

**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: **10/01/99**

EXAMINER'S INITIALS:    \_    \_    \_

DATE OF PHYSICAL EXAM:

  \_  \_  /  \_  \_  /  \_  \_  

M          D          Y

PARTICIPANT'S DATE OF BIRTH:

**VERIFY WITH PARTICIPANT**

  \_  \_  /  \_  \_  /  \_  \_  

M          D          Y

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. BLOOD PRESSURE

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

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

A3. GENERAL HEALTH/OVERALL APPEARANCE

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

A4. GENERAL APPEARANCE

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

A4a. IS PARTICIPANT PREGNANT?

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

**BODY MEASURES (in CMS):**

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

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

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

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	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	
		117 Crusted		

**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>	208 Post inflammatory	211 Squamous cell carcinoma	214 Xanthelasma
242 Cellulitis	272 Scabies	209 Hyperpigmentation	<b>Viral:</b>	215 Scar
245 Folliculitis	204 Insect bites	248 Psoriasis	257 Herpes simplex	270 Tracks
273 Impetigo	205 Lice	264 Xerosis (dry skin)	252 Herpes zoster-varicella	249 Secondary syphilis
<b>Fungal:</b>	<b>Inflammatory:</b>	275 Eosinophilic folliculitis	247 Molluscum	251 Wound infection
259 Onchomycosis (nails)	241 Acne	276 Rosacea	254 Wart	216 Cyst
202 Tinea capitis (scalp)	206 Atopic dermatitis	277 Hidradenitis	<b>Other:</b>	279 Lipoma
203 Tinea corporis (body)	207 Contact dermatitis	278 Pruritis (not otherwise defined)	274 Nevus	280 Vitiligo
250 Tinea cruris (groin)	243 Drug rash	<b>Neoplastic:</b>	246 Jaundice	<b>265 Other</b>
263 Tinea pedis (feet)	256 Erythema multiforme	210 Basal cell carcinoma	212 Male pattern alopecia	<b>299 Unknown</b>

<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>

WIHS ID#

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<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

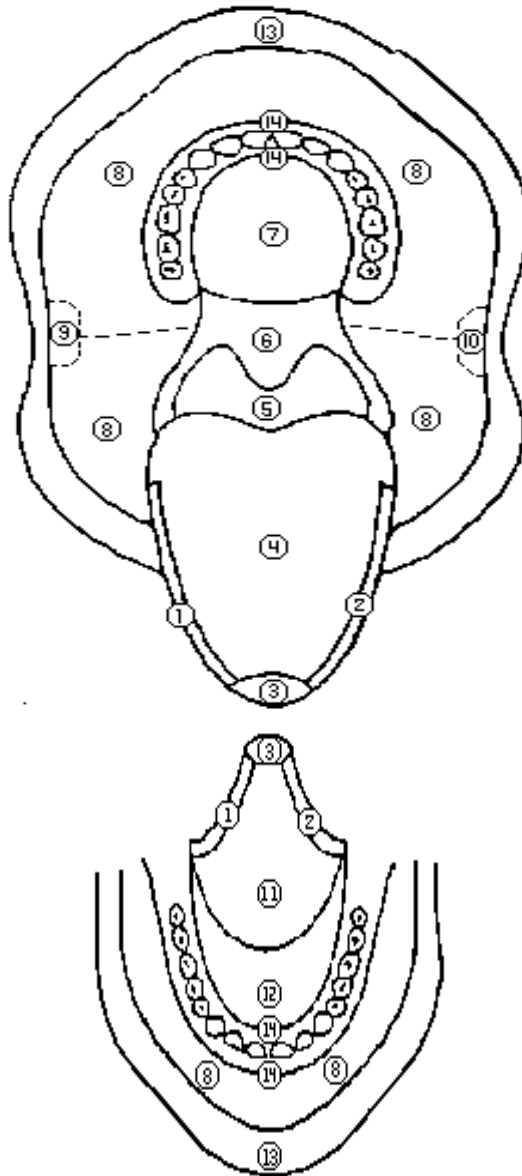
NORMAL .....	1	(SKIP TO SECTION D)
ABNORMAL.....	<input type="text" value="2"/>	
NOT DONE .....	3	(SKIP TO SECTION D)

C2. TOTAL # LESIONS

<input type="text" value=""/>	<input type="text" value=""/>
# LESIONS	

**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#

[Empty box for WIHS ID#]

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

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

PRESENT .....  1

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 (END)

ABNORMAL ..... 2

NOT DONE ..... 3 (END)

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 .....  1

NO ..... 2 (END)

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

WIHS ID#

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 (END)	_ _  .  _  cm	1	2

**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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