

**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:

$\frac{1}{M} / \frac{0}{D} / \frac{9}{Y} \frac{8}{8}$

A4. DATE OF GYN EXAM:

__ M __ / __ D __ / __ Y __

A5. EXAMINER'S INITIALS:

__ _ _

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