

WOMEN'S INTERAGENCY HIV STUDY

OBSTETRIC, GYNECOLOGICAL & CONTRACEPTIVE HISTORY

FORM 23

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|_|-|_|_|-|_|_|_|_|-|_|

A2. WIHS STUDY VISIT #:

___ ___

A3. FORM VERSION:

 1 0 / 0 1 / 0 0
M D Y

A4. DATE OF INTERVIEW:

___ ___ / ___ ___ / ___ ___
M D Y

A5. INTERVIEWER'S INITIALS:

___ ___ ___

A6. DATE OF LAST STUDY VISIT
(FROM VISIT CONTROL SHEET)

___ ___ / ___ ___ / ___ ___
M D Y

A7. TIME MODULE BEGAN:

|_|_| : |_|_| AM 1
PM..... 2

INTRODUCTION TO PARTICIPANT:

Now, I am going to ask you some questions about your pregnancies, gynecological history, and methods of birth control, since your study visit on / / .
M D Y

WIHS ID#

SECTION B: GYN SURGERY HISTORY, PREGNANCY, AND MENSTRUATION

B1. Since your (MONTH) study visit, have you had a Pap Test (Pap Smear, Papanicolaou test, a test for early detection of cancer of the cervix)?

YES 1
NO..... 2 **(B3)**

B2. Were you told that this Pap test was abnormal?

YES 1
NO..... 2

B3. Since your (MONTH) study visit, were you treated for any cervical or other abnormality?

YES 1
NO..... 2

B4. Since your (MONTH) study visit, have you had one ovary or both ovaries removed?

NO OVARIES REMOVED..... 1
ONE OVARY REMOVED 2
BOTH OVARIES REMOVED..... 3

B5. (Since your (MONTH) study visit, have you had) a tubal ligation?

YES 1
NO..... 2

B6. (Since your (MONTH) study visit, have you had) a dilation and curettage, a D&C?

YES 1
NO..... 2

B7a. (Since your (MONTH) study visit, have you had) a hysterectomy, either partial or total?

YES 1 **(GO TO PROMPT BELOW)**
NO..... 2 **(B7)**

B7. Have you ever had a hysterectomy, either a partial or a total?

YES 1 **(B21)**
NO..... 2 **(GO TO PROMPT BELOW)**

PROMPT: IF B4 = 3 OR B5 = 1 OR B7a = 1, SKIP TO QUESTION B9. OTHERWISE, PROCEED TO QUESTION B8.

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PROMPT: IF B4 = 3 OR B5 = 1 OR B7a = 1, SKIP TO QUESTION B9. OTHERWISE, PROCEED TO QUESTION B8.

B8. Are you currently pregnant?

YES 1
NO 2 (B9)

a. Have you seen a prenatal health care provider, doctor, nurse, nurse practitioner, midwife, or physician's assistant for this pregnancy?

YES 1 (B8c)
NO 2

b. Do you have an appointment to see a health care provider?

YES 1
NO 2

IF PREGNANT, REFER FOR PRENATAL CARE IF NOT ALREADY RECEIVING

c. Excluding this pregnancy, since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome. (IF NONE CODE "00")

TIMES

**PROMPT: IF B8c = 00, SKIP TO B14
IF B8c ≥ 01, SKIP TO B10**

B9. Since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome.

PREGNANCIES

**PROMPT: IF B9 = 00 AND IF B4, B5 OR B7a = YES, SKIP TO B14.
IF B9 = 00 AND IF NONE OF B4, B5 OR B7a = YES, SKIP TO B13.**

WIHS ID#

START F23S1

- INSTRUCTIONS:**
- **READ:** Now I am going to ask you about all of your pregnancies, since your (MONTH) study visit (excluding your current pregnancy). Let's begin with the first pregnancy.
 - **HAND PARTICIPANT RESPONSE CARD 8**
 - **COMPLETE FOR ALL PREGNANCIES REPORTED AT EITHER B8C OR B9, THEN SKIP TO B13 UNLESS PARTICIPANT IS CURRENTLY PREGNANT, THEN SKIP TO B14**
 - **COLLECT MONTH AND YEAR FOR EACH PREGNANCY**

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I need the month and year. (MONTH/YEAR OF OUTCOME)
B10. 1st	Live birth1 Stillbirth.....2 Ectopic Preg 5 (c) Abortion (Induced/ Other 6 (c) Elective/Therapeutic).....3 (c) Miscarriage (Spontaneous _____ Abortion)4 (c) (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES 	 ___ ___ / ___ ___ M Y
B11.2nd	LIVE BIRTH1 ECTOPIC PREG 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) MISCARRIAGE4 (c) _____ (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES 	 ___ ___ / ___ ___ M Y
B12.3rd	LIVE BIRTH1 ECTOPIC PREG 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) MISCARRIAGE4 (c) _____ (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES 	 ___ ___ / ___ ___ M Y

END F23S1

PROMPT: IF CURRENTLY PREGNANT (B8=YES), SKIP TO B14

B13. Are you trying to get pregnant now?

- YES 1
 NO 2

B14. Now, I am going to ask you some questions about your periods. Have you had a period in the past 6 months?

- YES 1
 NO 2 (B21)
 DON'T KNOW <-8> (B21)
 DECLINED <-7> (B21)

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B15. When was the first day of your most recent period? **(PROBE: Please try to remember as best you can.) (IF PARTICIPANT GIVES A DATE WITHIN THE LAST 7 DAYS OR IF THE PARTICIPANT IS CURRENTLY MENSTRUATING, ASK: When was the first day of your last period before this one?)**

_ / _ / _
M D Y

B16. How many days did that period last? **(PROBE: How many days did you use a tampon or pad for bleeding?) (PROBE: Please remember as best you can.) (RECORD NUMBER OF DAYS THAT A TAMPON OR PAD WAS USED. ROUND UP TO THE NEAREST DAY.)**

|_|_|
DAYS

B17. Over the past 6 months, on average, how many days does your period last? **(PROBE: Please estimate as best you can.)**

|_|_|
DAYS

B18. In the past 6 months, has your period been at least three days early or at least three days late?

YES 1
NO 2

B19. In the past 6 months, have you skipped any monthly periods when you were not pregnant or breast feeding?

YES 1
NO 2

B20. In the past 6 months, have you noticed any spotting or bleeding between periods?

YES 1
NO 2

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B21. Have you been through menopause (the change of life)?

YES 1
NO 2

B22. During the past 6 months, have you had bleeding after vaginal intercourse with a male or penetration by a sexual toy (i.e. dildo) when you did not have your period?

YES 1
NO 2

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WIHS ID#

SECTION C: HORMONES, BIRTH CONTROL AND BARRIER METHODS

INTRODUCTION: The following questions are about methods which are used to prevent pregnancy, regulate the menstrual cycle and/or prevent the transmission of sexual diseases. Please provide information on all of the methods you have used during the last six months for any reason.

PROMPT: IF PARTICIPANT HAD TUBAL LIGATION (B5 = 1) or HYSTERECTOMY PRIOR TO HER (MONTH) STUDY VISIT (B7 = 1), then SKIP TO C5.

In the past 6 months have you used (METHOD):	In the past 6 months, have you used (METHOD)...																		
<p>C1. The Pill/ Oral Contraceptives?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C2)</p> <p>DECLINED<-7> (C2)</p> <p>a. How many months during the last 6 months have you taken the pill or OCs?</p> <p style="margin-left: 20px;"> _ _ # MONTHS</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>YES</u></th> <th style="width: 10%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>b. For birth control</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. To regulate your periods.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;">_____</td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	b. For birth control	1	2	c. To regulate your periods.....	1	2	d. For any other reason.....	1	2	_____			(SPECIFY)		
	<u>YES</u>	<u>NO</u>																	
b. For birth control	1	2																	
c. To regulate your periods.....	1	2																	
d. For any other reason.....	1	2																	

(SPECIFY)																			
<p>C2. Norplant?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C3)</p> <p>DECLINED<-7> (C3)</p> <p>a. When was it inserted? I need the month and the year.</p> <p style="margin-left: 20px;">_ _ / _ _ (b) M Y</p> <p>b. Is it still in place?</p> <p>YES.....1 (c)</p> <p>NO2 (c)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>YES</u></th> <th style="width: 10%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>c. For birth control</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. To regulate your periods</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;">_____</td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	c. For birth control	1	2	d. To regulate your periods	1	2	e. For any other reason.....	1	2	_____			(SPECIFY)		
	<u>YES</u>	<u>NO</u>																	
c. For birth control	1	2																	
d. To regulate your periods	1	2																	
e. For any other reason.....	1	2																	

(SPECIFY)																			

WIHS ID#

In the past 6 months have you used: (METHOD)	In the past 6 months, have you used (METHOD)...
<p>C3. Depo/Depo Provera/ Lunelle/Other Contraceptive Injection?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C4)</p> <p>DECLINED<-7> (C4)</p> <p>a. When did you receive your most recent injection? I need the month and the year.</p> <p style="text-align: center;"> ___ ___ / ___ ___ (b) M Y </p>	<p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>b. For birth control.....1 2</p> <p>c. To regulate your periods1 2</p> <p>d. For any other reason1 2</p> <p>_____</p> <p>(SPECIFY)</p>
<p>C4. An intrauterine device (IUD) such as Paragard, Progestasert, or Mirena?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C5)</p> <p>DECLINED<-7> (C5)</p>	<p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>a. For birth control1 2</p> <p>b. For any other reason.....1 2</p> <p>_____</p> <p>(SPECIFY)</p>
<p>C5. Diaphragm or Cervical Cap?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C6)</p> <p>DECLINED<-7> (C6)</p>	<p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>a. For birth control1 2</p> <p>b. To avoid getting or giving STDs or HIV1 2</p> <p>c. For any other reason.....1 2</p> <p>_____</p> <p>(SPECIFY)</p>
<p>C6. Vaginal Creams, Jellies, Foams, or the Sponge?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C7)</p> <p>DECLINED<-7> (C7)</p>	<p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>a. For birth control1 2</p> <p>b. To avoid getting or giving STDs or HIV1 2</p> <p>c. For any other reason.....1 2</p> <p>_____</p> <p>(SPECIFY)</p>

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In the past 6 months have you or your partners used: (METHOD)	In the past 6 months, have you used (METHOD)...	
<p>C7. The rhythm method or withdrawal?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C8)</p> <p>DECLINED<-7> (C8)</p>	<p><u>YES</u> <u>NO</u></p> <p>a. For birth control1 2</p> <p>b. For any other reason.....1 2</p> <p>_____</p> <p>(SPECIFY)</p>	
<p>C8. Male Condoms?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C9)</p> <p>DECLINED<-7> (C9)</p>	<p><u>YES</u> <u>NO</u></p> <p>a. For birth control1 2</p> <p>b. To avoid getting or giving STDs or HIV1 2</p> <p>c. For any other reason.....1 2</p> <p>_____</p> <p>(SPECIFY)</p>	
<p>C9. Female Condoms?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C10)</p> <p>DECLINED<-7> (C10)</p>	<p><u>YES</u> <u>NO</u></p> <p>a. For birth control1 2</p> <p>b. To avoid getting or giving STDs or HIV1 2</p> <p>c. For any other reason.....1 2</p> <p>_____</p> <p>(SPECIFY)</p>	
<p>C10. Abstinence / No Sex?</p> <p>YES.....1 (a)</p> <p>NO.....2 (C11)</p> <p>DECLINED<-7> (C11)</p>	<p><u>YES</u> <u>NO</u></p> <p>a. For birth control1 2</p> <p>b. To avoid getting or giving STDs or HIV1 2</p> <p>c. For any other reason.....1 2</p> <p>_____</p> <p>(SPECIFY)</p>	

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C11. In the past 6 months have you used any other method or anything else that you haven't mentioned to keep you from getting pregnant?

- YES 1
- NO 2 (C12)
- DECLINED <-7> (C12)

a. What is it?

(SPECIFY)

C12. In the past 6 months have you used any other method such as dental dams, or saran wrap, to avoid getting or giving sexually transmitted diseases or HIV?

- YES 1
- NO 2 (E1)
- DECLINED <-7> (E1)

a. What method did you use to avoid getting or giving sexually transmitted diseases or HIV?

(SPECIFY)

**SECTION E:
GYNECOLOGICAL INFECTIONS**

Now I am going to ask you about conditions that a health care provider may have told you that you had since your (MONTH) study visit. Please do not include those conditions that you were told of during your (MONTH) study visit.

Since your (MONTH) study visit, have you been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had:

	<u>YES</u>	<u>NO</u>	
E1. Gonorrhea (GC, the clap)?	1	2	(E2)
a. Was that found during your (MONTH) study visit?	1	2	
E2. Syphilis?	1	2	(E3)
a. Was that found during your (MONTH) study visit?	1	2	
E3. Chlamydia?	1	2	(E4)
a. Was that found during your (MONTH) study visit?	1	2	
E4. PID, Pelvic inflammatory disease?	1	2	(E5)
a. Was that found during your (MONTH) study visit?	1	2	
E5. Herpes in or around your genital area? (PROBE: Your vagina or anus.)	1	2	(E6)
a. Was that found during your (MONTH) study visit?	1	2	
E6. Warts in or around your genital area? (PROBE: Your vagina or anus.)	1	2	(E7)
a. Was that found during your (MONTH) study visit?	1	2	
E7. Trichomonal Vaginitis, trich?	1	2	(E8)
a. Was that found during your (MONTH) study visit?	1	2	
E8. Bacterial Vaginitis, BV?	1	2	(E9)
a. Was that found during your (MONTH) study visit?	1	2	
E9. Vaginal Yeast Infection (Candida or fungal infections)?	1	2	(E16)
a. Was that found during your (MONTH) study visit?	1	2	
b. Have you had more than one vaginal yeast infection (Candida or fungal infections) since your (MONTH) study visit?			

 YES 1
 NO 2

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Did you use (MEDICATION) for your most recent yeast infection? (FOR EACH YES, ASK SUBQUESTION "a")

a. Are you currently using this?

	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
E10. vaginal cream or suppository	1	2 (E11)	1	2
E11. a pill or oral medication	1	2 (E12)	1	2
E12. a douche	1	2 (E13)	1	2
E13. Acidophyllis, yogurt or tablets	1	2 (E14)	1	2
E14. other	1	2 (E15)	1	2

(SPECIFY)

E15. How many days did your most recent vaginal yeast infection last? (PROBE: Please remember as best you can.) (PROBE: If the infection is still present count from the day it began until today.)

|_|_|_|
#DAYS

E16. Since your (MONTH) study visit, have you been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had any form of vaginitis other than those already discussed?

- YES 1
- NO 2
- DON'T KNOW <-8>
- DECLINED <-7>

The next set of questions asks about symptoms you may have experienced since your (MONTH) study visit.

Have you experienced:

	<u>YES</u>	<u>NO</u>
E17. Abnormal or increased vaginal discharge?	1	2
E18. Abnormal or unusual vaginal odor?	1	2
E19. Itching in or around your vagina?	1	2
E20. A sore or ulcer in or around your genital area? (PROBE: Your vagina or anus.)	1	2
E21. Pain in or around your vagina?	1	2
E22. Pain in the lower part of your belly (pelvis)?	1	2

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

