

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 / 8 / 1 / 5 / 9 / 4
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

SECTION B: GENERAL PHYSICAL CHARACTERISTICS

B1. COMPLETE 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**	_ _ _ _ · _	°F1
		°C.....2

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

B6. KARNOFSKY SCALE |_|_|_|_|

B7. GENERAL HEALTH

HEALTHY	1
ACUTELY ILL	2
CHRONICALLY ILL	3
NOT DONE.....	4

B8. GENERAL APPEARANCE

NORMAL.....	1
SLENDER	2
CACHECTIC.....	3
OBESE	4
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**

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

WIHS ID#

KARNOFSKY PERFORMANCE SCALE

Able to carry on normal activity; no special care is needed	100	Normal; no complaints; no evidence of disease
	90	Able to carry on normal activity
	80	Normal activity with effort; some signs or symptoms of disease
Unable to work, able to live at home and care for most personal needs; a varying amount of assistance is needed	70	Cares for self, unable to carry on normal activity or to do active work
	60	Requires occasional assistance but is able to care for most needs
	50	Requires considerable assistance and frequent medical care
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly	40	Disabled; requires special care and assistance
	30	Severely disabled; hospitalization is indicated although death is not imminent
	20	Very sick; hospitalization necessary; active supportive treatment is necessary
	10	Moribund; fatal processes progressing rapidly
	0	Dead

WIHS ID#

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SECTION C: SKIN EXAM

C1. SKIN EXAM:

NORMAL..... 1 (SKIP TO D1, PAGE 6)
 ABNORMAL..... 2
 NOT DONE..... 3 (SKIP TO D1, PAGE 6)

C2. TOTAL # OF DIFFERENT LOCATIONS WITH LESION PRESENT

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COMPLETE C3-C7 FOR EACH LOCATION WHERE LESIONS ARE PRESENT

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	
04 Axilla	08 Legs	12 Generalized	

DESCRIPTION CODES				
15 Excoriated	22 Tender, painful	29 Papule non-umbilicated	36 Hypopigmented	
16 Ulcerated	23 Non-tender	30 Purpura	37 Dermatomal	
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		
21 Raised	28 Papule umbilicated	35 Hyperpigmented		

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

<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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WIHS ID#

[Empty box for WIHS ID#]

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C5. LOCATION #3

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**

C6. LOCATION #4

a. LOCATION CODE

____|

b. DESCRIPTION CODES

i. ____| ii. ____| iii. ____|

c. DIAGNOSIS (If unknown enter "99")

____|

C7. LOCATION #5

a. LOCATION CODE

____|

b. DESCRIPTION CODES

i. ____| ii. ____| iii. ____|

c. DIAGNOSIS (If unknown enter "99")

____|

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

WIHS ID#

SECTION D : ORAL EXAM

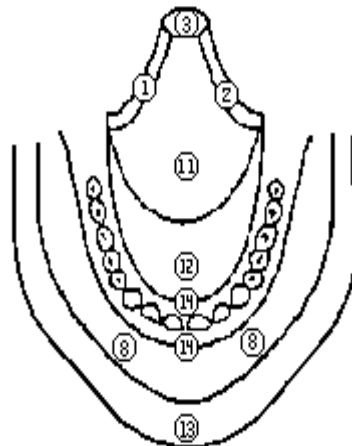
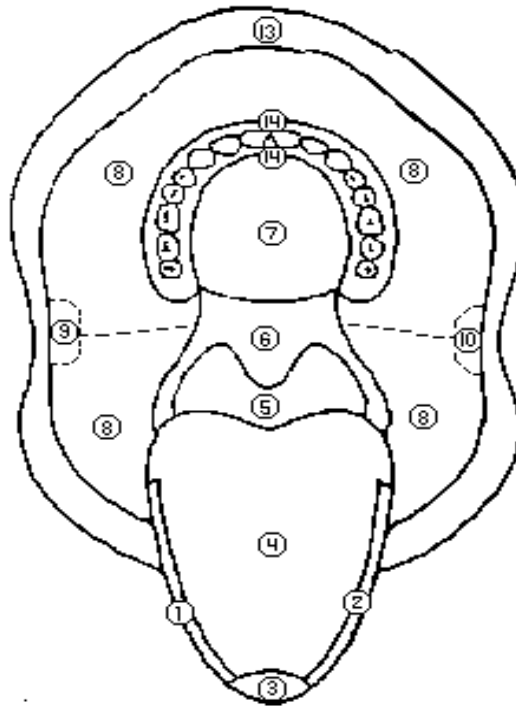
D1. ORAL EXAM

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

	<u>YES</u>	<u>NO</u>
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)		

	<u>YES</u>	<u>NO</u>
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

	<u>YES</u>	<u>NO</u>
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)		

	<u>YES</u>	<u>NO</u>
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#

D5. LESION#3

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

b. COLOR c. CHARACTER

	<u>YES</u>	<u>NO</u>
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)		

	<u>YES</u>	<u>NO</u>
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

D6. LESION #4

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

b. COLOR c. CHARACTER

	<u>YES</u>	<u>NO</u>
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)		

	<u>YES</u>	<u>NO</u>
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)		

WIHS ID#

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

E1. LYMPHADENOPATHY (palpable lymph nodes > 1 cm.)

YES

NO 2 (E4)

E2. RIGHT

REGION	YES	NO	SIZE*
a. preauricular	1	2 (b)	_ _ . _ cm
b. post auricular	1	2 (c)	_ _ . _ cm
c. anterior cervical	1	2 (d)	_ _ . _ cm
d. posterior cervical	1	2 (e)	_ _ . _ cm
e. submandibular	1	2 (f)	_ _ . _ cm
f. occipital	1	2 (g)	_ _ . _ cm
g. supraclavicular	1	2 (h)	_ _ . _ cm
h. epitrochlear	1	2 (i)	_ _ . _ cm
i. axillary	1	2 (j)	_ _ . _ cm
j. inguinal	1	2 (k)	_ _ . _ cm
k. femoral	1	2 (E3)	_ _ . _ cm

E3. LEFT

REGION	YES	NO	SIZE*
a. preauricular	1	2 (b)	_ _ . _ cm
b. post auricular	1	2 (c)	_ _ . _ cm
c. anterior cervical	1	2 (d)	_ _ . _ cm
d. posterior cervical	1	2 (e)	_ _ . _ cm
e. submandibular	1	2 (f)	_ _ . _ cm
f. occipital	1	2 (g)	_ _ . _ cm
g. supraclavicular	1	2 (h)	_ _ . _ cm
h. epitrochlear	1	2 (i)	_ _ . _ cm
i. axillary	1	2 (j)	_ _ . _ cm
j. inguinal	1	2 (k)	_ _ . _ cm
k. femoral	1	2 (E4)	_ _ . _ cm

*** RECORD THE DIAMETER OF THE LARGEST NODE IN CENTIMETERS**

E4. ABDOMEN

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

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

WIHS ID#

E5. BREAST EXAM

NORMAL..... 1 (F1)

ABNORMAL 2

NOT DONE..... 3 (F1)

FINDINGS:	a. RIGHT		b. LEFT	
	YES	NO	YES	NO
E6. nipple discharge	1	2	1	2
E7. nodularity	1	2	1	2
E8. retraction, other skin	1	2	1	2
E9. mastectomy	1	2	1	2
E10. evidence of lumpectomy	1	2	1	2
E11. Other _____ (SPECIFY)	1	2	1	2

E12. BREAST MASS(ES) PRESENT

YES

NO 2 (F1)

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
E13. medial upper	1	2 (E14)	_ _ . _ cm	1	2
E14. lateral upper	1	2 (E15)	_ _ . _ cm	1	2
E15. medial lower	1	2 (E16)	_ _ . _ cm	1	2
E16. lateral lower	1	2 (E17)	_ _ . _ cm	1	2
E17. areola/ periareola	1	2 (E18)	_ _ . _ cm	1	2
LOCATION	LEFT MASS		a. SIZE	b. OLD MASS	
	YES	NO		YES	NO
E18. medial upper	1	2 (E19)	_ _ . _ cm	1	2
E19. lateral upper	1	2 (E20)	_ _ . _ cm	1	2
E20. medial lower	1	2 (E21)	_ _ . _ cm	1	2
E21. lateral lower	1	2 (E22)	_ _ . _ cm	1	2
E22. areola/ periareola	1	2(PROMPT)	_ _ . _ cm	1	2

PROMPT: GO TO SECTION F.

WIHS ID#

SECTION F: THE MENTAL ALTERNATION TEST

Now 'm going to ask you to count to 20.

Next I'd like you to recite the alphabet.

Now, what I'd like you to do is alternate saying the numbers and letters. I would like you to say the numbers and letters in order, starting with the number "1" and the letter "A". First say a number, and then the letter; for example you would say: "1A" then "2B". Just keep alternating the numbers and letters until I tell you to stop.

USE THE FOLLOWING AS A WORKSHEET TO KEEP TRACK OF ALTERNATIONS - STOP THE PARTICIPANT AFTER THIRTY SECONDS

- | | | | |
|-----|-------|-----|-------|
| 1A | _____ | 14N | _____ |
| 2B | _____ | 15O | _____ |
| 3C | _____ | 16P | _____ |
| 4D | _____ | 17Q | _____ |
| 5E | _____ | 18R | _____ |
| 6F | _____ | 19S | _____ |
| 7G | _____ | 20T | _____ |
| 8H | _____ | 21U | _____ |
| 9I | _____ | 22V | _____ |
| 10J | _____ | 23W | _____ |
| 11K | _____ | 24X | _____ |
| 12L | _____ | 25Y | _____ |
| 13M | _____ | 26Z | _____ |

F1. NUMBER OF CORRECT ALTERNATIONS IN THIRTY SECONDS |__|__|

PROMPT: GO TO FORM 8. PLEASE NOTE: ANY NECESSARY ADDITIONAL COMMENTS SHOULD BE WRITTEN IN THE SPACE PROVIDED ON THE FOLLOWING PAGE

ADDITIONAL COMMENTS

