

**WOMEN'S INTERAGENCY HIV STUDY  
FOLLOW-UP VISIT  
ABSTRACT TRACKING CHECKLIST**

AFFIX ID LABEL HERE --->

A1. PARTICIPANT ID:                                    |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|

A2. WIHS STUDY VISIT #:                            \_\_\_ \_\_\_

A3. FORM VERSION:                                   0     3   /   0     1   /   9     6  

A4. FORM COMPLETED BY:                       \_\_\_ \_\_\_ \_\_\_

A5. HAS THE PARTICIPANT SIGNED A MEDICAL RECORD RELEASE?

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

**INSTRUCTIONS:    USE AS A CHECKLIST TO INDICATE WHERE TO COLLECT FURTHER  
INFORMATION FOR MEDICAL RECORD ABSTRACTION.**

| a.<br>FORM & QUESTION<br>NUMBER(S) | b.<br>DATE OF FIRST DIAGNOSIS | c.<br>NAME AND ADDRESS OF THE<br>INSTITUTION |
|------------------------------------|-------------------------------|--|
|------------------------------------|-------------------------------|--|

**FORM 22 - MEDICAL AND HEALTH HISTORY**

|          |                                  |  |  |
|----------|----------------------------------|--|--|
| <b>O</b> | B1 - FEVER > 1 MONTH ><br>100°F  | ___ ___ / ___ ___ / ___ ___<br>M           D           Y |  |
| <b>O</b> | B2 - DIARRHEA > 1 MONTH          | ___ ___ / ___ ___ / ___ ___<br>M           D           Y |  |
| <b>O</b> | B3 - MEMORY PROBLEMS             | ___ ___ / ___ ___ / ___ ___<br>M           D           Y |  |
| <b>O</b> | B4 - NUMBNESS,<br>TINGLING, ETC. | ___ ___ / ___ ___ / ___ ___<br>M           D           Y |  |
| <b>O</b> | B5 - WEIGHT LOSS >10LBS.         | ___ ___ / ___ ___ / ___ ___<br>M           D           Y |  |
| <b>O</b> | B6 - CONFUSION                   | ___ ___ / ___ ___ / ___ ___<br>M           D           Y |  |
| <b>O</b> | B7 - NIGHT SWEATS                | ___ ___ / ___ ___ / ___ ___<br>M           D           Y |  |

WIHS ID#

|   | a.                                  | b.   | c.                                     |
|---|-------------------------------------|--|--|
|   | FORM & QUESTION<br>NUMBER(S)        | DATE OF FIRST DIAGNOSIS                                    | NAME AND ADDRESS OF THE<br>INSTITUTION |
| O | C1 - CANCER                         | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C2 - CERVICAL CANCER                | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C3 - KAPOSII'S SARCOMA              | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C4 - LYMPHOMA                       | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C5 - LYMPHOMA BRAIN                 | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C6 - HODGKINS DISEASE               | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C7 - BREAST CANCER                  | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C8 - CANCER OF THE<br>OVARY/OVARIES | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C9 - CANCER OF THE<br>UTERUS        | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C10 - SKIN CANCER                   | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C11 - OTHER CANCER                  | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C29 - TB                            | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C29a - TB IN LUNGS                  | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |
| O | C29b - TB IN BLOOD                  | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                |

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|---|--|--|--|
| O | C29c - TB IN LYMPH NODES               | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C29d - TB IN OTHER PART OF<br>THE BODY | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C29e - Rx RECEIVED FOR TB              | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C29f - MEDS TAKEN FOR TB               | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31c - MAJOR CHRONIC<br>ILLNESS        | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31ci - MAJOR CHRONIC<br>ILLNESS       | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31cii - MAJOR CHRONIC<br>ILLNESS      | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31ciii - MAJOR CHRONIC<br>ILLNESS     | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31civ - MAJOR CHRONIC<br>ILLNESS      | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31v - MAJOR CHRONIC<br>ILLNESS        | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31vi - MAJOR CHRONIC<br>ILLNESS       | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31vii - MAJOR CHRONIC<br>ILLNESS      | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| O | C31viii - MAJOR CHRONIC<br>ILLNESS     | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |

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|---|--|--|
| .. D1 - SHINGLES                        | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. D3- THRUSH                           | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E1 - CD4<200 OR 14%                  | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E2 - PCP                             | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E3 - OTHER TYPE<br>PNEUMONIA         | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E4 - CANDIDA/THRUSH<br>ESOPHAGUS     | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E5 - CANDIDA/THRUSH<br>TRACH/BRONCHI | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E6 - MAI/MAC                         | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E7 - TOXO INFECTION                  | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E8 - CMV RETINITIS                   | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E9 - CMV/ELSEWHERE IN<br>BODY        | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E10 - SEVERE DIARRHEA                | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E10ai - CRYPTOSPORIDIA               | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E10aii - MICROSPORIDIA               | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |

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|--|--|--|
| .. E10aiii - ISOSPORA                    | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E10aiv - CMV                          | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E10av - MAI                           | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E11 - MENINGITIS                      | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E11a - CRYPTO MENINGITIS              | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E12 - CRYPTO IN BLOOD<br>OR ELSEWHERE | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E13 - HISTOPLASMOSIS                  | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E14 - COCCI                           | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E15 - WASTING SYNDROME                | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E16 - DEMENTIA/<br>ENCEPHALOPATHY     | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E17 - HERPES/ULCERS>1<br>MONTH        | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E18 - HERPES SIMPLEX OF<br>LUNGS      | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| .. E19 - SALMONELLA                      | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |
| <b>O</b> E20 - PML                       | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |

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| .. E21 - AIDS                      | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____                      |

**COMPLETE AT VISIT 2 ONLY:**

|                                      |  |                         |
|--------------------------------------|--|-------------------------|
| .. E22 - EVER BIOPSY                 | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E22a - EVER LUNG BIOPSY           | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E22b - EVER SKIN BIOPSY           | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E22c - EVER BONE<br>Marrow BIOPSY | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E22d - EVER OTHER BIOPSY          | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |

**COMPLETE AT ALL VISITS:**

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| .. E23 - BIOPSY                 | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E23a - LUNG BIOPSY           | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E23b - SKIN BIOPSY           | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E23c - BONE MARROW<br>BIOPSY | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E23d - OTHER BIOPSY          | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E24i - HOSPITALIZATION (1)   | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |
| .. E24ii - HOSPITALIZATION (2)  | ___ ___ / ___ ___ / ___ ___<br>M            D            Y | _____<br>_____<br>_____ |

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|------------------------------------|--------------------------------------|--|
| .. E24iii - HOSPITALIZATION (3)    | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____                      |
| .. E24iv - HOSPITALIZATION (4)     | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____                      |
| .. E24v - HOSPITALIZATION (5)      | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____                      |
| .. E24vi - HOSPITALIZATION (6)     | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____                      |
| .. E24vii - HOSPITALIZATION (7)    | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____                      |
| .. E24viii - HOSPITALIZATION (8)   | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____                      |

**FORM 23 - OBSTETRICS, GYNECOLOGY, AND CONTRACEPTIVE HISTORY**

|  |                                      |                         |
|--|--------------------------------------|-------------------------|
| .. B7 - GYN SURGERY                                | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____ |
| .. B10 - HYSTERECTOMY                              | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____ |
| .. D3 - Rx FOR CERVICAL<br>OR OTHER<br>ABNORMALITY | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____ |
| .. E4 - PID  | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____ |
| .. E9 - VAGINAL CANDIDA                            | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____ |
| .. F8 - BREAST BIOPSY                              | ___ ___ / ___ ___ / ___ ___<br>M D Y | _____<br>_____<br>_____ |