

**WOMEN'S INTERAGENCY HIV STUDY
GYNECOLOGICAL EXAM
FORM 8**

AFFIX ID LABEL HERE --->

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

 |_|-|_|_|-|_|_|_|_|-|_|

WIHS STUDY VISIT #: |_|_|

FORM VERSION: **04/01/00**

EXAMINER'S INITIALS: _ _ _

DATE OF GYN EXAM:

 _ _ / _ _ / _ _
 M D Y

TIME MODULE BEGAN:

 |_|:|_| AM.....1
 PM.....2

TIME MODULE ENDED:

 |_|:|_| AM.....1
 PM.....2

SECTION A: GYNECOLOGICAL EXAM

A1. EXTERNAL GENITALIA			
	<u>Normal</u>	<u>Abnormal</u>	<u>Not Done</u>
a. Thighs	1	2 (PROMPT)	3
b. Pubis	1	2 (PROMPT)	3
c. Vulva	1	2 (PROMPT)	3
d. Perineum	1	2 (PROMPT)	3
e. Perianal	1	2 (PROMPT)	3

**PROMPT: COMPLETE LESION CHART
(LOCATED AT A19, PAGE 3)
AFTER COMPLETING THE EXAM**

A2. VAGINA		
	<u>Present</u>	<u>Absent</u>
a. Erythema	1	2
b. Atrophy	1	2

A3. VAGINAL pH |_|_|.|_|

A4. VAGINAL DISCHARGE VOLUME	
NORMAL.....	1
INCREASED.....	2

A5. VAGINAL DISCHARGE COLOR

WHITE/CLEAR	1
YELLOW/GREEN	2
BROWN/BLOOD.....	3

A6. VAGINAL DISCHARGE CHARACTER
(CIRCLE ALL APPROPRIATE)

NORMAL (MUCOID/FLOCCULAR)	1
PURULENT.....	2
CURDY	3
MILKY/CREAMY (NON-FLOCCULAR)....	4
FROTHY	5
BLOODY	6

CERVICAL EXAMINATION

A7. CERVIX PRESENT

PRESENT	1
ABSENT	2 (A14)

A8. CERVICAL EXAMINATION

DONE.....	1
NOT DONE	2

REASON: _____ (A12)

A9.	<u>Present</u>	<u>Absent</u>
a. Lesions	1 (PROMPT)	2
b. Visible ectopy	1	2
c. Friability	1	2

**PROMPT: COMPLETE LESION CHART
(LOCATED AT A19, PAGE 3)
AFTER COMPLETING THE
EXAM**

A10. EXUDATE	
PRESENT	1
ABSENT	2 (A12)
A11. CERVICAL DISCHARGE COLOR	
WHITE/CLEAR	1
YELLOW/GREEN	2
BROWN/BLOOD	3
A12. CERVICAL MOTION TENDERNESS	
PRESENT	1
ABSENT	2

UTERINE EXAMINATION

A13. UTERUS PRESENT	
PRESENT	1
ABSENT	2 (A14)
a. UTERINE TENDERNESS	
PRESENT	1
ABSENT	2
b. UTERINE ENLARGEMENT	
PRESENT	1
ABSENT	2

ADNEXAL EXAMINATION

A14. ADNEXAE PRESENT	
PRESENT	1
ABSENT	2 (A15)
a. RIGHT ADNEXAL TENDERNESS	
PRESENT	1
ABSENT	2
b. LEFT ADNEXAL TENDERNESS	
PRESENT	1
ABSENT	2
c. RIGHT ADNEXAL MASS	
PRESENT	1
ABSENT	2
d. LEFT ADNEXAL MASS	
PRESENT	1
ABSENT	2
A15. CUL-DE-SAC MASS	
PRESENT	1
ABSENT	2
A16. ANUS	
	<u>Present</u> <u>Absent</u> <u>Not Done</u>
a. External hemorrhoid	1 2 3
b. Discharge	1 2 3
c. Anal tenderness	1 2 3
A17. RECTAL EXAM DONE	
YES	1
NO	2
DECLINED	<-7>
A18. ANAL FISSURE PRESENT	
YES	1
NO	2

GYNECOLOGICAL EXAM ABNORMALITY/LESION CHART

A19. WERE ANY ABNORMALITIES/LESIONS PRESENT ON THE GYN EXAM? PLEASE INCLUDE THOSE ABNORMALITIES NOTED AT QUESTIONS A1 AND A9.

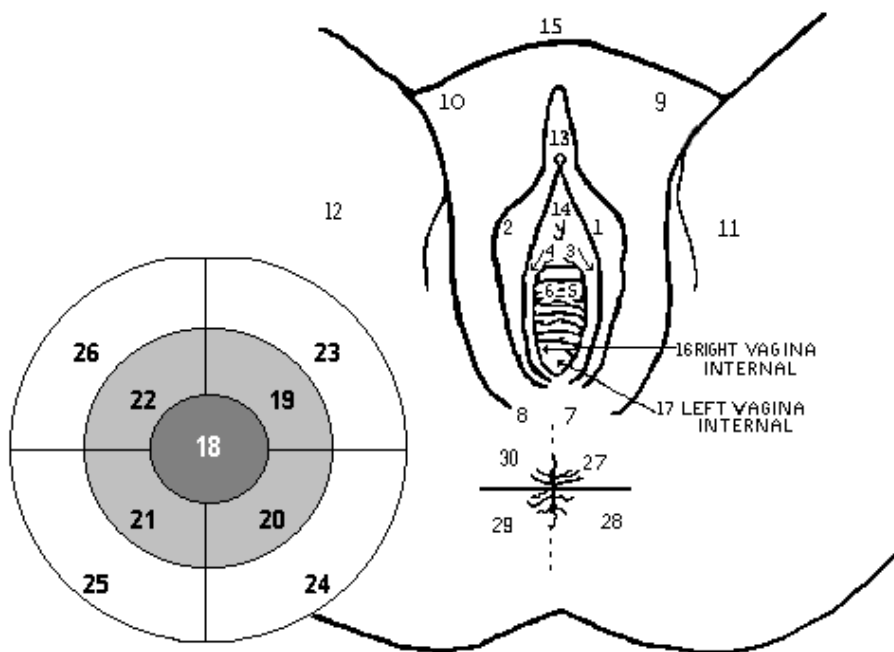
YES1
NO2 (A44, PAGE 6)

A. TOTAL NUMBER OF LOCATIONS WITH LESIONS:

PROMPT: IF THE TOTAL NUMBER OF LOCATIONS WITH LESIONS IS GREATER THAN FOUR, PLEASE USE A COPY OF PAGE 4 OR 5 OF THIS FORM AND INSERT IT AFTER PAGE 5.

LOCATIONS:

- | | |
|---------------------------|------------------------------|
| 01 - Labia Majora (left) | 16 - Vagina (right internal) |
| 02 - Labia Majora (right) | 17 - Vagina (left internal) |
| 03 - Labia Minora (left) | 18 - Cervical Os |
| 04 - Labia Minora (right) | 19 - Inner upper left quad |
| 05 - Introitus (left) | 20 - Inner lower left quad |
| 06 - Introitus (right) | 21 - Inner lower right quad |
| 07 - Perineum (left) | 22 - Inner upper right quad |
| 08 - Perineum (right) | 23 - Outer upper left quad |
| 09 - Inguinal (left) | 24 - Outer lower left quad |
| 10 - Inguinal (right) | 25 - Outer lower right quad |
| 11 - Thigh (left) | 26 - Outer upper right quad |
| 12 - Thigh (right) | 27 - Anus upper left |
| 13 - Clitoris | 28 - Anus lower left |
| 14 - Urethra | 29 - Anus lower right |
| 15 - Pubis | 30 - Anus upper right |
| | 31- 3 or more locations |



WIHS ID#

START F08S1

A20. LOCATION #1

IF LOCATION CODE=31, SPECIFY
LOCATIONS: _____

LOCATION CODE

Lesion Type	Yes	No	a. How Many?	b. Size (Width by Length in mm's)	c. Depth (Ulcer Only) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
A21. Wart	1	2(A22)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	
A22. Ulcer	1	2(A23)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	1 2 3
A23. Rash	1	2(A24)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	
A24. Mass	1	2(A25)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	
A25. Other	1	2(A26)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	
<input style="width: 100%; height: 15px;" type="text"/> (SPECIFY)					

PROMPT: ENTER "99" IN COLUMN a. IF TOO MANY TO COUNT. IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO A44, PAGE 6.

A26. LOCATION #2

IF LOCATION CODE=31, SPECIFY
LOCATIONS: _____

LOCATION CODE

Lesion Type	Yes	No	a. How Many?	b. Size (Width by Length in mm's)	c. Depth (Ulcer Only) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
A27. Wart	1	2(A28)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	
A28. Ulcer	1	2(A29)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	1 2 3
A29. Rash	1	2(A30)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	
A30. Mass	1	2(A31)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	
A31. Other	1	2(A32)	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/>	
<input style="width: 100%; height: 15px;" type="text"/> (SPECIFY)					

PROMPT: ENTER "99" IN COLUMN a. IF TOO MANY TO COUNT. IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO A44, PAGE 6.

WIHS ID#

A32. LOCATION #3

IF LOCATION CODE=31, SPECIFY LOCATIONS: _____

LOCATION CODE

Lesion Type	Yes	No	a. How Many?	b. Size (Width by Length in mm's)	c. Depth (Ulcer Only) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
A33. Wart	1	2(A34)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	
A34. Ulcer	1	2(A35)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	1 2 3
A35. Rash	1	2(A36)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	
A36. Mass	1	2(A37)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	
A37. Other	1	2(A38)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	

(SPECIFY)

PROMPT: ENTER "99" IN COLUMN a. IF TOO MANY TO COUNT. IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO A44, PAGE 6.

A38. LOCATION #4

IF LOCATION CODE=31, SPECIFY LOCATIONS: _____

LOCATION CODE

Lesion Type	Yes	No	a. How Many?	b. Size (Width by Length in mm's)	c. Depth (Ulcer Only) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
A39. Wart	1	2(A40)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	
A40. Ulcer	1	2(A41)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	1 2 3
A41. Rash	1	2(A42)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	
A42. Mass	1	2(A43)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	
A43. Other	1	2(A44)	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> x <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	

(SPECIFY)

PROMPT: ENTER "99" IN COLUMN a. IF TOO MANY TO COUNT. IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO A44, PAGE 6.

END F08S1

WIHS ID#

A44. EXAM SITE TESTS

	<u>POSITIVE</u>	<u>NEGATIVE</u>	<u>UNCLEAR</u>	<u>NOT OBTAINED</u>	<u>NOT READ</u>
a. WET PREP/SALINE MOUNT					
i. trichomonas	1	2	3	4	5
ii. clue cells	1	2	3	4	5
iii. increased wbcs (i.e., > 1:1 wbc:epithelial cells)	1	2	3	4	5
b. KOH MOUNT					
i. yeast	1	2	3	4	5
ii. amine odor	1	2	3	4	5

SECTION B: CLINICAL IMPRESSION

	<u>YES</u>	<u>NO</u>	<u>YES, CAUSE UNKNOWN</u>
B1. Pregnancy	1	2	
B2. Menopause	1	2	
B3. Normal overall clinical impression	1 (END)	2	
B4. Vaginitis	1	2 (B5)	3 (B5)
a. candidal	1	2	
b. trichomonal	1	2	
c. Bacterial Vaginosis	1	2	
B5. Cervicitis (gc/non-gc)	1	2	
B6. PID	1	2	
B7. Proctitis	1	2 (B8)	3 (B8)
a. gc/non-gc	1	2	
b. herpetic	1	2	
B8. Herpes	1	2 (B9)	
a. primary/first episode	1	2	
b. recurrent episode	1	2	
c. chronic ulceration	1	2	
B9. Molluscum	1	2	
B10. Syphilis	1	2 (B11)	
a. chancre	1	2	
b. rash/secondary	1	2	

WIHS ID#

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	<u>YES</u>	<u>NO</u>	
B11. Wart	1	2 (B12)	
a. vulvar	1	2	
b. vaginal	1	2	
c. cervical	1	2	
d. anal	1	2	
e. other genital	1	2	
B12. Other cervical abnormality _____	1	2	
(SPECIFY)			
B13. Other vaginal abnormality _____	1	2	
(SPECIFY)			
B14. Uterine enlargement	1	2	
B15. Other anal abnormality _____	1	2	
(SPECIFY)			
B16. Other vulvar abnormality _____	1	2	
(SPECIFY)			
B17. Adnexal mass (not PID)	1	2 (B18)	
a. Right	1	2	
b. Left	1	2	
B18. Adnexal tenderness (not PID or mass)	1	2 (END)	
a. Right	1	2	
b. Left	1	2	

PROMPT: ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE ARE TO BE FOLLOWED UP BY THE CLINICIAN AND REFERRED TO THE APPROPRIATE REFERRAL SOURCES (i.e., LOCAL SOCIAL SERVICE AND/OR LAW ENFORCEMENT AGENCY).

PROMPT: COMPLETE "TIME MODULE ENDED" ON PAGE 1 OF THE FORM.

PLEASE NOTE: ANY NECESSARY ADDITIONAL COMMENTS SHOULD BE WRITTEN IN THE SPACE PROVIDED ON THE FOLLOWING PAGE.

