

WOMEN'S INTERAGENCY HIV STUDY

POTENTIAL CVL CONTAMINANTS

FORM 8A

NOTE: CLINICIANS SHOULD COLLECT DATA IMMEDIATELY PRIOR TO THE GYNE 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:

1 0 / 1 5 / 9 5
M D Y

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:

	YES	NO	
B1. VAGINAL TAMPONS.....	1	2	
B2. DOUCHE.....	1	2	
B3. VAGINAL MEDICATIONS, SUPPOSITORIES, CREAMS, JELLIES, FOAM, SPONGE, PERFUME, OR LUBRICANTS.....	1	2 (B4)	
TYPE	YES	NO	UNKNOWN
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)
<hr/>			
(SPECIFY)			
	YES	NO	UNKNOWN
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?.....	1	2 (B5)	<-8>(B5)
c. Was (were) any of the condom(s)			
i. Lubricated?.....	1	2	<-8>
ii. Spermicidal (ex: nonoxynol-9)?.....	1	2	<-8>
	YES	NO	NOT DONE
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

WIHS ID#