

SPANISH VERSION

WOMEN'S INTERAGENCY HIV STUDY
PHYSICAL EXAMINATION
FORM 07

AFFIX ID LABEL HERE →

PARTICIPANT ID: - - -

WIHS STUDY VISIT #:

FORM VERSION: **10/01/05**

EXAMINER'S INITIALS:

DATE OF PHYSICAL EXAM: / /
M D Y

PARTICIPANT'S DATE OF BIRTH:
(VERIFY WITH PARTICIPANT) / /
M D Y

TIME MODULE BEGAN: : AM.....1
PM.....2

TIME MODULE ENDED: : AM.....1
PM.....2

SECTION A. GENERAL PHYSICAL CHARACTERISTICS AND BODY HABITUS

A1. a. WEIGHT LBS
b. EVEN-NUMBERED VISIT?
YES1
NO.....2 (A3b)

c. HEIGHT IN

A3. b. IS PARTICIPANT PREGNANT?
YES1 (SECTION D)
NO.....2

WIHSID:

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) | 2 | 3 | 1 | 2 | 3 |
| b) Her abdomen is ... | 1 (c) | 2 | 3 | 1 | 2 | 3 |
| c) Her waist is... | 1 (d) | 2 | 3 | 1 | 2 | 3 |
| d) Her face is... | 1 (e) | 2 | 3 | 1 | 2 | 3 |
| e) Her cheeks, just lateral to the nose and mouth are... | 1 (f) | 2 | 3 | 1 | 2 | 3 |
| f) Her upper back is... | 1 (g) | 2 | 3 | 1 | 2 | 3 |
| g) Her neck is... | 1 (h) | 2 | 3 | 1 | 2 | 3 |
| h) Her arms are... | 1 (i) | 2 | 3 | 1 | 2 | 3 |
| i) Her legs are... | 1 (j) | 2 | 3 | 1 | 2 | 3 |
| j) Her buttocks are... | 1 (A6) | 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)?

YES1
NO.....2

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

YES1
NO.....2

PROMPT:

- IF PARTICIPANT IS POST-PARTUM AND NOT BREASTFEEDING, DO NOT DO BODY MEASURES OR BIA UNTIL PARTICIPANT IS ONE YEAR POST-DELIVERY.
- IF PARTICIPANT IS POST-PARTUM AND BREASTFEEDING, DO NOT DO BODY MEASURES OR BIA UNTIL PARTICIPANT IS SIX MONTHS POST-DELIVERY. DO NOT DO CHEST GIRTH MEASUREMENTS UNTIL PARTICIPANT IS ONE YEAR POST-DELIVERY.

PLEASE RECORD A RESPONSE OF “-1” FOR THESE QUESTIONS AND RECORD REASON IN QUESTION A25 (COMMENTS FIELD).

WIHSID:

BODY MEASURES (GIRTH in CM):

| | MEASURE #1 | MEASURE #2 | a. DOES DIFFERENCE BETWEEN #1 AND #2 EXCEED 0.7 CM? | | MEASURE #3 |
|---------------|-------------------|-------------------|---|---------|-------------------|
| | | | YES | NO | |
| A7. UPPER ARM | _ _ _ _ . _ CM | _ _ _ _ . _ CM | 1 | 2 (A8) | _ _ _ _ . _ CM |
| A8. CHEST | _ _ _ _ . _ CM | _ _ _ _ . _ CM | 1 | 2 (A9) | _ _ _ _ . _ CM |
| A9. WAIST | _ _ _ _ . _ CM | _ _ _ _ . _ CM | 1 | 2 (A10) | _ _ _ _ . _ CM |
| A10. HIP | _ _ _ _ . _ CM | _ _ _ _ . _ CM | 1 | 2 (A11) | _ _ _ _ . _ CM |
| A11. THIGH | _ _ _ _ . _ CM | _ _ _ _ . _ CM | 1 | 2 (A12) | _ _ _ _ . _ CM |

A12. DORSOCERVICAL FAT PAD

- a. PRESENT1
 ABSENT2 (A13)

b. SEVERITY

- MILD1
 MODERATE2
 SEVERE3

A13. INITIALS OF CLINICIAN WHO PERFORMED BODY MEASURES: ___ ___ ___

BIA RESULTS:

A19. En las últimas 8 horas, ¿ha hecho usted suficiente ejercicio para sudar y tener que respirar fuerte?

- YES1
 NO2

A20. ¿Ha usted tomado más de 4 tazas de café, te, soda, agua u otras bebidas en las últimas dos horas?

- YES1
 NO2

A21. ¿Ha usted tomado más de 4 vasos de cerveza, vino u otro licor hoy?

- YES1
 NO2

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

WIHSID:

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. INITIALS OF CLINICIAN PERFORMING BIA: _____

A25. COMMENTS: _____

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.

SECTION D. PHYSICAL FINDINGS IN THE BREASTS

D1. a. EVEN-NUMBERED VISIT?
YES1
NO.....2 (SECTION E)

b. BREAST EXAM
NORMAL 1 (SECTION E)
ABNORMAL..... 2
NOT DONE 3 (SECTION E)

| 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 1
NO..... 2 (SECTION E)

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

WIHSID:

| 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 |

| LOCATION | LEFT MASS | | a. SIZE | b. OLD MASS | |
|-------------------------|-----------|---------|---------------|-------------|----|
| | YES | NO | | YES | NO |
| D14. Medial upper | 1 | 2 (D15) | _ _ . _ cm | 1 | 2 |
| D15. Lateral upper | 1 | 2 (D16) | _ _ . _ cm | 1 | 2 |
| D16. Medial lower | 1 | 2 (D17) | _ _ . _ cm | 1 | 2 |
| D17. Lateral lower | 1 | 2 (D18) | _ _ . _ cm | 1 | 2 |
| D18. Areola/ periareola | 1 | 2 (E1) | _ _ . _ cm | 1 | 2 |

SECTION E. BLOOD PRESSURE MEASUREMENT

E1. MEASURE AND RECORD THREE TIMES USING DINAMAP MONITOR

| MEASUREMENT | a. SYSTOLIC | b. DIASTOLIC | c. PULSE |
|-----------------|-------------|--------------|----------|
| 1 ST | _ _ _ | _ _ _ | _ _ _ |
| 2 ND | _ _ _ | _ _ _ | _ _ _ |
| 3 RD | _ _ _ | _ _ _ | _ _ _ |

PROMPT: IF BLOOD PRESSURE < 90/60 OR > 140/90, REFER TO PARTICIPANT'S MEDICAL PROVIDER.

PROMPT: COMPLETE "TIME MODULE ENDED" ON PAGE 1. PROCEED TO F08.

ADDITIONAL COMMENTS: _____
