

SPANISH VERSION

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?
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 (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. 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: _____

