

**WOMEN'S INTERAGENCY HIV STUDY**  
**QUESTION BY QUESTION SPECIFICATIONS**  
**FORM 31: SPECIMENS COLLECTED DURING THE PHYSICAL EXAM**

**SECTION A. URINE SPECIMENS**

- A1. Indicate whether or not a urine specimen was collected for a pregnancy test. If “YES,” go to **Question A1a** and record the date. If collection was indicated but not done, record “NO” and specify the reason why the specimen was not collected. If not applicable, circle code “3.” During follow up there are only two reasons why a urine pregnancy test is not applicable: if the participant is (1) s/p hysterectomy or (2) greater than 50 years of age. Otherwise, urine pregnancy tests are required routinely on all participants, including those currently pregnant, during follow up.
- a. If urine was collected for a pregnancy test, record the date of collection in MM/DD/YY format.
- A2. Indicate whether or not a urine specimen was collected for the central repository. If “YES,” go to **Question A2a** and record the date. If collection was indicated but not done, record “NO” and specify the reason why the specimen was not collected. If not applicable, circle code “3.” Urine for the repository should be collected at odd visits. Circle “N/A” only if the visit is even.
- a. If urine was collected for the repository, record the date of collection in MM/DD/YY format.
- b. If urine was collected for the repository, record the time of collection in HH:MM format.

**SECTION B. HAIR SPECIMEN**

- B1. Indicate whether or not a hair specimen was collected. If “YES,” go to **Question B1a**. If “NO,” specify the reason why the specimen was not collected and go to **Section C**.

Circle “N/A” only if the participant is HIV-1 negative, or is HIV-1 positive and has not taken any antiretroviral medications in the past four weeks.

- a. If a hair sample was obtained, circle “1” to indicate that it was taken from the occipital region of the scalp. Circle “3” if the sample was taken from the nape or base of the participant’s neck. Circle “2” if the sample was taken from somewhere else and then specify the location.
- b. Record the date the hair specimen was collected in MM/DD/YY format.

**NOTE: If participant provided a hair specimen, complete form F31a.**

**SECTION C. GYN SPECIMENS**

- C1a. Indicate if any gynecological specimens were collected from the participant. If no gynecological specimens were collected, specify why not, and then end the form.
- b. Record the date the gynecological specimens were collected in MM/DD/YY format.
- C2. Indicate whether or not a minimum of 6 ml of CVL fluid was collected by circling the appropriate response code. If “YES,” go to **Question C2a** and enter the time of collection. If “NO,” specify the reason why the CVL specimen was not collected.
- C3. Indicate whether or not a slide for bacterial vaginosis gram stain was collected by circling the appropriate response code. If “YES,” go to **Question C4**. If “NO”, specify the reason why the BV gram stain specimen was not collected.
- C4. Indicate whether or not a slide for Pap smear was collected by circling the appropriate response code. If “YES,” go to **Question C5**. If “NO”, specify the reason why the Pap smear specimen was not collected.
- C5. Indicate whether or not a cervical swab for HPV DNA was collected by circling the appropriate response code. This swab should be collected from all women during WIHS IV starting at visit 31.

- C6. Indicate whether or not a swab for trichomonas culture was collected by circling the appropriate response code. If “YES,” circle code “1” and **END** the form. If your site is performing trichomonas cultures and the swab was not collected, circle code “2” and specify the reason why the swab for trichomonas culture was not collected.

**NOTE:** This is an optional test. If your site is not performing trichomonas cultures, circle code “3” (N/A).