

**WOMEN'S INTERAGENCY HIV STUDY  
PHYSICAL EXAMINATION  
FORM 07**

**AFFIX ID LABEL HERE →**

PARTICIPANT ID:  -  -  -

WIHS STUDY VISIT #:

FORM VERSION: **10/01/09**

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?  
 YES .....1  
 NO.....2 **(A3b)**

c. HEIGHT  IN

A3. b. IS PARTICIPANT PREGNANT?  
 YES .....1 **(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)?  
 YES .....1  
 NO.....2
- b. DOES PARTICIPANT EXHIBIT ANY SIGNS OF LIPOHYPERTROPHY (CENTRAL FAT ACCUMULATION)?  
 YES .....1  
 NO.....2

- A7. a. HAS THE PARTICIPANT GIVEN BIRTH WITHIN THE PAST YEAR?  
 YES .....1  
 NO.....2 (A8)

- b. IS PARTICIPANT CURRENTLY BREASTFEEDING?  
 YES .....1  
 NO.....2 (SECTION D)

- c. HAS PARTICIPANT GIVEN BIRTH WITHIN THE PAST SIX MONTHS?  
 YES .....1 (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
<b>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).</b>					
A9. CHEST	_ _ _ _  .  _  CM	_ _ _ _  .  _  CM	1	2 (A10)	_ _ _ _  .  _  CM
A10. WAIST	_ _ _ _  .  _  CM	_ _ _ _  .  _  CM	1	2 (A11)	_ _ _ _  .  _  CM
A11. HIP	_ _ _ _  .  _  CM	_ _ _ _  .  _  CM	1	2 (b)	_ _ _ _  .  _  CM
	b. Is waist measurement larger than chest measurement?		1	2	
	c. Is waist measurement larger than hip measurement?		1	2	
A12. THIGH	_ _ _ _  .  _  CM	_ _ _ _  .  _  CM	1	2 (A13)	_ _ _ _  .  _  CM

A13. DORSOCERVICAL FAT PAD

- a. PRESENT .....1  
     ABSENT .....2 (A14)
  
- b. SEVERITY
  - MILD .....1
  - MODERATE .....2
  - SEVERE .....3

A14. INITIALS OF CLINICIAN WHO PERFORMED BODY MEASURES:   \_\_\_ \_\_\_ \_\_\_

**BIA RESULTS:**

A19. In the past eight hours, have you exercised long enough to make you sweat and breathe hard?

- YES .....1
- NO .....2

A20. Have you drunk more than four glasses of coffee, tea, soda, water, or other beverages within the past two hours?

- YES .....1
- NO .....2

A21. Have you drunk more than four servings of beer, wine, or liquor today?

- YES .....1
- NO .....2

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**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?  
YES .....1  
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)	

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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 <sup>ST</sup>	_ _ _	_ _ _	_ _ _
2 <sup>ND</sup>	_ _ _	_ _ _	_ _ _
3 <sup>RD</sup>	_ _ _	_ _ _	_ _ _

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_