

SPANISH VERSION

WOMEN'S INTERAGENCY HIV STUDY
PHYSICAL EXAMINATION
FORM 07

AFFIX ID LABEL HERE →

PARTICIPANT ID: - - -

WIHS STUDY VISIT #:

FORM VERSION: **10/01/08**

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

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

A7. a. HAS THE PARTICIPANT GIVEN BIRTH WITHIN THE PAST YEAR?
 YES1
 NO.....2 (A8)

b. IS PARTICIPANT CURRENTLY BREASTFEEDING?
 YES1
 NO.....2 (SECTION D)

c. HAS PARTICIPANT GIVEN BIRTH WITHIN THE PAST SIX MONTHS?
 YES1 (SECTION D)
 NO.....2 (A8)

BODY MEASURES (GIRTH in CM):

	MEASURE #1	MEASURE #2	a. DOES DIFFERENCE BETWEEN #1 AND #2 EXCEED 0.7 CM?		MEASURE #3
			YES	NO	
A8. UPPER ARM	_ _ _ _ . _ CM	_ _ _ _ . _ CM	1	2 (A9)	_ _ _ _ . _ CM
PROMPT: IF PARTICIPANT HAS GIVEN BIRTH WITHIN THE PAST YEAR AND IS BREASTFEEDING, SKIP THE CHEST MEASUREMENT (A9) AND ENTER -1, THEN PROCEED TO THE WAIST MEASUREMENT (A10).					
A9. CHEST	_ _ _ _ . _ CM	_ _ _ _ . _ CM	1	2 (A10)	_ _ _ _ . _ CM
A10. WAIST	_ _ _ _ . _ CM	_ _ _ _ . _ CM	1	2 (A11)	_ _ _ _ . _ CM
A11. HIP	_ _ _ _ . _ CM	_ _ _ _ . _ CM	1	2 (A12)	_ _ _ _ . _ CM
A12. THIGH	_ _ _ _ . _ CM	_ _ _ _ . _ CM	1	2 (A13)	_ _ _ _ . _ CM

A13. DORSOCERVICAL FAT PAD

- a. PRESENT1
 ABSENT2 (A14)

- b. SEVERITY
 - MILD1
 - MODERATE2
 - SEVERE3

A14. 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

WIHSID:

PROMPT: TAKE TWO MEASURES. ENTER THE RESISTANCE (Rx) AND REACTANCE (Xc) FOR EACH ONE. ENTER “-7” IF PARTICIPANT REFUSES, AND “-9” IF VALUE IS MISSING FOR ANOTHER REASON, E.G., EQUIPMENT FAILURE, ETC.

A22. Rx #1: || ohms

Xc #1: || ohms

A23. Rx #2: || ohms

Xc #2: || ohms

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)	

WIHSID:

D8. BREAST MASS(ES) PRESENT?

YES
 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.

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: _____

