WOMEN'S INTERAGENCY HIV STUDY
FORM 8: GYNECOLOGICAL EXAM

AFFIX ID LABEL HERE --->

PARTICIPANT ID: (Enter number here only if ID label is not available)

|___|- |___|___|___| - |___|___|___|___|___| - |___|

WIHS STUDY VISIT #: |___|___|

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

EXAMINER'S INITIALS: ___ ___ ___

DATE OF GYN EXAM:

___ ___ / ___ ___ / ___ ___
M D Y

TIME MODULE BEGAN:

|__|__| : |__|__| AM 1
PM 2

TIME MODULE ENDED:

|__|__| : |__|__| AM 1
PM 2

SECTION A: GYNECOLOGICAL EXAM

A2. VAGINA

		Present	Absent
a.	Erythema	1	2
b.	Atrophy	1	2

A3. VAGINAL pH |___|___| . |___|

A4. VAGINAL DISCHARGE VOLUME

NORMAL.....1
INCREASED.....2

A5. VAGINAL DISCHARGE COLOR

WHITE/CLEAR.....1
YELLOW/GREEN.....2
BROWN/BLOOD.....3

A6. VAGINAL DISCHARGE CHARACTER (CIRCLE ALL APPROPRIATE)

NORMAL (MUCOID/FLOCCULAR).....1
PURULENT.....2
CURDY.....3
MILKY/CREAMY (NON-FLOCCULAR)....4
FROTHY.....5
BLOODY.....6

CERVICAL EXAMINATION

A7. CERVIX PRESENT

PRESENT.....1
ABSENT.....2

PROMPT: IF A7 = 1, PROCEED TO A8. IF A7 = 2 AND EVEN VISIT, SKIP TO QUESTION A14. IF A7 = 2 AND ODD VISIT, SKIP TO QUESTION A16.

A8. CERVICAL EXAMINATION

DONE.....1
NOT DONE 2

REASON: _____ **(A12)**

A9.

		Present		Absent
a.	Lesions	1	**(PROMPT)**	2
b.	Visible ectopy	1		2
c.	Friability	1		2

PROMPT: COMPLETE LESION CHART (A19, PAGE 3) AFTER COMPLETING EXAM.

WIHS ID#

A10. EXUDATE

PRESENT.....1
ABSENT.....2 **(A12)**

A11. CERVICAL DISCHARGE COLOR

WHITE/CLEAR.....1
YELLOW/GREEN.....2
BROWN/BLOOD.....3

A12. CERVICAL MOTION TENDERNESS

PRESENT.....1
ABSENT.....2

PROMPT: IF ODD VISIT, SKIP TO QUESTION A16.

UTERINE EXAMINATION

A13. UTERUS PRESENT

PRESENT.....1
ABSENT.....2 **(A14)**

a. UTERINE TENDERNESS

PRESENT.....1
ABSENT.....2

b. UTERINE ENLARGEMENT

PRESENT.....1
ABSENT.....2

ADNEXAL EXAMINATION

A14. ADNEXAE PRESENT

PRESENT.....1
ABSENT.....2 **(A15)**

a. RIGHT ADNEXAL TENDERNESS

PRESENT.....1
ABSENT.....2

b. LEFT ADNEXAL TENDERNESS

PRESENT.....1
ABSENT.....2

c. RIGHT ADNEXAL MASS

PRESENT.....1
ABSENT.....2

d. LEFT ADNEXAL MASS

PRESENT.....1
ABSENT.....2

A15. CUL-DE-SAC MASS

PRESENT.....1
ABSENT.....2

A16. ANUS

		Present	Absent	Not Done
a.	External hemorrhoid	1	2	3
b.	Discharge	1	2	3
c.	Anal tenderness	1	2	3

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GYNECOLOGICAL EXAM: ABNORMALITY/LESION CHART

A19. WERE ANY ABNORMALITIES/LESIONS PRESENT ON THE GYN EXAM? PLEASE INCLUDE THOSE ABNORMALITIES NOTED DURING THE EXTERNAL AND CERVICAL EXAMS.

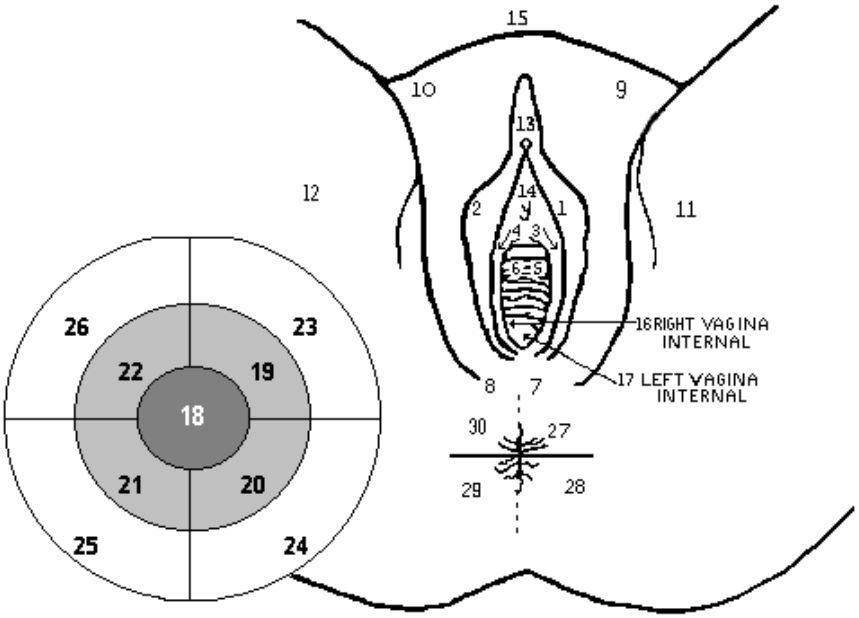
YES 1
NO .....2 **(A44, PAGE 5)**

A. TOTAL NUMBER OF LOCATIONS WITH LESIONS: |___|___|

PROMPT: IF THE TOTAL NUMBER OF LOCATIONS WITH LESIONS IS GREATER THAN FOUR, PLEASE USE A COPY OF PAGE 4 OF THIS FORM AND INSERT IT AFTER PAGE 4.

LOCATIONS:

01 - Labia Majora (left)
02 - Labia Majora (right)
03 - Labia Minora (left)
04 - Labia Minora (right)
05 - Introitus (left)
06 - Introitus (right)
07 - Perineum (left)
08 - Perineum (right)
09 - Inguinal (left)
10 - Inguinal (right)
11 - Thigh (left)
12 - Thigh (right)
13 - Clitoris
14 - Urethra
15 - Pubis
16 - Vagina (right internal)
17 - Vagina (left internal)
18 - Cervical Os
19 - Inner upper left quad
20 - Inner lower left quad
21 - Inner lower right quad
22 - Inner upper right quad
23 - Outer upper left quad
24 - Outer lower left quad
25 - Outer lower right quad
26 - Outer upper right quad
27 - Anus upper left
28 - Anus lower left
29 - Anus lower right
30 - Anus upper right
31- 3 or more locations



WIHS ID#

START F08S1

A20. **LOCATION #1** LOCATION CODE: |___|___|		
IF LOCATION CODE=31, SPECIFY LOCATIONS: _____		
LESION TYPE	**YES**	**NO**
A21. WART	1	2 **(A22)**
A22. ULCER	1	2 **(A23)**
A23. RASH	1	2 **(A24)**
A24. MASS	1	2 **(A25)**
A25. OTHER	1	2 **(A26)**
SPECIFY:		

A26. **LOCATION #2** LOCATION CODE: |___|___|		
IF LOCATION CODE=31, SPECIFY LOCATIONS: _____		
LESION TYPE	**YES**	**NO**
A27. WART	1	2 **(A28)**
A28. ULCER	1	2 **(A29)**
A29. RASH	1	2 **(A30)**
A30. MASS	1	2 **(A31)**
A31. OTHER	1	2 **(A32)**
SPECIFY:		

IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO QUESTION A44.

A32. **LOCATION #3** LOCATION CODE: |___|___|		
IF LOCATION CODE=31, SPECIFY LOCATIONS: _____		
LESION TYPE	**YES**	**NO**
A33. WART	1	2 **(A34)**
A34. ULCER	1	2 **(A35)**
A35. RASH	1	2 **(A36)**
A36. MASS	1	2 **(A37)**
A37. OTHER	1	2 **(A38)**
SPECIFY:		

A38. **LOCATION #4** LOCATION CODE: |___|___|		
IF LOCATION CODE=31, SPECIFY LOCATIONS: _____		
LESION TYPE	**YES**	**NO**
A39. WART	1	2 **(A40)**
A40. ULCER	1	2 **(A41)**
A41. RASH	1	2 **(A42)**
A42. MASS	1	2 **(A43)**
A43. OTHER	1	2 **(A44)**
SPECIFY:		

IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO QUESTION A44.

END F08S1

WIHS ID#

A44. EXAM SITE TESTS

	POSITIVE	NEGATIVE	UNCLEAR	NOT OBTAINED	NOT READ
a. WET PREP/SALINE MOUNT					
i. trichomonas	1	2	3	4	5
ii. clue cells	1	2	3	4	5
iii. increased wbcs (i.e., > 1:1 wbc:epithelial cells)	1	2	3	4	5
b. KOH MOUNT					
i. yeast	1	2	3	4	5
ii. amine odor	1	2	3	4	5

SECTION B: CLINICAL IMPRESSION

	YES	NO
B3. Normal overall clinical impression	1 **(END)**	2
B8. Herpes	1	2 **(B11)**
a. primary/first episode	1	2
b. recurrent episode	1	2
c. chronic ulceration	1	2
B11. Wart	1	2 **(B12)**
a. vulvar	1	2
b. vaginal	1	2
c. cervical	1	2
d. anal	1	2
e. other genital	1	2
B12. Other cervical abnormality **SPECIFY:** _____	1	2 **(B19)**

B19. IS COLPOSCOPY INDICATED BASED ON LESION(S) FOUND DURING EXAM?

YES.....1
NO 2

PROMPT: ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE ARE TO BE FOLLOWED UP BY THE CLINICIAN AND REFERRED TO THE APPROPRIATE REFERRAL SOURCES (i.e., LOCAL SOCIAL SERVICE AND/OR LAW ENFORCEMENT AGENCY).

PROMPT: COMPLETE "TIME MODULE ENDED" ON PAGE 1 OF THE FORM.

WIHS ID#

PLEASE NOTE: ANY NECESSARY ADDITIONAL COMMENTS SHOULD BE WRITTEN IN THE SPACE PROVIDED BELOW.

ADDITIONAL COMMENTS