

I. Body Morphology

Changes in body shape are common among HIV-infected patients.

Please tell us about changes you may have noticed in your body in the **LAST 5 YEARS**.

#1) Has there been a change in the amount of fat in your **CHEEKS**, just next to your **NOSE AND MOUTH**?

- No = 1 (If *NO*, **skip** questions #2 & 3)
- Yes = 2 (If *YES*, **answer** questions #2 & 3)
- Don't Know = 3 (If *DON'T KNOW*, **skip** questions #2 & 3)

#2) If YES, what type of change?

- Severely Increased = 1
- Moderately Increased = 2
- Mildly Increased = 3
- Mildly Decreased = 4
- Moderately Decreased = 5
- Severely Decreased = 6

#3) When did you first notice the change?

- Within the last 6 months = 1
- 6 months to a year ago = 2
- 1-2 years ago = 3
- 3-5 years ago = 4
- Over 5 years ago = 5

#4) Has there been any change in the shape of your **FACE**?

- No = 1 (If *NO*, **skip** questions #5 & #6)
- Yes = 2 (If *YES*, **answer** questions #5 & #6)
- Don't Know = 3 (If *DON'T KNOW*, **skip** questions #5 & #6)

#5) If YES, what type of change?

- Severely Increased = 1
- Moderately Increased = 2
- Mildly Increased = 3
- Mildly Decreased = 4
- Moderately Decreased = 5
- Severely Decreased = 6

#6) When did you first notice the change?

- Within the last 6 months = 1
- 6 months to a year ago = 2
- 1-2 years ago = 3
- 3-5 years ago = 4
- Over 5 years ago = 5

#7) Has there been a change in the amount of fat on your **NECK**?

- No = 1 (If *NO*, **skip** questions #8 & #9)
- Yes = 2 (If *YES*, **answer** questions #8 & #9)
- Don't Know = 3 (If *DON'T KNOW*, **skip** questions #8 & #9)

#8) If YES, what type of change?

- | | |
|---|---|
| <input type="checkbox"/> Severely Increased = 1 | <input type="checkbox"/> Mildly Decreased = 4 |
| <input type="checkbox"/> Moderately Increased = 2 | <input type="checkbox"/> Moderately Decreased = 5 |
| <input type="checkbox"/> Mildly Increased = 3 | <input type="checkbox"/> Severely Decreased = 6 |

#9) When did you first notice the change?

- | | |
|---|---|
| <input type="checkbox"/> Within the last 6 months = 1 | <input type="checkbox"/> 3-5 years ago = 4 |
| <input type="checkbox"/> 6 months to a year ago = 2 | <input type="checkbox"/> Over 5 years ago = 5 |
| <input type="checkbox"/> 1-2 years ago = 3 | |

#10) Has there been a change in the fat on the front of your **CHEST** or **BREASTS** (other than related to pregnancy or nursing)?

- No = 1 (If *NO*, **skip** questions #11 & #12)
- Yes = 2 (If *YES*, **answer** questions #11 & #12)
- Don't Know = 3 (If *DON'T KNOW*, **skip** questions #11 & #12)

#11) If YES, what type of change?

- | | |
|---|---|
| <input type="checkbox"/> Severely Increased = 1 | <input type="checkbox"/> Mildly Decreased = 4 |
| <input type="checkbox"/> Moderately Increased = 2 | <input type="checkbox"/> Moderately Decreased = 5 |
| <input type="checkbox"/> Mildly Increased = 3 | <input type="checkbox"/> Severely Decreased = 6 |

#12) When did you first notice the change?

- | | |
|---|---|
| <input type="checkbox"/> Within the last 6 months = 1 | <input type="checkbox"/> 3-5 years ago = 4 |
| <input type="checkbox"/> 6 months to a year ago = 2 | <input type="checkbox"/> Over 5 years ago = 5 |
| <input type="checkbox"/> 1-2 years ago = 3 | |

#13) Has there been a change in the fat on your **UPPER BACK**?

- No = 1 (If *NO*, **skip** questions #14 & #15)
- Yes = 2 (If *YES*, **answer** questions #14 & #15)
- Don't Know = 3 (If *DON'T KNOW*, **skip** questions #14 & #15)

#14) If YES, what type of change?

- | | |
|---|---|
| <input type="checkbox"/> Severely Increased = 1 | <input type="checkbox"/> Mildly Decreased = 4 |
| <input type="checkbox"/> Moderately Increased = 2 | <input type="checkbox"/> Moderately Decreased = 5 |
| <input type="checkbox"/> Mildly Increased = 3 | <input type="checkbox"/> Severely Decreased = 6 |

#15) When did you first notice the change?

- | | |
|---|---|
| <input type="checkbox"/> Within the last 6 months = 1 | <input type="checkbox"/> 3-5 years ago = 4 |
| <input type="checkbox"/> 6 months to a year ago = 2 | <input type="checkbox"/> Over 5 years ago = 5 |

- 1-2 years ago = 3

#16) Has there been a change in the size of your **WAIST**?

- No = 1 (If *NO*, **skip** questions #17 & #18)
 Yes = 2 (If *YES*, **answer** questions #17 & #18)
 Don't Know = 3 (If *DON'T KNOW*, **skip** questions #17 & #18)

#17) If YES, what type of change?

- | | |
|---|---|
| <input type="checkbox"/> Severely Increased = 1 | <input type="checkbox"/> Mildly Decreased = 4 |
| <input type="checkbox"/> Moderately Increased = 2 | <input type="checkbox"/> Moderately Decreased = 5 |
| <input type="checkbox"/> Mildly Increased = 3 | <input type="checkbox"/> Severely Decreased = 6 |

#18) When did you first notice the change?

- | | |
|---|---|
| <input type="checkbox"/> Within the last 6 months = 1 | <input type="checkbox"/> 3-5 years ago = 4 |
| <input type="checkbox"/> 6 months to a year ago = 2 | <input type="checkbox"/> Over 5 years ago = 5 |
| <input type="checkbox"/> 1-2 years ago = 3 | |

#19) Has there been a change in your **BELLY (ABDOMINAL FAT)**?

- No = 1 (If *NO*, **skip** questions #20 & #21)
 Yes = 2 (If *YES*, **answer** questions #20 & #21)
 Don't Know = 3 (If *DON'T KNOW*, **skip** questions #20 & #21)

#20) If YES, what type of change?

- | | |
|---|---|
| <input type="checkbox"/> Severely Increased = 1 | <input type="checkbox"/> Mildly Decreased = 4 |
| <input type="checkbox"/> Moderately Increased = 2 | <input type="checkbox"/> Moderately Decreased = 5 |
| <input type="checkbox"/> Mildly Increased = 3 | <input type="checkbox"/> Severely Decreased = 6 |

#21) When did you first notice the change?

- | | |
|---|---|
| <input type="checkbox"/> Within the last 6 months = 1 | <input type="checkbox"/> 3-5 years ago = 4 |
| <input type="checkbox"/> 6 months to a year ago = 2 | <input type="checkbox"/> Over 5 years ago = 5 |
| <input type="checkbox"/> 1-2 years ago = 3 | |

#22) Has there been a change in the amount of fat on your **BUTTOCKS**?

- No = 1 (If *NO*, **skip** questions #23 & #24)
 Yes = 2 (If *YES*, **answer** questions #23 & #24)
 Don't Know = 3 (If *DON'T KNOW*, **skip** questions #23 & #24)

#23) If YES, what type of change?

- | | |
|---|---|
| <input type="checkbox"/> Severely Increased = 1 | <input type="checkbox"/> Mildly Decreased = 4 |
| <input type="checkbox"/> Moderately Increased = 2 | <input type="checkbox"/> Moderately Decreased = 5 |
| <input type="checkbox"/> Mildly Increased = 3 | <input type="checkbox"/> Severely Decreased = 6 |

#24) When did you first notice the change?

- Within the last 6 months = 1
- 6 months to a year ago = 2
- 1-2 years ago = 3
- 3-5 years ago = 4
- Over 5 years ago = 5

#25) Has there been a change in the amount of fat on your **ARMS**?

- No = 1 (If *NO*, **skip** questions #26 & #27)
- Yes = 2 (If *YES*, **answer** questions #26 & #27)
- Don't Know = 3 (If *DON'T KNOW*, **skip** questions #26 & #27)

#26) If YES, what type of change?

- Severely Increased = 1
- Moderately Increased = 2
- Mildly Increased = 3
- Mildly Decreased = 4
- Moderately Decreased = 5
- Severely Decreased = 6

#27) When did you first notice the change?

- Within the last 6 months = 1
- 6 months to a year ago = 2
- 1-2 years ago = 3
- 3-5 years ago = 4
- Over 5 years ago = 5

#28) Has there been a change in the amount of fat on your **LEGS**?

- No = 1 (If *NO*, **skip** questions #29 & #30)
- Yes = 2 (If *YES*, **answer** questions #29 & #30)
- Don't Know = 3 (If *DON'T KNOW*, **skip** questions #29 & #30)

#29) If YES, what type of change?

- Severely Increased = 1
- Moderately Increased = 2
- Mildly Increased = 3
- Mildly Decreased = 4
- Moderately Decreased = 5
- Severely Decreased = 6

#30) When did you first notice the change?

- Within the last 6 months = 1
- 6 months to a year ago = 2
- 1-2 years ago = 3
- 3-5 years ago = 4
- Over 5 years ago = 5

#31) Have you noticed any **new areas of growth of LUMPS, BUMPS, or HUMPS OF FAT or other tissues**?

- No = 1 (If *NO*, **skip** question #32)
- Yes = 2 (If *YES*, **answer** question #32)
- Don't Know = 3 (If *DON'T KNOW*, **skip** question #32)

#32) If YES, where on your body have you noticed this? (Please mark all that apply)

- Neck = 1
- Chest = 3
- Belly = 5
- Legs = 7

- Back = 2
- Arms = 4
- Buttocks = 6