

**WOMEN'S INTERAGENCY HIV STUDY  
PHYSICAL EXAM  
FORM 7**

**AFFIX ID LABEL HERE --->**

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

WIHS STUDY VISIT #: \_\_\_\_

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

EXAMINER'S INITIALS: \_\_\_\_

DATE OF PHYSICAL EXAM:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARTICIPANT'S DATE OF BIRTH:

**VERIFY WITH PARTICIPANT**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

TIME MODULE BEGAN:

\_\_\_\_ : \_\_\_\_ AM..... 1  
PM..... 2

TIME MODULE ENDED:

\_\_\_\_ : \_\_\_\_ AM..... 1  
PM..... 2

**SECTION A: GENERAL PHYSICAL CHARACTERISTICS AND BODY HABITUS**

A1. WEIGHT

\_\_\_\_ LBS

A2. GENERAL HEALTH/OVERALL APPEARANCE

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

A3a. GENERAL APPEARANCE

- NORMAL..... 1
- SLENDER..... 2
- CACHECTIC..... 3
- OBESE..... 4
- NOT DONE..... 5

A3b. IS PARTICIPANT PREGNANT?

- YES..... 1 (**Skip to Section B**)
- NO..... 2

A4. CLINICAL IMPRESSION OF LIPODYSTROPHY

a. DOES PARTICIPANT EXHIBIT ANY SIGNS OF LIPOATROPHY (PERIPHERAL FAT LOSS)?

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

b. DOES PARTICIPANT EXHIBIT ANY SIGNS OF LIPOHYPERTROPHY (CENTRAL FAT ACCUMULATION)?

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

**BODY MEASURES (in CMS):**

A5. UPPER ARM GIRTH \_\_\_\_ CMS

A6. CHEST GIRTH \_\_\_\_ CMS

A7. WAIST GIRTH \_\_\_\_ CMS

WIHS ID#

[Empty box for WIHS ID#]

A8. HIP GIRTH [ ][ ][ ][ ] . [ ][ ] CMS

A9. THIGH GIRTH [ ][ ][ ][ ] . [ ][ ] CMS

A10. DORSOCERVICAL FAT PAD

a. PRESENT..... 1  
ABSENT..... 2 (Skip to A11)

b. SEVERITY  
MILD ..... 1  
MODERATE ..... 2  
SEVERE ..... 3

c. MEASUREMENTS  
HORIZONTAL AXIS: [ ][ ][ ] . [ ][ ] CMS  
VERTICAL AXIS: [ ][ ][ ] . [ ][ ] CMS

**SKINFOLDS (IN MMS):**

**EACH MEASURE SHOULD BE TAKEN TWO TIMES. RECORD THE FIRST MEASURE IN LINE #1, THE SECOND IN LINE #2.**

A11. THIGH: #1.. [ ][ ][ ][ ] . [ ][ ] MM  
#2.. [ ][ ][ ][ ] . [ ][ ] MM

A12. TRICEPS: #1.. [ ][ ][ ][ ] . [ ][ ] MM  
#2.. [ ][ ][ ][ ] . [ ][ ] MM

A13. SUBSCAPULAR: #1.. [ ][ ][ ][ ] . [ ][ ] MM  
#2.. [ ][ ][ ][ ] . [ ][ ] MM

A14. SUPRAILIAC: #1.. [ ][ ][ ][ ] . [ ][ ] MM  
#2.. [ ][ ][ ][ ] . [ ][ ] MM

**BIA RESULTS:**

**TAKE TWO MEASURES. ENTER THE RESISTANCE (Rx) AND REACTANCE (Xc) FOR EACH ONE.**

A15. In the past eight hours, have you exercised long enough to make you sweat and breathe hard?

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

A16. Have you drunk more than four glasses of coffee, tea, soda, water, or other beverages within the past two hours?

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

A17. Have you drunk more than four servings of beer, wine, or liquor today?

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

A18. Rx #1:.. [ ][ ][ ][ ] ohms  Can't obtain  
Xc #1:.. [ ][ ][ ][ ] ohms  Can't obtain

A19. Rx #2:.. [ ][ ][ ][ ] ohms  Can't obtain  
Xc #2:.. [ ][ ][ ][ ] ohms  Can't obtain

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WIHS ID#

**SECTION B: SKIN EXAM**

**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.**

B1. SKIN EXAM:

- NORMAL ..... 1 (SKIP TO C1)
- ABNORMAL.....  2
- NOT DONE ..... 3 (SKIP TO C1)

B2. TOTAL # OF DIFFERENT LOCATION CODES RECORDED AT B3 – B10.

**NOTE: THE # OF BOXES COMPLETED (B3 – B10) MUST EQUAL THE VALUE RECORDED AT B2**

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

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**START F07s1**

**LOCATION CODES**

12 Generalized 15 Scalp 01 Face 06 Neck 02 Anterior chest	16 Posterior chest 04 Axilla 17 Anterior abdomen 07 Lower back 09 Inguina	66 Buttocks 03 Arms 18 Hands 10 Palms 08 Legs	77 Feet 05 Soles 11 Nails 13 Other 14 3 or more locations
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**DESCRIPTION CODES (choose 1 primary lesion and 1 or 2 descriptions)**

<b>Primary Lesions:</b> 101 Diffuse maculopapular 105 Papule (small bump) 131 Nodule (big bump) 103 Macule (small flat spot) 102 Patch (large flat spot) 104 Plaque (raised area) 169 Pustule (small pus-filled bump)	120 Vesicle (clear liquid-filled bump) 107 Bulla (fluid-filled lesion > .05 cm) 106 Fissure (linear ulcer) 143 Erosion (shallow ulcer) 145 Ulcer (deep ulcer) <b>Descriptions:</b> 110 Nevus (brown/black) 135 Hyperpigmented (darker color)	136 Hypopigmented (lighter color) 113 Violaceous (purple) 114 Yellow/white 138 Ecchymotic 109 Annular (round) 111 Grouped 137 Dermatomal 112 Linear (line) 117 Crusted	118 Erythematous (red) 133 Petechial 134 Scaly (flaking) 115 Excoriated (scratched) 146 Pruritic 122 Tender 132 Target (ring-shaped) 116 Ulcerated	143 Eroded 141 Atrophic (thinned out) 142 Umbilicated 144 Edematous (swollen) 140 Other
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**DIAGNOSIS CODES**

<b>Bacterial:</b> 201 Abscess 242 Cellulitis 245 Folliculitis 273 Impetigo <b>Fungal:</b> 259 Onchomycosis (nails) 202 Tinea capitis (scalp) 203 Tinea corporis (body) 250 Tinea cruris (groin) 263 Tinea pedis (feet)	253 Tinea versicolor (pigment changing) <b>Infestations:</b> 272 Scabies 204 Insect bites 205 Lice <b>Inflammatory:</b> 241 Acne 206 Atopic dermatitis 207 Contact dermatitis 243 Drug rash 256 Erythema multiforme	261 Seborrheic dermatitis 217 Post inflammatory hyperpigmentation 248 Psoriasis 264 Xerosis (dry skin) 275 Eosinophilic folliculitis 276 Rosacea 277 Hidradenitis 278 Pruritis (not otherwise defined) <b>Neoplastic:</b> 210 Basal cell carcinoma	258 Kaposi's sarcoma 211 Squamous cell carcinoma <b>Viral:</b> 257 Herpes simplex 252 Herpes zoster-varicella 247 Molluscum 254 Wart <b>Other:</b> 274 Nevus 246 Jaundice 212 Male pattern alopecia	213 Alopecia (other) 214 Xanthelasma 215 Scar 270 Tracks 249 Secondary syphilis 251 Wound infection 216 Cyst 279 Lipoma 280 Vitiligo <b>265 Other</b> <b>299 Unknown</b>
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<p><b>B3. LOCATION #1</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES                  i. <input style="width: 40px;" type="text"/> ii. <input style="width: 40px;" type="text"/> iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299")  <input style="width: 40px;" type="text"/></p> <p><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>	<p><b>B4. LOCATION #2</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES                  i. <input style="width: 40px;" type="text"/> ii. <input style="width: 40px;" type="text"/> iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299")  <input style="width: 40px;" type="text"/></p> <p><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>
<p><b>B5. LOCATION #3</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES                  i. <input style="width: 40px;" type="text"/> ii. <input style="width: 40px;" type="text"/> iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299")  <input style="width: 40px;" type="text"/></p> <p><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>	<p><b>B6. LOCATION #4</b></p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES                  i. <input style="width: 40px;" type="text"/> ii. <input style="width: 40px;" type="text"/> iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299")  <input style="width: 40px;" type="text"/></p> <p><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>

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**LOCATION CODES**

12 Generalized	16 Posterior chest	66 Buttocks	77 Feet
15 Scalp	04 Axilla	03 Arms	05 Soles
01 Face	17 Anterior abdomen	18 Hands	11 Nails
06 Neck	07 Lower back	10 Palms	13 Other
02 Anterior chest	09 Inguina	08 Legs	14 3 or more locations

**DESCRIPTION CODES (choose 1 primary lesion and 1 or 2 descriptions)**

<b>Primary Lesions:</b>	120 Vesicle (clear liquid-filled bump)	136 Hypopigmented (lighter color)	118 Erythematous (red)	143 Eroded
101 Diffuse maculopapular	107 Bulla (fluid-filled lesion > .05 cm)	113 Violaceous (purple)	133 Petechial	141 Atrophic (thinned out)
105 Papule (small bump)	106 Fissure (linear ulcer)	114 Yellow/white	134 Scaly (flaking)	142 Umbilicated
131 Nodule (big bump)	143 Erosion (shallow ulcer)	138 Ecchymotic	115 Excoriated (scratched)	144 Edematous (swollen)
103 Macule (small flat spot)	145 Ulcer (deep ulcer)	109 Annular (round)	146 Pruritic	140 Other
102 Patch (large flat spot)	<b>Descriptions:</b>	111 Grouped	122 Tender	
104 Plaque (raised area)	110 Nevus (brown/black)	137 Dermatomal	132 Target (ring-shaped)	
169 Pustule (small pus-filled bump)	135 Hyperpigmented (darker color)	112 Linear (line)	116 Ulcerated	

**DIAGNOSIS CODES**

<b>Bacterial:</b>	253 Tinea versicolor (pigment changing)	261 Seborrheic dermatitis	258 Kaposi's sarcoma	213 Alopecia (other)
201 Abscess	<b>Infestations:</b>	217 Post inflammatory hyperpigmentation	211 Squamous cell carcinoma	214 Xanthelasma
242 Cellulitis	272 Scabies	248 Psoriasis	<b>Viral:</b>	215 Scar
245 Folliculitis	204 Insect bites	264 Xerosis (dry skin)	257 Herpes simplex	270 Tracks
273 Impetigo	205 Lice	275 Eosinophilic folliculitis	252 Herpes zoster-varicella	249 Secondary syphilis
<b>Fungal:</b>	<b>Inflammatory:</b>	276 Rosacea	247 Molluscum	251 Wound infection
259 Onchomycosis (nails)	241 Acne	277 Hidradenitis	254 Wart	216 Cyst
202 Tinea capitis (scalp)	206 Atopic dermatitis	278 Pruritis (not otherwise defined)	<b>Other:</b>	279 Lipoma
203 Tinea corporis (body)	207 Contact dermatitis	<b>Neoplastic:</b>	274 Nevus	280 Vitiligo
250 Tinea cruris (groin)	243 Drug rash	210 Basal cell carcinoma	246 Jaundice	<b>265 Other</b>
263 Tinea pedis (feet)	256 Erythema multiforme		212 Male pattern alopecia	<b>299 Unknown</b>

<p><b>B7. LOCATION #5</b></p> <p>a. LOCATION CODE                    <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES</p> <p>   i. <input style="width: 40px;" type="text"/>   ii. <input style="width: 40px;" type="text"/>   iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299")</p> <p>      <input style="width: 40px;" type="text"/></p> <p><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>	<p><b>B8. LOCATION #6</b></p> <p>a. LOCATION CODE                    <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES</p> <p>   i. <input style="width: 40px;" type="text"/>   ii. <input style="width: 40px;" type="text"/>   iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299")</p> <p>      <input style="width: 40px;" type="text"/></p> <p><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>
<p><b>B9. LOCATION #7</b></p> <p>a. LOCATION CODE                    <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES</p> <p>   i. <input style="width: 40px;" type="text"/>   ii. <input style="width: 40px;" type="text"/>   iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299")</p> <p>      <input style="width: 40px;" type="text"/></p> <p><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>	<p><b>B10. LOCATION #8</b></p> <p>a. LOCATION CODE                    <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES</p> <p>   i. <input style="width: 40px;" type="text"/>   ii. <input style="width: 40px;" type="text"/>   iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299")</p> <p>      <input style="width: 40px;" type="text"/></p> <p><b>PROMPT: IF NO OTHER LOCATIONS SKIP TO C1</b></p>

**END F07s1**

WIHS ID#

**SECTION C : ORAL EXAM**

C1. ORAL EXAM

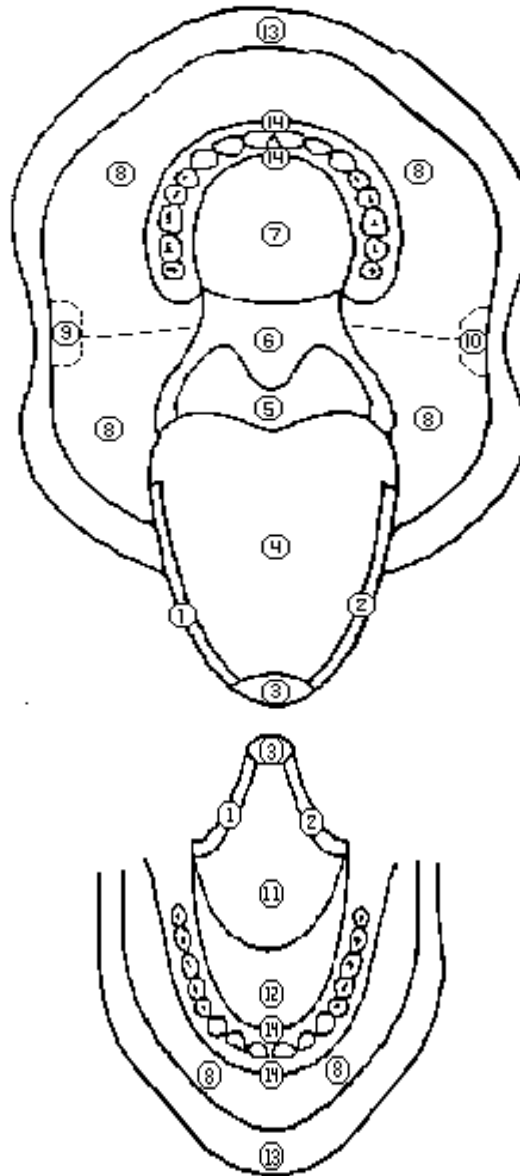
NORMAL .....	1	(SKIP TO SECTION D)
ABNORMAL.....	<input type="text" value="2"/>	
NOT DONE .....	3	(SKIP TO SECTION D)

C2. TOTAL # LESIONS

<input type="text" value=""/>	<input type="text" value=""/>	# LESIONS
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**BEGIN F07S2**

**PROMPT: FOR EACH TYPE OF LESION, COMPLETE C3 – C6. INDICATE LOCATION NUMBER FROM DIAGRAM IN (a), THEN COMPLETE PARTS (b), (c) & (d) FOR EACH LESION TYPE. THE NUMBER OF BOXES COMPLETED (C3–C6) MUST = THE VALUE RECORDED AT C2. NOTE: REFER PARTICIPANTS WITH ORAL LESIONS AS APPROPRIATE TO MEDICAL PROVIDERS.**



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**C3. LESION #1**

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

b. COLOR

	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)		

c. CHARACTER

	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)		

d. DIAGNOSIS: \_\_\_\_\_

**PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D**

**C4. LESION #2**

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

b. COLOR

	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)		

c. CHARACTER

	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)		

d. DIAGNOSIS: \_\_\_\_\_

**PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D**

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**C5. LESION#3**

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

b. COLOR

	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
_____		
<b>(SPECIFY)</b>		

c. CHARACTER

	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
_____		
<b>(SPECIFY)</b>		

d. DIAGNOSIS: \_\_\_\_\_

**PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D**

**C6. LESION #4**

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

b. COLOR

	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
_____		
<b>(SPECIFY)</b>		

c. CHARACTER

	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
_____		
<b>(SPECIFY)</b>		

d. DIAGNOSIS: \_\_\_\_\_

**END F07s2**



WIHS ID#

**SECTION D: PHYSICAL FINDINGS IN THE LYMPH NODES AND BREASTS**

D1. LYMPHADENOPATHY (palpable lymph nodes > 1 cm.)

PRESENT .....

ABSENT ..... 2 (D3)

D2. RECORD ONLY THE SIZE OF THE LARGEST LYMPH NODE:

a. Location: \_\_\_\_\_ b. Size: |\_|\_| . |\_| cm  
(SPECIFY REGION)

**NOTE: IF NEW ONSET (APPEARING SINCE LAST EXAM AND/OR UNEVALUATED) LYMPHADENOPATHY, REFER AS APPROPRIATE TO MEDICAL PROVIDER**

D3. BREAST EXAM

NORMAL ..... 1 (E1)

ABNORMAL ..... 2

NOT DONE ..... 3 (E1)

FINDINGS:	a. RIGHT		b. LEFT	
	YES	NO	YES	NO
D4. nipple discharge	1	2	1	2
D5. Nodularity (fibrocystic changes)	1	2	1	2
D6. retraction, other skin	1	2	1	2
D7. Mastectomy/lumpectomy for cancer	1	2	1	2
D8. evidence of prior breast biopsy	1	2	1	2
D9. Other	1	2	1	2
	_____ (SPECIFY)		_____ (SPECIFY)	

D10. BREAST MASS(ES) PRESENT

YES .....

NO ..... 2 (E1)

**NOTE: IF NEW ONSET (APPEARING SINCE LAST EXAM AND/OR UNEVALUATED) BREAST MASSES OR OTHER ABNORMALITIES, REFER AS APPROPRIATE TO PARTICIPANT'S MEDICAL PROVIDER.**

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LOCATION	RIGHT MASS		a. SIZE	b. OLD MASS	
	YES	NO		YES	NO
D11. Medial upper	1	2 (D12)	_ _  .  _  cm	1	2
D12. Lateral upper	1	2 (D13)	_ _  .  _  cm	1	2
D13. Medial lower	1	2 (D14)	_ _  .  _  cm	1	2
D14. Lateral lower	1	2 (D15)	_ _  .  _  cm	1	2
D15. Areola/ periareola	1	2 (D16)	_ _  .  _  cm	1	2
LOCATION	LEFT MASS		a. SIZE	b. OLD MASS	
	YES	NO		YES	NO
D16. Medial upper	1	2 (D17)	_ _  .  _  cm	1	2
D17. Lateral upper	1	2 (D18)	_ _  .  _  cm	1	2
D18. Medial lower	1	2 (D19)	_ _  .  _  cm	1	2
D19. Lateral lower	1	2 (D20)	_ _  .  _  cm	1	2
D20. Areola/ periareola	1	2 (E1)	_ _  .  _  cm	1	2

E1. BLOOD PRESSURE (MEASURE AND RECORD TWICE)

a. |\_|\_|\_| / b. |\_|\_|\_|                      c. |\_|\_|\_| / d. |\_|\_|\_|  
 SYSTOLIC                      DIASTOLIC                      SYSTOLIC                      DIASTOLIC

**PROMPT: IF BLOOD PRESSURE < 90/60 OR > 140/90, REFER TO PARTICIPANT’S MEDICAL PROVIDER**

**PROMPT: COMPLETE “TIME MODULE ENDED” ON PAGE 1. THEN PROCEED TO FORM 8.**

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

**ADDITIONAL COMMENTS**

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