

WOMEN'S INTERAGENCY HIV STUDY

PHYSICAL EXAM

FORM 7

SECTION A: GENERAL INFORMATION

AFFIX ID LABEL HERE --->

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

A2. WIHS STUDY VISIT #:

A3. FORM VERSION:

0 / 4 / 0 / 1 / 9 / 5
M D Y

A4. DATE OF PHYSICAL EXAM:

___ / ___ / ___
M D Y

A5. EXAMINER'S INITIALS:

___ ___ ___

A6. PARTICIPANT'S DATE OF BIRTH:

___ / ___ / ___
M D Y

VERIFY WITH PARTICIPANT

A7. TIME MODULE BEGAN:

___:___ AM.....1
PM.....2

A8. TIME MODULE ENDED:

___:___ AM.....1
PM.....2

WIHS ID#

[Empty box for WIHS ID#]

SECTION B: GENERAL PHYSICAL CHARACTERISTICS

B1. COMPLETE B1 ONLY AT VISIT ONE

HEIGHT |__|_|_|_| . |__| INCHES 1
CMS 2

B2. WEIGHT |__|_|_|_| . |__| LBS 1
KGS..... 2

B3. BLOOD PRESSURE* a. |__|_|_|_| / b. |__|_|_|_|
SYSTOLIC DIASTOLIC

B4. ORAL TEMPERATURE** |__|_|_|_| . |__| °F 1
°C 2

B5. RESPIRATION RATE*** |__|_|

B6. GENERAL HEALTH

- HEALTHY1
- ACUTELY ILL2
- CHRONICALLY ILL3
- NOT DONE.....4

B7. GENERAL APPEARANCE

- NORMAL.....1
- SLENDER.....2
- CACHECTIC3
- OBESE4
- NOT DONE.....5

* **IF BLOOD PRESSURE IS LESS THAN 90/60 OR GREATER THAN 140/90, REFER TO PARTICIPANT'S MEDICAL PROVIDER**

** **IF ORAL TEMPERATURE IS GREATER THAN 101.5°F, REFER TO PARTICIPANT'S MEDICAL PROVIDER**

*** **IF RESPIRATION IS GREATER THAN 24, REFER TO PARTICIPANT'S MEDICAL PROVIDER**

WIHS ID#

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 C: SKIN EXAM

C1. SKIN EXAM:

- NORMAL..... 1 (SKIP TO D1, PAGE 6)
- ABNORMAL.....
- NOT DONE..... 3 (SKIP TO D1, PAGE 6)

C2. TOTAL # OF DIFFERENT LOCATION **CODES** RECORDED AT C3 - C10.

NOTE: THE # OF BOXES COMPLETED (C3 - C10) MUST EQUAL THE VALUE RECORDED AT C2

NOTE: REFER PARTICIPANTS WITH SKIN LESIONS AS APPROPRIATE TO MEDICAL PROVIDER

WIHS ID#

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LOCATION CODES			
01 Face/head	05 Soles	09 Inguinal	13 Other
02 Ant. chest	06 Neck	10 Palms	14 More than 3 locations
03 Arms	07 Back	11 Nails	66 Buttocks
04 Axilla	08 Legs	12 Generalized	77 Feet

DESCRIPTION CODES				
15 Excoriated	22 Tender, painful	29 Papule non-umbilicated	36 Hypopigmented	69 Pustule
16 Ulcerated	23 Non-tender	30 Purpura	37 Dermatomal	75 Pruritic
17 Crusted	24 Mobile	31 Nodule	38 Ecchymotic	
18 Erythematous	25 Non-mobile	32 Target	39 Alopecia	
19 Flat	26 Tracks	33 Petechiae	40 Other	
20 Vesicles	27 Icteric	34 Flaking	67 Scar	
21 Raised	28 Papule umbilicated	35 Hyperpigmented	68 Macule	

DIAGNOSIS CODES			
41 Acne	49 Secondary Syphilis	57 Herpes Simplex	65 Other
42 Cellulitis	50 Tinea Cruris	58 Kaposi's Sarcoma	70 Tracks
43 Drug Rash (Simple)	51 Wound Infection	59 Onychomycosis (hand&feet)	71 Surgical Scar
44 Eczema	52 Herpes Zoster	60 Pigmented Nevus (Nevi)	72 Scabies
45 Folliculitis	53 Tinea Versicolor	61 Seborrheic Dermatitis	73 Impetigo
46 Jaundice	54 Wart	62 Steven's Johnson	74 Nevus
47 Molluscum Contagiosum	55 Ecchymosis	63 Tinea Pedis	76 Allergic Dermatitis
48 Psoriasis	56 Erythema Multiforme	64 Xerosis (dry skin)	99 Unknown

<p>C3. LOCATION #1</p> <p>a. LOCATION CODE _ _ </p> <p>b. DESCRIPTION CODES i. _ _ ii. _ _ iii. _ _ </p> <p>c. DIAGNOSIS (If unknown enter "99") _ _ </p> <p>PROMPT: IF NO OTHER LOCATIONS SKIP TO D1, PAGE 6</p>	<p>C4. LOCATION #2</p> <p>a. LOCATION CODE _ _ </p> <p>b. DESCRIPTION CODES i. _ _ ii. _ _ iii. _ _ </p> <p>c. DIAGNOSIS (If unknown enter "99") _ _ </p> <p>PROMPT: IF NO OTHER LOCATIONS SKIP TO D1, PAGE 6</p>
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<p>C5. LOCATION #3</p> <p>a. LOCATION CODE _ _ </p> <p>b. DESCRIPTION CODES i. _ _ ii. _ _ iii. _ _ </p> <p>c. DIAGNOSIS (If unknown enter "99") _ _ </p> <p>PROMPT: IF NO OTHER LOCATIONS SKIP TO D1, PAGE 6</p>	<p>C6. LOCATION #4</p> <p>a. LOCATION CODE _ _ </p> <p>b. DESCRIPTION CODES i. _ _ ii. _ _ iii. _ _ </p> <p>c. DIAGNOSIS (If unknown enter "99") _ _ </p> <p>PROMPT: IF NO OTHER LOCATIONS SKIP TO D1, PAGE 6</p>
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LOCATION CODES			
01 Face/head	05 Soles	09 Inguinal	13 Other

WIHS ID#

[Empty box for WIHS ID#]

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45 Folliculitis	53 Tinea Versicolor	61 Seborrheic Dermatitis	73 Impetigo
46 Jaundice	54 Wart	62 Steven's Johnson	74 Nevus
47 Molluscum Contagiosum	55 Ecchymosis	63 Tinea Pedis	76 Allergic Dermatitis
48 Psoriasis	56 Erythema Multiforme	64 Xerosis (dry skin)	99 Unknown

C7. LOCATION #5

a. LOCATION CODE

b. DESCRIPTION CODES

i. ____ ii. ____ iii. ____

c. DIAGNOSIS (If unknown enter "99")

PROMPT: IF NO OTHER LOCATIONS SKIP TO D1, PAGE 6

C8. LOCATION #6

a. LOCATION CODE

b. DESCRIPTION CODES

i. ____ ii. ____ iii. ____

c. DIAGNOSIS (If unknown enter "99")

PROMPT: IF NO OTHER LOCATIONS SKIP TO D1, PAGE 6

C9. LOCATION #7

a. LOCATION CODE

b. DESCRIPTION CODES

i. ____ ii. ____ iii. ____

c. DIAGNOSIS (If unknown enter "99")

PROMPT: IF NO OTHER LOCATIONS SKIP TO D1, PAGE 6

C10. LOCATION #8

a. LOCATION CODE

b. DESCRIPTION CODES

i. ____ ii. ____ iii. ____

c. DIAGNOSIS (If unknown enter "99")

WIHS ID#

[Empty box for WIHS ID#]

SECTION D : ORAL EXAM

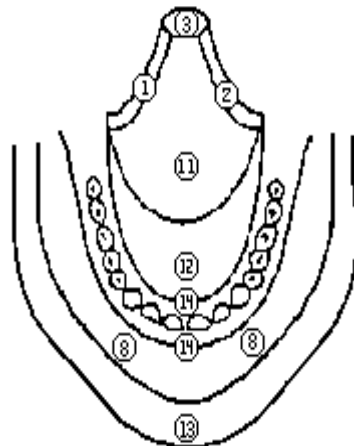
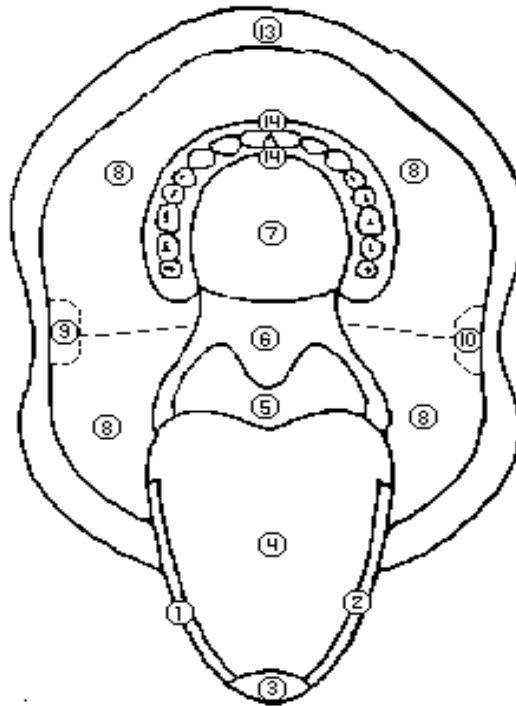
D1. ORAL EXAM

NORMAL.....	1	(SKIP TO SECTION E, PAGE 9)
ABNORMAL.....	<input checked="" type="checkbox"/> 2	
NOT DONE.....	3	(SKIP TO SECTION E, PAGE 9)

D2. TOTAL # LESIONS

LESIONS

PROMPT: FOR EACH TYPE OF LESION, COMPLETE D3-D6. INDICATE LOCATION NUMBER FROM DIAGRAM IN (a), THEN COMPLETE PARTS (b) & (c) FOR EACH LESION TYPE. NOTE: REFER PARTICIPANTS WITH ORAL LESIONS AS APPROPRIATE TO MEDICAL PROVIDERS



WIHS ID#

D3. LESION #1

a. LOCATION(S) i. |__|__| ii. |__|__| iii. |__|__|

b. COLOR

c. CHARACTER

	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER	1	2

(SPECIFY)		

	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER	1	2

(SPECIFY)		

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION E, PAGE 9

D4. LESION #2

a. LOCATION(S) i. |__|__| ii. |__|__| iii. |__|__|

b. COLOR

c. CHARACTER

	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER	1	2

(SPECIFY)		

	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER	1	2

(SPECIFY)		

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION E, PAGE 9

WIHS ID#

Empty rectangular box for WIHS ID#

D5. LESION#3

a. LOCATION(S) i. | | | ii. | | | iii. | | |

b. COLOR c. CHARACTER

	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER _____ (SPECIFY)	1	2

	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER _____ (SPECIFY)	1	2

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION E, PAGE 9

D6. LESION #4

a. LOCATION(S) i. | | | ii. | | | iii. | | |

b. COLOR c. CHARACTER

	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER _____ (SPECIFY)	1	2

	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER _____ (SPECIFY)	1	2

WIHS ID#

SECTION E: PHYSICAL FINDINGS IN THE LYMPH NODES, ABDOMEN AND BREASTS

E1. LYMPHADENOPATHY (palpable lymph nodes)

YES
NO 2 (E5)

E2. RIGHT

REGION	YES	NO
a. preauricular	1	2
b. post auricular	1	2
c. anterior cervical	1	2
d. posterior cervical	1	2
e. submandibular	1	2
f. occipital	1	2
g. supraclavicular	1	2
h. epitrochlear	1	2
i. axillary	1	2
j. inguinal	1	2
k. femoral	1	2

E3. LEFT

REGION	YES	NO
a. preauricular	1	2
b. post auricular	1	2
c. anterior cervical	1	2
d. posterior cervical	1	2
e. submandibular	1	2
f. occipital	1	2
g. supraclavicular	1	2
h. epitrochlear	1	2
i. axillary	1	2
j. inguinal	1	2
k. femoral	1	2

E4. RECORD ONLY THE SIZE OF THE LARGEST LYMPH NODE:

a. Location: _____ b. Size: |_|_| . |_| cm

(SPECIFY REGION)

E5. ABDOMEN

	YES	NO	DIAGNOSIS (IF KNOWN)
a. Enlarged Liver	1	2	
b. Splenomegaly	1	2	
c. Abdominal Mass	1	2	i.)
d. Other	1	2	

(SPECIFY)			

NOTE: IF NEW ONSET LYMPHADENOPATHY OR ABNORMAL ABDOMINAL FINDINGS, REFER AS APPROPRIATE TO MEDICAL PROVIDER

E6. BREAST EXAM

WIHS ID#

NORMAL 1 (END)

ABNORMAL 2

NOT DONE 3 (END)

FINDINGS:	a. RIGHT		b. LEFT	
	YES	NO	YES	NO
E7. nipple discharge	1	2	1	2
E8. nodularity	1	2	1	2
E9. retraction, other skin	1	2	1	2
E10. mastectomy	1	2	1	2
E11. evidence of lumpectomy	1	2	1	2
E12. Other _____ (SPECIFY)	1	2	1	2

E13. BREAST MASS(ES) PRESENT

YES

NO

2 (END)

NOTE: IF NEW ONSET BREAST MASSES OR OTHER ABNORMALITIES, REFER AS APPROPRIATE TO PARTICIPANTS MEDICAL PROVIDER

LOCATION	RIGHT MASS		a. SIZE	b. OLD MASS	
	YES	NO		YES	NO
E14. medial upper	1	2 (E15))	. cm	1	2
E15. lateral upper	1	2 (E16)	. cm	1	2
E16. medial lower	1	2 (E17)	. cm	1	2
E17. lateral lower	1	2 (E18)	. cm	1	2
E18. areola/ periareola	1	2 (E19)	. cm	1	2
LOCATION	LEFT MASS		a. SIZE	b. OLD MASS	
	YES	NO		YES	NO
E19. medial upper	1	2 (E20)	. cm	1	2
E20. lateral upper	1	2 (E21)	. cm	1	2
E21. medial lower	1	2 (E22)	. cm	1	2
E22. lateral lower	1	2 (E23)	. cm	1	2
E23. areola/ periareola	1	2(END)	. cm	1	2

COMPLETE A8 ON PAGE 1. THEN PROCEED TO FORM 8.

