

|  |
|--|
| <b>WOMEN'S INTERAGENCY HIV STUDY</b><br><b>COLPOSCOPY TRACKING (COLPO)</b> |
|--|

- A1. PARTICIPANT ID: ENTER NUMBER HERE      |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|  
 ONLY IF ID LABEL IS NOT AVAILABLE
- A2. FORM VERSION:                                    **1 0 / 0 1 / 1 0**
- A3. FORM COMPLETED BY:                        \_\_\_ \_\_\_ \_\_\_
- A4. WIHS CORE VISIT:                              \_\_\_ \_\_\_
- A5. DATE COMPLETED:                          \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**SECTION B. INDICATION FOR COLPOSCOPY**

INSTRUCTIONS: Section B should be completed for all enrolled participants by staff familiar with colposcopy tracking. Circle the indication(s) for colposcopy at the last visit the participant was seen.

- B1. INDICATION FOR COLPOSCOPY AT LAST VISIT:
- |   | <u>YES</u>     | <u>NO</u> |
|---|----------------|-----------|
| a. Colposcopy not indicated .....                                       | 1 <b>(END)</b> | 2         |
| b. From Pap smear results ( <i>Form C60: A11b-h or A12a-f=1</i> ) ..... | 1              | 2         |
| c. From clinical exam ( <i>Form F08: B19 or B11=1</i> ).....            | 1              | 2         |
| d. Outstanding indication from prior visit(s).....                      | 1              | 2         |
- B2. LAST VISIT OF INDICATION:
- The visit prior to the current visit..... 1
- Participant has indication(s) from visit(s) before the prior visit..... 2

**SECTION C. COLPOSCOPY COMPLETION**

INSTRUCTIONS: Only staff familiar with colposcopy tracking should complete Section C. Indicate if a colposcopy for the indication(s) referenced in Question B1 was completed at the last visit the participant was seen.

- C1. COLPOSCOPY COMPLETED:
- |                          |   |              |
|--------------------------|---|--------------|
| Done .....               | 1 |              |
| Not done .....           | 2 | <b>(C4)</b>  |
| Participant refused..... | 3 | <b>(END)</b> |
- C2. VISIT COLPOSCOPY COMPLETED:    \_\_\_ \_\_\_
- C3. DATE COLPOSCOPY COMPLETED:    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_    **(END)**
- C4. REASON COLPO NOT DONE:
- |  |   |  |
|--|---|--|
| Unable to contact participant (e.g., no phone, homeless, no response to attempts)..... | 1 |  |
| Participant was no show for multiple appointments .....                                | 2 |  |
| Participant was too ill to be scheduled at this time.....                              | 3 |  |
| Participant's work/school schedule prevented her from coming .....                     | 4 |  |
| Participant moved out of area / too difficult to travel .....                          | 5 |  |
| Participant is incarcerated .....  | 6 |  |
| Staff unable to obtain colpo results from primary care OB/GYN for L14 completion.....  | 7 |  |
| Other .....  | 8 |  |

SPECIFY: \_\_\_\_\_