rform 10 chair stands. STANDS for the 5th ti unable to do 5 stands'	The clinician should me, and stop the f. If performed 5
	1. Single chair stand EXPLAIN WHY UNABLE	O ::	0	()		0
						ATTEMPTED, BUT	
	2. Repeated chair stand EXPLAIN WHY UNABLE		REFUSED	UNABLE	MPTED, TO DO 5	UNABLE TO DO 10 (Enter time for first 5 below)	COMPLETED (Enter time for first 5 and all 10 below)

Ask participant to	NC	YES	REFUSED	IF NO, EXPLAIN:				
1. Name city he is in	0	0	0					
2. Give current month and year	r O		0					
3. Tap fingers (see guidelines) # finger taps in 5 seconds)23)234(56789	REFUSED (
Iditional Comments:								
LIPO	DYST	ROP	HY QL	IESTION	NAIR	E		
. Since your last visit in [MON body fat (either loss or gain)								
severity since your last visit.	.]	es include						
O NO (IF "NO", SKIP TO PAG	GE 6)	○ YES	○ REF	JSED (IF "REFU	SED", SKIF	TO PAGE	6)	
o. If "yes" which parts of your body were affected, and how severely?	If No or Re next ques indicate ty	tion. If Yes, /pe of char	incre	this change an ase or ease?	_	Current	Severity	,
[ASK EACH ITEM AND RECORD ANSWER]		ity of symp No Yes	Incre	ase Decrease	None		Moderate	Seve
1) Facial fat	O	0 0-	- C		0	0	0	0
2) Arm fat	Q	0 0-	→ C		0	O	Q	0
3) Leg fat	0	0 0-	- C		0	0	0	O
4) Buttocks fat	00	0 0-	+ C		0	0	\bigcirc	0
5) Belly (abdomen) fat 6) Fat on back of neck	0	0 0-			0	0	0	0
7) Breasts	0	0 0-				0	0	Ö
8) Hips	Ö	0 0-	— C		Ŏ	Ŏ	$\ddot{\circ}$	Ö
		\cup) () [$\overline{}$
		0 0-			$\tilde{}$		$\tilde{\circ}$	
9) Other (if Yes, specify below)	0	0 0-	<u>→ C</u>		Ö	Ö	Ŏ	
	0	0 0-	<u>→ C</u>		Ö		Ŏ	
9) Other (if Yes, specify below)			+ C) Ō	Ō	Ō	Ö	0
9) Other (if Yes, specify below) Since you've noticed these of			taken actio) Ō	Ō	Ō	Ö	0
9) Other (if Yes, specify below) Since you've noticed these of such as:	changes, I	have you) Ō	Ō	Ō	listributio	n
9) Other (if Yes, specify below) Since you've noticed these of such as: [ASK EACH ITEM AND RECORD	changes, I	have you	es Refused	ons that would i	influence	Ō	listributio	n s Refus
9) Other (if Yes, specify below) Since you've noticed these of such as: [ASK EACH ITEM AND RECORD 1) Changing diet	changes, I	have you	es Refused	ons that would i	influence	Ō	listributio No Ye	n s Refus
9) Other (if Yes, specify below) Since you've noticed these of such as: [ASK EACH ITEM AND RECORD	changes, I	have you	es Refused	ons that would in the control of the	influence gery s/injections	Ō	listributio	n s Refus
9) Other (if Yes, specify below) 2. Since you've noticed these of such as: [ASK EACH ITEM AND RECORITION 1) Changing diet 2) Changing HIV medications	changes, I	have you	es Refused 6 7 8	ons that would i	influence egery s/injections surgery	your fat d	listributio No Ye	n s Refus
9) Other (if Yes, specify below) Since you've noticed these of such as: [ASK EACH ITEM AND RECORD 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting	changes, I D ANSWER	have you	es Refused	ons that would in the constant of the constant	influence egery s/injections surgery	your fat d	listributio No Ye	n s Refus
9) Other (if Yes, specify below) 2. Since you've noticed these of such as: [ASK EACH ITEM AND RECORI 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting 4) Taking nutritional supplement	changes, I D ANSWER	have you	es Refused	ons that would in the constant of the constant	influence egery s/injections surgery	your fat d	listributio No Ye	n s Refus
9) Other (if Yes, specify below) 2. Since you've noticed these of such as: [ASK EACH ITEM AND RECORI 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting 4) Taking nutritional supplement	changes, I D ANSWER ats teroids ITH], If No next indicates	No Ye	es Refused 7 8 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ons that would in the constant of the constant	influence gery s/injections surgery pecify belo	your fat d	listributio No Ye	s Refus
9) Other (if Yes, specify below) 2. Since you've noticed these of such as: [ASK EACH ITEM AND RECORI 1) Changing diet 2) Changing HIV medications 3) Exercise/Weight lifting 4) Taking nutritional supplement 5) Taking growth hormone or steel. 2. Since your last visit in [MON]	changes, I D ANSWER teroids ITH], If No next indictions in the control of the c	No Ye	es Refused 7 7 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	that would in the control of the cosmetic of t	influence gery s/injections surgery pecify belo	your fat d	No Ye	s Refus
9) Other (if Yes, specify below) Since you've noticed these of such as: [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	changes, I D ANSWER teroids ITH], If No next indictions in the control of the c	have you No Ye O (O (O (O (O (O (O (O	es Refused 7 7 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	that would in the control of the cosmetic of t	influence gery s/injections surgery pecify belo	your fat d	No Ye	s Refus
9) Other (if Yes, specify below) Since you've noticed these of such as: [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	changes, ID ANSWER Ints teroids ITH], If No next indic incretions	No Ye	es Refused 7 8 9 9 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dens that would in the constant would in the constant would in the constant would in the constant with the constant with the constant would be constant with the constant with the constant would be constant with the constant with	influence gery s/injections surgery pecify belo	your fat d	No Ye	s Refus) O

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LIPODYSTROPHY PHYSICAL EXAMINATION

(see instructions) (see instructions) (see instructions) (see instructions)	1. Neck Girth:	2. Waist Girth:	3. Hip Girth:	4. Thigh Girth	CIPODYSTROPH MEASURER COD
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COMMENTS