

## Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Grinspoon S and Carr A. Cardiovascular risk and body-fat abnormalities in HIV-infected adults. *N Engl J Med* 2005;352:48-62.

## SUPPLEMENTARY APPENDIX 1

### SECTION 1 – PATIENT ASSESSMENT OF BODY SHAPE

For each body part described indicate in the appropriate box whether you currently have body shape changes that have occurred since you were diagnosed with HIV, and if YES, note the nature of the change as of today and the most appropriate term for the current severity of any change.

It is important for you to understand that for the purposes of this questionnaire:

- the front and sides of your neck are treated as separate and distinct regions from the back and base of your neck
- fat gain refers to a general increase in fat in a specific region
- lipomata are localized fatty lumps under the skin. There are photographs provided on this website to assist you with making this distinction.

Severity is to be described as :

- mild (noticeable only when specifically sought)
- moderate (readily obvious to the patient)
- severe (obvious to a casual observer).

1 Is there any **fat loss** in your **face**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

2 Is there any **fat gain** in your **face**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

3 Is there any **fat loss** in the **front or sides of your neck**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

4 Is there any **fat gain** in the **front or sides of your neck**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

## SECTION 1 (cont.) – PATIENT ASSESSMENT OF BODY SHAPE

5 Is there any **fat loss** in the **back or base of your neck**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

6 Is there any **fat gain** in the **back or base of your neck**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

7 Is there any **fat loss** on your **arms**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

8 Is there any **fat gain** on your **arms**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

9 Has the **size** of your **breasts** decreased?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

10 Has the **size** of your **breasts** increased?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

11 Has the **size** of your **waist** decreased?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

12 Has the **size** of your **waist** increased?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

**SECTION 1 (cont.) – PATIENT ASSESSMENT OF BODY SHAPE**

**13** Has the **amount of fat** on your **buttocks** decreased?

<input type="checkbox"/> No <input type="checkbox"/> Yes 	TICK the most appropriate box for <u>current</u> severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
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**14** Has the **amount of fat** on your **buttocks** increased?

<input type="checkbox"/> No <input type="checkbox"/> Yes 	TICK the most appropriate box for <u>current</u> severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
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**15** Has the **amount of fat** on your **legs** decreased?

<input type="checkbox"/> No <input type="checkbox"/> Yes 	TICK the most appropriate box for <u>current</u> severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
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**16** Has the **amount of fat** on your **legs** increased?

<input type="checkbox"/> No <input type="checkbox"/> Yes 	TICK the most appropriate box for <u>current</u> severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
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**17** Since you were diagnosed with HIV, have you developed any **fat lumps** (lipomata)?

<input type="checkbox"/> No <input type="checkbox"/> Yes 	TICK the regions below where the fat lumps have developed:  <i>Site</i> Head <span style="float: right;"><input type="checkbox"/></span> Front/Sides of Neck <input type="checkbox"/> Back/Base of Neck <input type="checkbox"/> Breasts <span style="float: right;"><input type="checkbox"/></span> Trunk <span style="float: right;"><input type="checkbox"/></span> Arms <span style="float: right;"><input type="checkbox"/></span> Legs <span style="float: right;"><input type="checkbox"/></span> Other <span style="float: right;"><input type="checkbox"/></span>
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## SECTION 2- PHYSICIAN ASSESSMENT OF PATIENT'S CLINICAL FEATURES

For each body region described below, indicate in the appropriate box any clinical features apparent at today's visit and, if present, note the nature and severity of any abnormality. The questions are structured to allow description of both fat wasting and accumulation in different areas of the same body region.

It is important to note that for the purposes of this questionnaire :

- the front and sides of the neck are treated as separate and distinct regions from the dorsocervical region
- fat accumulation refers to generalized fat gain
- lipomata are discrete, subcutaneous fatty deposits.

Severity is to be scored as :

- mild (noticeable only when specifically sought)
- moderate (readily obvious to the clinician or patient)
- severe (obvious to a casual observer).

1 Is there any **fat wasting** in the **face**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

2 Is there any **fat accumulation** in the **face**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

3 Is there any **fat wasting** in the **neck (except dorsocervical area)**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

4 Is there any **fat accumulation** in the **neck (except dorsocervical area)**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

## SECTION 2 (cont.) – PHYSICIAN ASSESSMENT OF PATIENT’S CLINICAL FEATURES

5 Is there any **fat wasting** in the **dorsocervical** area?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

6 Is there any **fat accumulation** in the **dorsocervical** area?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

7 Is there any **fat wasting** in the **arms**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

8 Is there any **fat accumulation** in the **arms**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

9 Is there any **fat wasting** in the **breasts**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

10 Is there any **fat accumulation** in the **breasts**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

11 Is there any **fat wasting** in the **abdomen**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

## SECTION 2 (cont.) – PHYSICIAN ASSESSMENT OF PATIENT’S CLINICAL FEATURES

12 Is there any **fat accumulation** in the **abdomen**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe



13 Is there any **fat wasting** in the **buttocks**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

14 Is there any **fat accumulation** in the **buttocks**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

15 Is there any **fat wasting** in the **legs**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

16 Is there any **fat accumulation** in the **legs**?

<input type="checkbox"/> No	<input type="checkbox"/> Yes		TICK the most appropriate box for <u>current</u> severity:
			<input type="checkbox"/> Mild
			<input type="checkbox"/> Moderate
			<input type="checkbox"/> Severe

**SECTION 2 (cont.) – PHYSICIAN ASSESSMENT OF PATIENT’S CLINICAL FEATURES**

17 Does the patient have any **lipomata**?

No  Yes



List the number of lipomata for each of the regions listed below:

<i>Site</i>	<i>Number</i>
<input type="checkbox"/> Head	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Neck	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Dorsocervical	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Arms	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Breasts	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Trunk	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Legs	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>

TICK the most appropriate box for overall severity:

- Mild  
 Moderate  
 Severe