

WOMEN'S INTERAGENCY HIV STUDY

GYNECOLOGICAL EXAM

FORM 8

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 GYN 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

--

SECTION B: GYNECOLOGICAL EXAM

B1. 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

PROMPT: COMPLETE LESION CHART (LOCATED AT B18, PAGE 5) AFTER COMPLETING THE EXAM

B2. VAGINA

	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>	<u>NONE</u>
a. Erythema	1	2	3	4
b. Atrophy	1	2	3	4

B3. VAGINAL pH

|_|_|_|.|_|_|

B4. VAGINAL DISCHARGE VOLUME

- SMALL1
- MODERATE.....2
- LARGE3
- NONE.....4 **(B7)**

B5. VAGINAL DISCHARGE COLOR

- WHITE/CLEAR.....1
- YELLOW/GREEN.....2
- BROWN/BLOOD3

B6. VAGINAL DISCHARGE CHARACTER

- MUCOUS/NORMAL1
- FLOCCULENT.....2
- HOMOGENOUS3
- FROTHY4

WIHS ID#

B7. VAGINAL ADHERENT PLAQUES

YES1
NO2

CERVICAL EXAMINATION

B8. CERVIX PRESENT

YES1
NO2 (B12)

a. CERVICAL EXAMINATION

DONE.....1
NOT DONE2 (B12)

(SPECIFY REASON)

B9.

	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>	<u>NONE</u>
a. Lesions	1 (PROMPT)	2 (PROMPT)	3 (PROMPT)	4
b. Visible ectopy	1	2	3	4
c. Friability	1	2	3	4

PROMPT: COMPLETE LESION CHART (LOCATED AT B18, PAGE 5) AFTER COMPLETING THE EXAM

B10. EXUDATE AMOUNT

SMALL1
MODERATE.....2
LARGE3
NONE.....4 (B12)

B11. CERVICAL DISCHARGE COLOR

CLEAR/WHITE.....1
YELLOW/GREEN.....2
BLOODY3

WIHS ID#

[Empty box for WIHS ID#]

B12. BIMANUAL EXAM

	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>	<u>NONE</u>	<u>NOT DONE</u>
a. Cx motion tenderness	1	2	3	4	5
b. Uterine tenderness	1	2	3	4	5
c. Right adnexal tenderness	1	2	3	4	5
d. Left adnexal tenderness	1	2	3	4	5

B13. FUNDAL SIZE (Normal fundal size in non-pregnant women should be coded as 4 weeks)

____.____ WEEKS

B14. MASSES

	<u>PRESENT</u>	<u>NOT PRESENT</u>	<u>i. DESCRIPTION</u>			<u>ii. SIZE</u>
			<u>SOLID</u>	<u>CYSTIC</u>	<u>NOT SURE</u>	
a. Right adnexal mass	1	2 (b)	1	2	3	____.____ cm
b. Left adnexal mass	1	2 (c)	1	2	3	____.____ cm
c. Cul-de-sac mass	1	2 (B15)	1	2	3	____.____ cm

B15. ANUS

	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>	<u>NONE</u>	<u>NOT DONE</u>
a. External hemorrhoid	1	2	3	4	5
b. Rectal discharge	1	2	3	4	5
c. Rectal tenderness	1	2	3	4	5

B16. RECTAL EXAM DONE?

YES1
 NO2
 DECLINED <-7>

B17. RECTAL FISSURE PRESENT?

YES1
 NO2

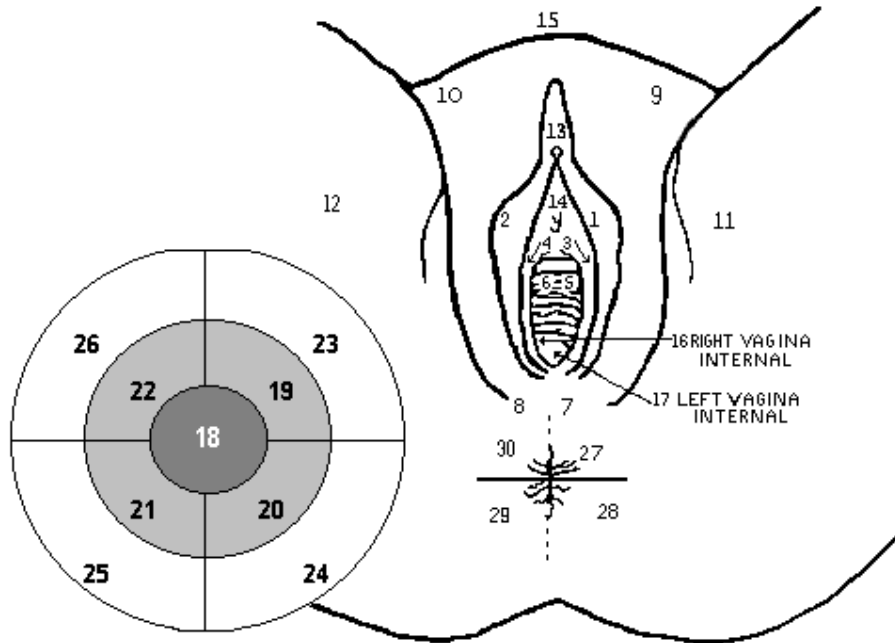
GYNECOLOGICAL EXAM ABNORMALITY/LESION CHART

B18. WERE ANY ABNORMALITIES/LESIONS PRESENT ON THE GYN EXAM? PLEASE INCLUDE THOSE ABNORMALITIES NOTED AT QUESTIONS B1 AND B9.

YES1
NO2 (B40, PAGE 8)

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#

[]

B19. TOTAL NUMBER OF LOCATIONS WITH LESIONS [][]

B20. LOCATION #1

LOCATION CODE [][] IF LOCATION CODE = 31, SPECIFY LOCATIONS FROM PAGE 5: _____

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)
B21. Wart	1	2(B22)	[][][]	[][] x [][]	
B22. Ulcer	1	2(B23)	[][][]	[][] x [][]	1 2 3
B23. Rash	1	2(B24)	[][][]	[][] x [][]	
B24. Other	1	2(B25)	[][][]	[][] x [][]	

(SPECIFY)

IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO B40, PAGE 8

B25. LOCATION #2

LOCATION CODE [][] IF LOCATION CODE = 31, SPECIFY LOCATIONS FROM PAGE 5: _____

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)
B26. Wart	1	2(B27)	[][][]	[][] x [][]	
B27. Ulcer	1	2(B28)	[][][]	[][] x [][]	1 2 3
B28. Rash	1	2(B29)	[][][]	[][] x [][]	
B29. Other	1	2(B30)	[][][]	[][] x [][]	

(SPECIFY)

IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO B40, PAGE 8

WIHS ID#

B30. LOCATION #3

LOCATION CODE

IF LOCATION CODE = 31, SPECIFY LOCATIONS FROM PAGE 5: _____

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)
B31. Wart	1	2(B32)	<input type="text"/>	<input type="text"/> x <input type="text"/>			
B32. Ulcer	1	2(B33)	<input type="text"/>	<input type="text"/> x <input type="text"/>	1	2	3
B33. Rash	1	2(B34)	<input type="text"/>	<input type="text"/> x <input type="text"/>			
B34. Other	1	2(B35)	<input type="text"/>	<input type="text"/> x <input type="text"/>			

(SPECIFY)

IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO B40, PAGE 8

B35. LOCATION #4

LOCATION CODE

IF LOCATION CODE = 31, SPECIFY LOCATIONS FROM PAGE 5: _____

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)
B36. Wart	1	2(B37)	<input type="text"/>	<input type="text"/> x <input type="text"/>			
B37. Ulcer	1	2(B38)	<input type="text"/>	<input type="text"/> x <input type="text"/>	1	2	3
B38. Rash	1	2(B39)	<input type="text"/>	<input type="text"/> x <input type="text"/>			
B39. Other	1	2(B40)	<input type="text"/>	<input type="text"/> x <input type="text"/>			

(SPECIFY)

IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO B40, PAGE 8

WIHS ID#

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B40. 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
b. KOH MOUNT					
i. yeast	1	2	3	4	5
ii. amine odor	1	2	3	4	5

SECTION C: CLINICAL IMPRESSION

	<u>YES</u>	<u>NO</u>	<u>YES, CAUSE UNKNOWN</u>
C1. Pregnancy	1	2	
C2. Menopause	1	2	
C3. Normal	1 (END)	2	
C4. Vaginitis	1	2 (C5)	3 (C5)
a. candidal	1	2	
b. trichomonal	1	2	
c. Bacterial Vaginosis	1	2	
C5. Cervicitis	1	2 (C6)	3 (C6)
a. gc	1	2	
b. non-gc	1	2	
C6. PID	1	2 (C7)	
a. Tubo-Ovarian Abscess (TOA)	1	2	
b. Endometritis	1	2	
C7. Proctitis	1	2 (C8)	3 (C8)
a. gc	1	2	
b. non-gc	1	2	
c. herpetic	1	2	
C8. Wart	1	2 (C9)	
a. vulvar	1	2	
b. vaginal	1	2	
c. cervical	1	2	
d. anal	1	2	

	<u>YES</u>	<u>NO</u>
C9. Herpes	1	2 (C10)
a. primary/first episode	1	2
b. recurrent episode	1	2
c. chronic ulceration (>1 month)	1	2
C10. Syphilis	1	2 (C11)
a. chancre	1	2
b. rash/secondary	1	2
c. early latent (<1yr)	1	2
d. late latent (≥1yr)	1	2
e. neuro	1	2
f. other	1	2
C11. Molluscum	1	2
C12. Other cervical abnormality _____	1	2
(SPECIFY)		
C13. Other vaginal abnormality _____	1	2
(SPECIFY)		
C14. Uterine mass	1	2
C15. Adnexal mass (not PID)	1	2 (C16)
a. Right	1	2
b. Left	1	2
C16. Other anal abnormality _____	1	2
(SPECIFY)		

NOTE: 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)

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

