SPANISH VERSION

WOMEN'S INTERAGENCY HIV STUDY
PHYSICAL EXAMINATION
FORM 07

AFFIX ID LABEL HERE → [ ].

PARTICIPANT ID: |___| - |___|___| - |___|___|___|___| - |___|

WIHS STUDY VISIT #: |___|___|

FORM VERSION: **1 0 / 0 1 / 1 1**

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

		(NOTE: IF NOT NORMAL, INDICATE SEVERITY IN NEXT COLUMN.)			SEVERITY*		
	BODY PART:	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)**

WIHSID: _____.

BODY MEASURES (GIRTH in CM):

	MEASURE #1	MEASURE #2	a. DOES DIFFERENCE BETWEEN #1 AND #2 EXCEED 0.7 CM? YES	NO	MEASURE #3
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. Does participant have folds of abdominal fat (pannus) that interfere with the ability to accurately measure the hip circumference?			1	2 **(A13)**	
PROMPT: FOR A12, MEASURE THE HIP CIRCUMFERENCE <u>INCLUDING</u> PANNUS. IF HIP CIRCUMFERENCE WITH PANNUS WAS MEASURED DURING VISIT 35, THEN ENTER "-1" FOR QUESTIONS A12 AND A12a.					
A12. HIP w/pannus	|___|___|___| . |___| CM	|___|___|___| . |___| CM	1	2 **(A13)**	|___|___|___| . |___| CM
PROMPT: FOR A13, HAVE PARTICIPANT <u>LIFT PANNUS UP</u> TO MEASURE THE HIP CIRCUMFERENCE.					
A13. HIP w/out pannus	|___|___|___| . |___| CM	|___|___|___| . |___| CM	1	2 **(b)**	|___|___|___| . |___| CM
	b. Is waist measurement larger than chest measurement?		1	2	
	c. Is waist measurement larger than hip measurement <u>without</u> pannus?		1	2	
A14. THIGH	|___|___|___| . |___| CM	|___|___|___| . |___| CM	1	2 **(A15)**	|___|___|___| . |___| CM

A15. DORSOCERVICAL FAT PAD

a. PRESENT 1
ABSENT .....2 **(A16)**

b. SEVERITY

MILD 1
MODERATE 2
SEVERE 3

A16. 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?

YES 1
NO 2

WIHSID: _____.

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

YES 1
NO 2

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

YES 1
NO 2

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.

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, SHADED RESPONSES CIRCLED "YES" REQUIRE PROMPT REFERRAL FOR EVALUATION AND/OR TREATMENT. PLEASE REFER TO THE MOO 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)**

	a. RIGHT		**b. LEFT**	
FINDINGS:	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 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.

	RIGHT MASS		**a. SIZE**	**b. OLD MASS**	
LOCATION	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

	LEFT MASS		**a. SIZE**	**b. OLD MASS**	
LOCATION	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
1ST	|___|___|___|	|___|___|___|	|___|___|___|
2ND	|___|___|___|	|___|___|___|	|___|___|___|
3RD	|___|___|___|	|___|___|___|	|___|___|___|

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: _____

_____

_____

_____