

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**

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**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**

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**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
- 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

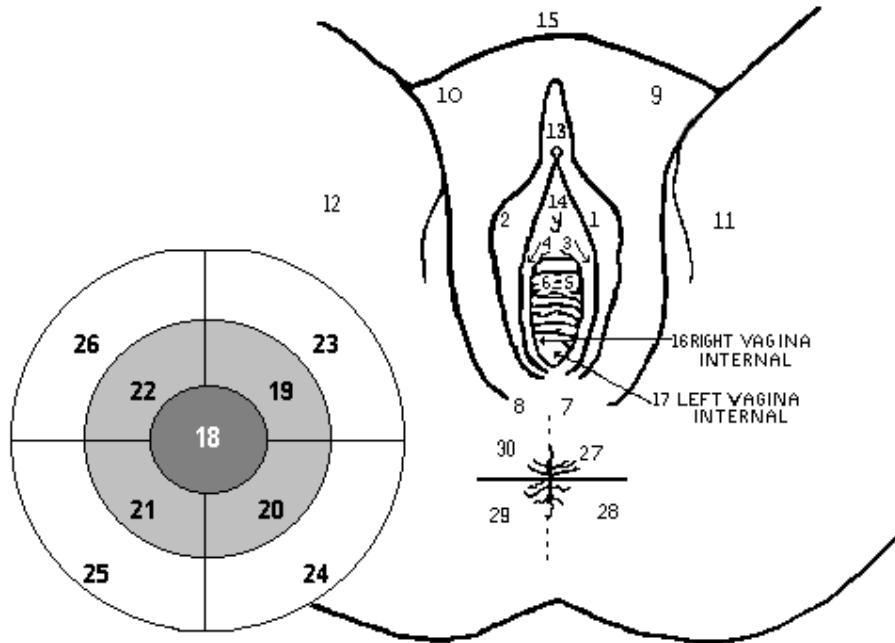
### GYNECOLOGICAL EXAM ABNORMALITY/LESION CHART

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) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 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) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 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) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
B31. Wart	1	2(B32)	_ _ _	_ _  x  _ _	
B32. Ulcer	1	2(B33)	_ _ _	_ _  x  _ _	1      2      3
B33. Rash	1	2(B34)	_ _ _	_ _  x  _ _	
B34. Other	1	2(B35)	_ _ _	_ _  x  _ _	

(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) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
B36. Wart	1	2(B37)	_ _ _	_ _  x  _ _	
B37. Ulcer	1	2(B38)	_ _ _	_ _  x  _ _	1      2      3
B38. Rash	1	2(B39)	_ _ _	_ _  x  _ _	
B39. Other	1	2(B40)	_ _ _	_ _  x  _ _	

(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 <b>(END)</b>	2	
C4. Vaginitis	1	2 <b>(C5)</b>	3 <b>(C5)</b>
a. candidal	1	2	
b. trichomonal	1	2	
c. Bacterial Vaginosis	1	2	
C5. Cervicitis	1	2 <b>(C6)</b>	3 <b>(C6)</b>
a. gc	1	2	
b. non-gc	1	2	
C6. PID	1	2 <b>(C7)</b>	
a. Tubo-Ovarian Abscess (TOA)	1	2	
b. Endometritis	1	2	
C7. Proctitis	1	2 <b>(C8)</b>	3 <b>(C8)</b>
a. gc	1	2	
b. non-gc	1	2	
c. herpetic	1	2	
C8. Wart	1	2 <b>(C9)</b>	
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	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**

