

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 8 / 1 5 / 9 4  
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**

|  |
|--|
|  |
|--|

**SECTION B: GYNECOLOGICAL EXAM**

**B1. EXTERNAL GENITALIA**

|             | <u>NORMAL</u> | <u>ABNORMAL</u>   | <u>NOT DONE</u> |
|-------------|---------------|-------------------|-----------------|
| a. Thighs   | 1             | 2 <b>(PROMPT)</b> | 3               |
| b. Pubis    | 1             | 2 <b>(PROMPT)</b> | 3               |
| c. Vulva    | 1             | 2 <b>(PROMPT)</b> | 3               |
| d. Perineum | 1             | 2 <b>(PROMPT)</b> | 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 <b>(PROMPT)</b> | 2 <b>(PROMPT)</b> | 3 <b>(PROMPT)</b> | 4           |
| b. Atrophy  | 1 <b>(PROMPT)</b> | 2 <b>(PROMPT)</b> | 3 <b>(PROMPT)</b> | 4           |

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

**B3. VAGINAL pH**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**B4. VAGINAL DISCHARGE VOLUME**

- SMALL .....1
- MODERATE.....2
- LARGE .....3
- NONE.....4

**B5. VAGINAL DISCHARGE COLOR**

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

**B6. VAGINAL DISCHARGE CHARACTER**

- MUCOUS/NORMAL .....1
- FLOCCULENT.....2
- HOMOGENOUS .....3

WIHS ID#

FROTHY .....4

WIHS ID#

**B7. VAGINAL ADHERENT PLAQUES**

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

**CERVICAL EXAMINATION**

**B8. CERVIX PRESENT**

YES .....1  
NO .....2 (B12)

**a. CERVICAL EXAMINATION**

DONE.....1  
NOT DONE .....2 (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 (PROMPT)  | 2 (PROMPT)      | 3 (PROMPT)    | 4           |
| c. Friability     | 1 (PROMPT)  | 2 (PROMPT)      | 3 (PROMPT)    | 4           |

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

**B10. EXUDATE AMOUNT**

SMALL .....1  
MODERATE.....2  
LARGE .....3  
NONE.....4

**B11. CERVICAL DISCHARGE COLOR**

CLEAR/WHITE.....1  
YELLOW/GREEN.....2  
BLOODY .....3

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

\_\_\_\_.\_\_\_\_ 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>(b)</b>       | 1                     | 2             | 3               | ____.____ cm    |
| b. Left adnexal mass  | 1              | 2 <b>(c)</b>       | 1                     | 2             | 3               | ____.____ cm    |
| c. Cul-de-sac mass    | 1              | 2 <b>(B15)</b>     | 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?

YES .....1  
 NO .....2  
 DECLINED ..... <-7>

B17. RECTAL FISSURE PRESENT?

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

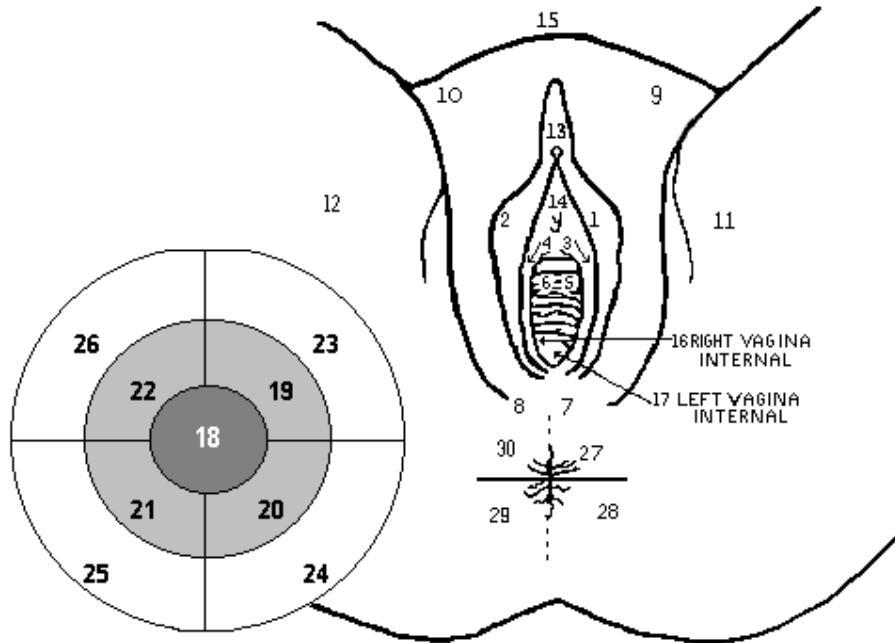
### GYNECOLOGICAL EXAM ABNORMALITY/LESION CHART

B18. WERE ANY ABNORMALITIES/LESIONS PRESENT (QUESTIONS B1, B2, B9) ON THE GYN EXAM?

YES .....1  
NO .....2 (B40, PAGE 8)

**LOCATIONS:**

- |                           |                              |
|---------------------------|------------------------------|
| 01 - Labia Majora (left)  | 16 - Vagina (left internal)  |
| 02 - Labia Majora (right) | 17 - Vagina (right 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        |



WIHS ID#

B19. TOTAL NUMBER OF LOCATIONS WITH LESIONS

B20. LOCATION #1

LOCATION CODE

| Lesion Type | Yes | No     | a. How Many?  | b. Size (Width by Length in mm's)   | c. Depth (Ulcer Only)<br>1 = superficial (1-2 mm)<br>2 = moderate (3-4 mm)<br>3 = deep (5mm and over) |
|-------------|-----|--------|---|---|---|
| B21. Wart   | 1   | 2(B22) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |   |
| B22. Ulcer  | 1   | 2(B23) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | 1      2      3   |
| B23. Rash   | 1   | 2(B24) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |   |
| B24. Other  | 1   | 2(B25) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |   |

(SPECIFY)

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

B25. LOCATION #2

LOCATION CODE

| Lesion Type | Yes | No     | a. How Many?  | b. Size (Width by Length in mm's)   | c. Depth (Ulcer Only)<br>1 = superficial (1-2 mm)<br>2 = moderate (3-4 mm)<br>3 = deep (5mm and over) |
|-------------|-----|--------|---|---|---|
| B26. Wart   | 1   | 2(B27) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |   |
| B27. Ulcer  | 1   | 2(B28) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | 1      2      3   |
| B28. Rash   | 1   | 2(B29) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |   |
| B29. Other  | 1   | 2(B30) | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |   |

(SPECIFY)

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

WIHS ID#

**B30. LOCATION #3**

LOCATION CODE

| Lesion Type | Yes | No              | a. How Many?                              | b. Size (Width by Length in mm's)   | c. Depth (Ulcer Only)<br>1 = superficial (1-2 mm)<br>2 = moderate (3-4 mm)<br>3 = deep (5mm and over) |
|-------------|-----|-----------------|---|---|---|
| B31. Wart   | 1   | 2( <b>B32</b> ) | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> x <input style="width: 40px;" type="text"/> |   |
| B32. Ulcer  | 1   | 2( <b>B33</b> ) | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> x <input style="width: 40px;" type="text"/> | 1      2      3   |
| B33. Rash   | 1   | 2( <b>B34</b> ) | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> x <input style="width: 40px;" type="text"/> |   |
| B34. Other  | 1   | 2( <b>B35</b> ) | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> x <input style="width: 40px;" type="text"/> |   |

(SPECIFY)

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

**B35. LOCATION #4**

LOCATION CODE

| Lesion Type | Yes | No              | a. How Many?                              | b. Size (Width by Length in mm's)   | c. Depth (Ulcer Only)<br>1 = superficial (1-2 mm)<br>2 = moderate (3-4 mm)<br>3 = deep (5mm and over) |
|-------------|-----|-----------------|---|---|---|
| B36. Wart   | 1   | 2( <b>B37</b> ) | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> x <input style="width: 40px;" type="text"/> |   |
| B37. Ulcer  | 1   | 2( <b>B38</b> ) | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> x <input style="width: 40px;" type="text"/> | 1      2      3   |
| B38. Rash   | 1   | 2( <b>B39</b> ) | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> x <input style="width: 40px;" type="text"/> |   |
| B39. Other  | 1   | 2( <b>B40</b> ) | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> x <input style="width: 40px;" 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         |                           |

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|                                 | <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          | 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**

