

**WOMEN'S INTERAGENCY HIV STUDY
POTENTIAL CVL CONTAMINANTS
FORM 8A**

**PROMPT: CLINICIANS SHOULD COLLECT DATA IMMEDIATELY PRIOR TO THE GYN
EXAM.**

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:

A4. DATE OF GYN EXAM:

A5. EXAMINER'S INITIALS:

WIHS ID#

SECTION B: POTENTIAL CVL CONTAMINANTS

IN THE PAST **48 HOURS** DID THE PARTICIPANT USE OR ENGAGE IN THE FOLLOWING:

	<u>YES</u>	<u>NO</u>
B1. VAGINAL TAMPONS.....	1	2
B2. DOUCHE.....	1	2
B3. VAGINAL MEDICATIONS, SUPPOSITORIES, CREAMS, JELLIES, FOAM, SPONGE, PERFUME, OR LUBRICANTS.....	1	2 (B4)

<u>TYPE</u>	<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>
a. Antifungal (Monistat, Lotrimin, Clotrimazole).....	1	2	<-8>
b. Antimicrobial (Metrogel, Clindamycin).....	1	2	<-8>
c. Contraceptive.....	1	2	<-8>
d. Perfume.....	1	2	<-8>
e. Other.....	1	2 (B4)	<-8> (B4)

(SPECIFY)

	<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>
B4. VAGINAL SEX WITH A MALE PARTNER(s).....	1	2 (B5)	<-8 >(B5)
a. Is partner(s) HIV infected?.....	1	2	<-8>
b. Was a condom(s) used each time you had sex?.....	1	2 (B5)	<-8>(B5)
i. Did any of the condom(s) break during sex?.....	1	2	<-8>
c. Was (were) any of the condom(s):			
i. Lubricated?.....	1	2	<-8>
ii. Spermicidal (ex: nonoxynol-9)?.....	1	2	<-8>

	<u>YES</u>	<u>NO</u>	<u>NOT DONE</u>
B5. CVL BLOODY?.....	1	2	3 (END)
a. Gross Inspection.....	1	2	3
b. Guaiac.....	1	2	3

WIHS ID#

c. Blood Indicator Strip.....	1	2	3
d. RBCs (Cell Pellet).....	1	2	3