



--

## A5. VISUAL ASSESSMENT

BODY PART:	(NOTE: If not normal, indicate severity in next column)			SEVERITY		
	NORMAL	FAT	WASTED	MILD	MODERATE	SEVERE
a) Her chest is...	1 <b>(b)</b>	2	3	1	2	3
b) Her abdomen is ...	1 <b>(c)</b>	2	3	1	2	3
c) Her waist is...	1 <b>(d)</b>	2	3	1	2	3
d) Her face is...	1 <b>(e)</b>	2	3	1	2	3
e) Her cheeks, just lateral to the nose and mouth are...	1 <b>(f)</b>	2	3	1	2	3
f) Her upper back is...	1 <b>(g)</b>	2	3	1	2	3
g) Her neck is...	1 <b>(h)</b>	2	3	1	2	3
h) Her arms are...	1 <b>(i)</b>	2	3	1	2	3
i) Her legs are...	1 <b>(j)</b>	2	3	1	2	3
j) Her buttocks are...	1 <b>(A6)</b>	2	3	1	2	3

**Mild** – Only seen if looked for.

**Moderate** – Easily seen.

**Severe** – Obvious immediately.

A6. CLINICAL IMPRESSION OF LIPODYSTROPHY

a. DOES PARTICIPANT EXHIBIT ANY SIGNS OF LIPOATROPHY (PERIPHERAL FAT LOSS)?

YES.....1  
NO.....2

b. DOES PARTICIPANT EXHIBIT ANY SIGNS OF LIPOHYPERTROPHY (CENTRAL FAT ACCUMULATION)?

YES.....1  
NO.....2

**BODY MEASURES (in CM):**

A7. UPPER ARM GIRTH

#1 | | | | . | | CM  
#2 | | | | . | | CM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 0.7 CM?

YES.....1 (#3)  
NO.....2 (A8)

#3 | | | | . | | CM

A8. CHEST GIRTH

#1 | | | | . | | CM  
#2 | | | | . | | CM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 0.7 CM?

YES.....1 (#3)  
NO.....2 (A9)

#3 | | | | . | | CM

A9. WAIST GIRTH

#1 | | | | . | | CM  
#2 | | | | . | | CM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 0.7 CM?

YES.....1 (#3)  
NO.....2 (A10)

#3 | | | | . | | CM

A10. HIP GIRTH

#1 | | | | . | | CM  
#2 | | | | . | | CM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 0.7 CM?

YES.....1 (#3)  
NO.....2 (A11)

#3 | | | | . | | CM

A11. THIGH GIRTH

#1 | | | | . | | CM  
#2 | | | | . | | CM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 0.7 CM?

YES.....1 (#3)  
NO.....2 (A12)

#3 | | | | . | | CM

A12. DORSOCERVICAL FAT PAD

a. PRESENT.....1  
ABSENT.....2 (A13)

b. SEVERITY

MILD.....1  
MODERATE.....2  
SEVERE.....3

A13. CLINICIAN INITIALS: \_ \_ \_

**SKINFOLDS (IN MM):**

**A14. THIGH**

#1 |\_\_|\_\_| . |\_\_| MM

#2 |\_\_|\_\_| . |\_\_| MM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 2 MM?

YES.....1 (#3)  
NO.....2 (A15)

#3 |\_\_|\_\_| . |\_\_| MM

**A15. TRICEPS**

#1 |\_\_|\_\_| . |\_\_| MM

#2 |\_\_|\_\_| . |\_\_| MM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 2 MM?

YES.....1 (#3)  
NO.....2 (A16)

#3 |\_\_|\_\_| . |\_\_| MM

**A16. SUBSCAPULAR**

#1 |\_\_|\_\_| . |\_\_| MM

#2 |\_\_|\_\_| . |\_\_| MM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 2 MM?

YES.....1 (#3)  
NO.....2 (A17)

#3 |\_\_|\_\_| . |\_\_| MM

**A17. SUPRAILIAC**

#1 |\_\_|\_\_| . |\_\_| MM

#2 |\_\_|\_\_| . |\_\_| MM

a. DOES THE DIFFERENCE BETWEEN MEASURE #1 AND #2 EXCEED 2 MM?

YES.....1 (#3)  
NO.....2 (A18)

#3 |\_\_|\_\_| . |\_\_| MM

A18. CLINICIAN INITIALS:   \_\_  \_\_  \_\_

**BIA RESULTS:**

**TAKE TWO MEASURES. ENTER THE RESISTANCE (Rx) AND REACTANCE (Xc) FOR EACH ONE.**

A19. In the past eight hours, have you exercised long enough to make you sweat and breathe hard?

YES.....1  
NO.....2

A20. Have you drunk more than four glasses of coffee, tea, soda, water, or other beverages within the past two hours?

YES.....1  
NO.....2

A21. Have you drunk more than four servings of beer, wine, or liquor today?

YES.....1  
NO.....2

WIHS ID#

[Empty box for WIHS ID#]

A22. Rx #1: . |\_\_|\_\_|\_\_| ohms  Can't obtain

Xc #1: . |\_\_|\_\_|\_\_| ohms  Can't obtain

A23. Rx #2: . |\_\_|\_\_|\_\_| ohms  Can't obtain

Xc #2: . |\_\_|\_\_|\_\_| ohms  Can't obtain

A24. CLINICIAN INITIALS: \_\_\_ \_\_\_ \_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B: SKIN EXAM**

**NOTE: AS YOU PROCEED WITH THE PHYSICAL EXAM, RESPONSES CIRCLED "YES" THAT ARE SHADED REQUIRE PROMPT REFERRAL FOR EVALUATION AND/OR TREATMENT. PLEASE REFER TO YOUR MANUAL FOR REFERRAL GUIDELINES.**

B1 a. Since your (MONTH) study visit, has a health care provider told you that you had an allergic skin reaction (a rash) to a medication you were taking?

YES.....1  
NO.....2

B1. SKIN EXAM:

NORMAL..... 1 (SKIP TO C1)  
ABNORMAL..... 2  
NOT DONE..... 3 (SKIP TO C1)

B2. TOTAL # OF DIFFERENT LOCATION CODES RECORDED AT B3 – B8. [ ][ ]

**NOTE: THE # OF BOXES COMPLETED (B3 – B8) MUST EQUAL THE VALUE RECORDED AT B2**

**NOTE: REFER PARTICIPANTS WITH SKIN LESIONS AS APPROPRIATE TO MEDICAL PROVIDER**

--

**START F07s1**

**LOCATION CODES**

12 Generalized	16 Posterior chest	66 Buttocks	77 Feet
15 Scalp	04 Axilla	03 Arms	05 Soles
01 Face	17 Anterior abdomen	18 Hands	11 Nails
06 Neck	07 Lower back	10 Palms	13 Other
02 Anterior chest	09 Inguina	08 Legs	14 3 or more locations

**DIAGNOSIS CODES**

<p><b>Bacterial:</b> 245 Folliculitis</p> <p><b>Fungal:</b> 259 Onchomycosis (nails) 202 Tinea capitis (scalp) 203 Tinea corporis (body) 250 Tinea cruris (groin) 263 Tinea pedis (feet)</p>	<p>253 Tinea versicolor (pigment changing)</p> <p><b>Inflammatory:</b> 241 Acne 206 Atopic dermatitis 243 Drug rash 261 Seborrhic dermatitis 248 Psoriasis 264 Xerosis (dry skin)</p>	<p>275 Eosinophilic folliculitis 276 Rosacea 278 Pruritis (not otherwise defined)</p> <p><b>Neoplastic:</b> 210 Basal cell carcinoma 258 Kaposi's sarcoma 211 Squamous cell carcinoma</p>	<p><b>Viral:</b> 257 Herpes simplex 252 Herpes zoster-varicella 247 Molluscum 254 Wart</p> <p><b>Other:</b> 213 Alopecia (other) <b>265 Other</b> <b>299 Unknown</b></p>
--	---	---	--

<p><b>B3. LOCATION #1</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;"><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>	<p><b>B4. LOCATION #2</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;"><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>
<p><b>B5. LOCATION #3</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;"><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>	<p><b>B6. LOCATION #4</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;"><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>
<p><b>B7. LOCATION #5</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;"><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>	<p><b>B8. LOCATION #6</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;"><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>

**END F07s1**

**SECTION C : ORAL EXAM**

C1. ORAL EXAM

- NORMAL ..... 1 (SKIP TO SECTION D)
- ABNORMAL .....  2
- NOT DONE ..... 3 (SKIP TO SECTION D)

C2. DOES THE PARTICPANT EXHIBIT ANY SIGNS OF:

a. ANGULAR CHEILITIS?

- YES ..... 1
- NO ..... 2

b. PSEUDOMEMBRANOUS CANDIDIASIS?

- YES ..... 1
- NO ..... 2

c. ERYTHEMATOUS CANDIDIASIS?

- YES ..... 1
- NO ..... 2

d. HAIRY LEUKOPLAKIA?

- YES ..... 1
- NO ..... 2

e. ORAL PAPILOMA/WART?

- YES ..... 1
- NO ..... 2

f. OTHER?

- YES ..... 1
- NO ..... 2

SPECIFY \_\_\_\_\_

WIHS ID#

**SECTION D: PHYSICAL FINDINGS IN THE BREASTS**

**D1. BREAST EXAM**

NORMAL ..... 1 (E1)

ABNORMAL ..... 2

NOT DONE ..... 3 (E1)

FINDINGS:	a. RIGHT		b. LEFT	
	YES	NO	YES	NO
D2. nipple discharge	1	2	1	2
D3. Nodularity (fibrocystic changes)	1	2	1	2
D4. retraction, other skin	1	2	1	2
D5. Mastectomy/lumpectomy for cancer	1	2	1	2
D6. evidence of prior breast biopsy	1	2	1	2
D7. Other	1	2	1	2
	(SPECIFY)		(SPECIFY)	

**D8. BREAST MASS(ES) PRESENT**

YES.....

NO..... 2 (E1)

**NOTE: IF NEW ONSET (APPEARING SINCE LAST EXAM AND/OR UNEVALUATED) BREAST MASSES OR OTHER ABNORMALITIES, REFER AS APPROPRIATE TO PARTICIPANT'S MEDICAL PROVIDER.**

LOCATION	RIGHT MASS		a. SIZE	b. OLD MASS	
	YES	NO		YES	NO
D9. Medial upper	1	2 (D10)	.    cm	1	2
D10. Lateral upper	1	2 (D11)	.    cm	1	2
D11. Medial lower	1	2 (D12)	.    cm	1	2
D12. Lateral lower	1	2 (D13)	.    cm	1	2
D13. Areola/ periareola	1	2 (D14)	.    cm	1	2

