

**LABORATORY - PELVIC EXAM STUDIES  
COLPOSCOPY RESULTS**

**FORM L14**

ID LABEL HERE ---> |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|

VISIT #: \_\_\_\_\_ FORM COMPLETED BY: \_\_\_\_\_

VERSION DATE: **10/01/00**

**ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.**

A1. COLPOSCOPY:

- DONE .....1
- NOT DONE .....2 (A1d)
- PARTICIPANT REFUSED.....3 (END)

A1a. DATE OF PROCEDURE:

\_\_\_ / \_\_\_ / \_\_\_  
M D Y

A1b. COLPOSCOPY PERFORMED BY:  
(ENTER INITIALS OF COLPOSCOPIST/S)

i \_\_\_

ii \_\_\_

A1c. WAS COLPOSCOPY PERFORMED BY A WIHS COLPOSCOPIST?

- YES .....1 (A2)
- NO .....2 (PROMPT)

**PROMPT: IF QUESTION A1c = NO (I.E., COLPOSCOPY WAS PERFORMED BY A NON-WIHS COLPOSCOPIST), THEN COMPLETE ACSB ATC FORM AND PROCEED TO QUESTION A2.**

A1d. REASON COLPO NOT DONE:

- Unable to contact participant (e.g., no phone, homeless, no response to attempts) ..... 1
- Participant was no show for multiple appointments..... 2
- Participant was too ill to be scheduled at this time ..... 3
- Participant's work/school schedule prevented her from coming..... 4
- Participant moved out of area / too difficult to travel ..... 5
- Participant is incarcerated..... 6
- Staff unable to obtain colpo results from primary care OB/GYN for L14 completion..... 7
- Other ..... 8

**PROMPT: END FORM AFTER COMPLETING QUESTION A1d.**

WIHS ID #

**A2. INDICATION FOR COLPOSCOPY  
(CIRCLE YES OR NO FOR EACH OF THE FOLLOWING**

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Prior history of Dysplasia.....                               | 1          | 2         |
| b. ASCUS, AGUS, Koilocytosis or SIL on recent WIHS Pap Smear ... | 1          | 2         |
| c. Presence of visible cervical or vaginal lesions .....         | 1          | 2         |
| d. Presence of visible vulvar or perianal lesions .....          | 1          | 2         |
| e. Post coital bleeding when not menstruating .....              | 1          | 2         |
| f. Positive HPV detection test .....                             | 1          | 2         |
| g. Research only.....  | 1          | 2         |
| h. Other .....   | 1          | 2         |

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**(SPECIFY)**

**A3. TYPE OF COLPOSCOPY PERFORMED:**

|                    | <u>YES</u> | <u>NO</u> |
|--------------------|------------|-----------|
| a. Cervical        | 1          | 2         |
| b. Vaginal         | 1          | 2         |
| c. Vulvar          | 1          | 2         |
| d. Perianal        | 1          | 2         |
| e. Anal (anoscopy) | 1          | 2         |

**A4. WAS CERVIX PRESENT?**

YES.....1  
 NO .....2 **(SKIP TO A10)**

WIHS ID #

**COLPOSCOPY RESULTS:**

A5. CERVICAL EXAM ADEQUACY:

- SATISFACTORY ..... 1
- ENDOCERVICAL SPECULUM USED TO VISUALIZE SQUAMOCOLUMNAR JUNCTION.... 2
- SQUAMOCOLUMNAR JUNCTION NOT VISUALIZED..... 3

A6. GENERAL CATEGORIZATION OF CERVICAL COLPOSCOPY:

- WITHIN NORMAL LIMITS..... 1 (A10)
- ABNORMAL FINDINGS..... 2

| A7. | ABNORMAL<br>COLPOSCOPIC<br>FINDINGS | <u>FOUND</u> | <u>NOT FOUND</u> |
|-----|-------------------------------------|--------------|------------------|
| a.  | Keratoses (leukoplakia)             | 1            | 2                |
| b.  | Aceto-White Epithelium              | 1            | 2                |
| c.  | Punctation                          | 1            | 2                |
| d.  | Mosaicism                           | 1            | 2                |
| e.  | Atypical Vessels                    | 1            | 2                |
| f.  | Other                               | 1            | 2                |

\_\_\_\_\_  
**(SPECIFY)**

WIHS ID #

A8. WHAT PERCENT (%) OF TRANSFORMATION ZONE WAS ABNORMAL?

- 0% .....1
- < 25% .....2
- 25% - < 50% .....3
- 50% - < 75% .....4
- 75% - 100% .....5

**YES    NO**

A9. What quadrants are abnormal?

- a. Endocervix (#18)..... 1    2
- b. Inner upper left quadrant (#19)..... 1    2
- c. Inner lower left quadrant (#20)..... 1    2
- d. Inner lower right quadrant (#21) ..... 1    2
- e. Inner upper right quadrant (#22) ..... 1    2
- f. Outer upper left quadrant (#23)..... 1    2
- g. Outer lower left quadrant (#24)..... 1    2
- h. Outer lower right quadrant (#25)..... 1    2
- i. Outer upper right quadrant (#26)..... 1    2

|      | <u>OTHER FINDINGS</u> | <u>FOUND</u> | <u>NOT FOUND</u> | <u>LOCATION IF FOUND</u>   | <u>YES</u>            | <u>NO</u>             |
|------|-----------------------|--------------|------------------|--|-----------------------|-----------------------|
| A10. | Inflammation          | 1            | 2 (A11)          | a. Vaginal<br>b. Cervical<br>c. Vulvar<br>d. Perianal<br>e. Anal | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 |
| A11. | Polyp/Papilloma       | 1            | 2 (A12)          | a. Vaginal<br>b. Cervical<br>c. Vulvar<br>d. Perianal<br>e. Anal | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 |
| A12. | Condyloma acuminatum  | 1            | 2 (A13)          | a. Vaginal<br>b. Cervical<br>c. Vulvar<br>d. Perianal<br>e. Anal | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 |

WIHS ID #

| <u>OTHER FINDINGS</u> |                                 | <u>FOUND</u> | <u>NOT FOUND</u> | <u>LOCATION IF FOUND</u>   | <u>YES</u>            | <u>NO</u>             |
|-----------------------|---------------------------------|--------------|------------------|--|-----------------------|-----------------------|
| A13.                  | Other:<br>a. _____<br>(SPECIFY) | 1            | 2 (A15)          | b. Vaginal<br>c. Cervical<br>d. Vulvar<br>e. Perianal<br>f. Anal | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 |
| A14.                  | Other:<br>a. _____<br>(SPECIFY) | 1            | 2 (A15)          | b. Vaginal<br>c. Cervical<br>d. Vulvar<br>e. Perianal<br>f. Anal | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 |

A15. WAS PAP SMEAR PERFORMED WITH THIS COLPOSCOPY?

YES.....1  
 NO .....2

A16. CERVICAL BIOPSY TAKEN?

YES.....1  
 NO .....2 (SKIP TO A17)  
 DELAYED .....3 (SKIP TO A17)  
 REFUSED..... <-7> (SKIP TO A17)

a. ECC Performed

YES.....1  
 NO .....2  
 DELAYED .....3  
 REFUSED..... <-7>

b. Colposcopically Directed Punch Biopsy.....1 YES NO  
2 (c)

i) Number of punch biopsies taken:   |\_|\_|

ii) Location(s) taken: (round to nearest o'clock)

a.   |\_|\_| o'clock

b.   |\_|\_| o'clock

c.   |\_|\_| o'clock

d.   |\_|\_| o'clock

WIHS ID #

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| c. Cervical Excisional Biopsy<br>(other than punch biopsy).....1     | 1          | 2 (d)     |
| i) Location taken:  _ _  o'clock to  _ _  o'clock                    |            |           |
| d. Loop Excision of Transformation Zone<br>(LLETZ, LETZ, LEEP).....1 | 1          | 2 (e)     |
| i. ectocervical passes.....1(a)                                      | 1(a)       | 2         |
| a. enter # of passes  _ _  |            |           |
| e. Cervical Cone Biopsy.....1  | 1          | 2 (A17)   |

**(CIRCLE ONE TYPE)**

- Laser ..... 1(A17)
- Cold Knife ..... 2(A17)
- Loop..... 3

|                           | <u>YES</u> | <u>NO</u> |
|---------------------------|------------|-----------|
| i. ectocervical passes    | 1(a)       | 2(ii)     |
| a. enter # of passes  _ _ |            |           |
| ii. endocervical core     | 1          | 2         |

A17. Overall impression of Cervix (**Circle the highest grade lesion**).

- NORMAL.....1
- ABNORMAL, BUT NO SIL .....2
- LOW GRADE .....3
- HIGH GRADE .....4
- INVASIVE .....5
- CERVIX NOT PRESENT.....6 (A18)

WIHS ID #

a. TOTAL NUMBER OF CERVICAL LESIONS:

- none .....1
- one .....2
- two .....3
- three .....4
- four .....5
- five to nine .....6
- ≥ ten .....7

A18. OTHER NON-CERVICAL BIOPSIES TAKEN?

- YES .....1
- NO .....2 **(SKIP TO A26)**
- DELAYED .....3 **(SKIP TO A26)**
- REFUSED ..... <-7> **(SKIP TO A26)**

| <u>TYPE BIOPSIES TAKEN</u>    | <u>YES</u> | <u>NO</u> | <u>ENTER UP TO 2<br/>LOCATION CODES<br/>FOR EACH TYPE</u> |
|-------------------------------|------------|-----------|---|
| A19. Vaginal ..... 1          | 1          | 2 (A20)   | a)  _ _  b)  _ _  |
| A20. Vulvar ..... 1           | 1          | 2 (A21)   | a)  _ _  b)  _ _  |
| A21. Perianal ..... 1         | 1          | 2 (A22)   | a)  _ _  b)  _ _  |
| A22. Anal (Anoscopy)* ..... 1 | 1          | 2 (A23)   | a)  _ _  b)  _ _  |
| A23. Endometrial ..... 1      | 1          | 2         |   |
| A24. Other ..... 1            | 1          | 2 (A26)   | b)  _ _  c)  _ _  |
| a. _____<br>(SPECIFY)         |            |           |   |
| A25. Other ..... 1            | 1          | 2 (A26)   | b)  _ _  c)  _ _  |
| a. _____<br>(SPECIFY)         |            |           |   |

**LOCATION CODES ARE LOCATED ON PAGE 8**

**\* COMPLETE SECTION B ON PAGES 11 - 13 OF THIS FORM**

WIHS ID #

[Empty box for WIHS ID #]

A26.

a. TOTAL NUMBER OF VAGINAL LESIONS:

- none .....1
- one .....2
- two .....3
- three .....4
- four .....5
- five to nine .....6
- ≥ ten .....7

b. TOTAL NUMBER OF VULVAR LESIONS:

- none .....1
- one .....2
- two .....3
- three .....4
- four .....5
- five to nine .....6
- ≥ ten .....7

c. TOTAL NUMBER OF PERIANAL LESIONS:

- none .....1
- one .....2
- two .....3
- three .....4
- four .....5
- five to nine .....6
- ≥ ten .....7

A27. MAXIMUM LESION SIZE:  
IF NO LESION PRESENT, CODE AS “-1”

- a. vaginal       |\_|\_|.|\_| cm
- b. vulvar        |\_|\_|.|\_| cm
- c. perianal      |\_|\_|.|\_| cm
- d. anal           |\_|\_|.|\_| cm
- e. Other         |\_|\_|.|\_| cm

\_\_\_\_\_  
**(SPECIFY LOCATION)**

A28. TOTAL NUMBER OF BIOPSIES TAKEN (Include both cervical and non-cervical):

|\_|\_|

a. TOTAL NUMBER OF BIOPSIES DELAYED OR REFUSED (Include both cervical and non-cervical):

|\_|\_|

WIHS ID #

LOCATION CODES

- |                         |                          |
|-------------------------|--------------------------|
| 1. Labium Majus (left)  | 27. Perianus upper left  |
| 2. Labium Majus (right) | 28. Perianus lower left  |
| 3. Labium Minus (left)  | 29. Perianus lower right |
| 4. Labium Minus (right) | 30. Perianus upper right |
| 5. Introitus (left)     | 31. Internal Anus        |
| 6. Introitus (right)    |                          |
| 7. Perineum (left)      |                          |
| 8. Perineum (right)     |                          |
| 9. Inguinal (left)      |                          |
| 10. Inguinal (right)    |                          |
| 11. Thigh (left)        |                          |
| 12. Thigh (right)       |                          |
| 13. Clitoris            |                          |
| 14. Urethra             |                          |
| 15. Pubis               |                          |

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LOCATION CODES

1. Anterior vaginal wall, proximal third.
2. Anterior vaginal wall, medial third
3. Anterior vaginal wall, distal third
4. Left lateral vaginal wall, proximal third
5. Left lateral vaginal wall, medial third
6. Left Lateral vaginal wall, distal third
7. Posterior vaginal wall, proximal third
8. Posterior vaginal wall, medial third
9. Posterior vaginal wall, distal third
10. Right lateral vaginal wall, proximal third
11. Right lateral vaginal wall, medial third
12. Right lateral vaginal wall, distal third

WIHS ID #

A29. OVERALL IMPRESSION:  
(CIRCLE THE HIGHEST NON-CERVICAL GRADE LESION)

- NORMAL ..... 1(A33)
- ABNORMAL, BUT NO SIL ..... 2
- LOW GRADE ..... 3
- HIGH GRADE ..... 4
- INVASIVE ..... 5

A30. LOCATION OF THE HIGHEST GRADE NON-CERVICAL LESION:

|                   | <u>YES</u> | <u>NO</u> |
|-------------------|------------|-----------|
| a) Vagina.....    | 1          | 2         |
| b) Vulva .....    | 1          | 2         |
| c) Perianal ..... | 1          | 2         |
| d) Anal .....     | 1          | 2         |
| e) Other .....    | 1          | 2         |

\_\_\_\_\_  
(SPECIFY)

WIHS ID #

A31. CIRCLE THE NUMBERS FOR THE LESION LOCATIONS:

LOCATION CODES

- |                         |                          |
|-------------------------|--------------------------|
| 1. Labium Majus (left)  | 27. Perianus upper left  |
| 2. Labium Majus (right) | 28. Perianus lower left  |
| 3. Labium Minus (left)  | 29. Perianus lower right |
| 4. Labium Minus (right) | 30. Perianus upper right |
| 5. Introitus (left)     | 31. Internal Anus        |
| 6. Introitus (right)    |                          |
| 7. Perineum (left)      |                          |
| 8. Perineum (right)     |                          |
| 9. Inguinal (left)      |                          |
| 10. Inguinal (right)    |                          |
| 11. Thigh (left)        |                          |
| 12. Thigh (right)       |                          |
| 13. Clitoris            |                          |
| 14. Urethra             |                          |
| 15. Pubis               |                          |

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A32. CIRCLE THE NUMBERS FOR LESION LOCATIONS:

LOCATION CODES

1. Anterior vaginal wall, proximal third.
2. Anterior vaginal wall, medial third
3. Anterior vaginal wall, distal third
4. Left lateral vaginal wall, proximal third
5. Left lateral vaginal wall, medial third
6. Left Lateral vaginal wall, distal third
7. Posterior vaginal wall, proximal third
8. Posterior vaginal wall, medial third
9. Posterior vaginal wall, distal third
10. Right lateral vaginal wall, proximal third
11. Right lateral vaginal wall, medial third
12. Right lateral vaginal wall, distal third

WIHS ID #

[Empty box for WIHS ID #]

A33. DID YOU KNOW THE HIV STATUS AT THE TIME OF THIS EXAM?

YES.....1  
NO .....2

A34. WAS FOLLOW-UP VISIT SCHEDULED FOR BIOPSY?

YES.....1  
NO .....2

a) SPECIFY WHERE SCHEDULED:

\_\_\_\_\_  
(M.D. OR INSTITUTION)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(ADDRESS)

**SECTION B. ANAL COLPOSCOPY**

B1. ANAL COLPOSCOPY:

DONE..... 1  
NOT DONE ..... 2 (END)  
PARTICIPANT REFUSED ..... 3 (END)

B1a. DATE OF ANAL COLPOSCOPY:

\_\_\_ / \_\_\_ / \_\_\_  
M D Y

B1b. COLPOSCOPY PERFORMED BY:  
(ENTER INITIALS OF COLPOSCOPIST/S)

i \_\_\_

ii \_\_\_

WIHS ID #

B2. INDICATION FOR ANAL COLPOSCOPY:

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Prior history of anal dysplasia.....      | 1          | 2         |
| b. Abnormal anal cytology .....              | 1          | 2         |
| c. Presence of visible perianal lesions..... | 1          | 2         |
| d. Positive anal HPV detection test.....     | 1          | 2         |
| e. Research only .....                       | 1          | 2         |
| f. Other .....                               | 1          | 2         |

\_\_\_\_\_  
**(SPECIFY)**

B3. ARE LESIONS PRESENT?

|           |               |
|-----------|---------------|
| YES ..... | 1             |
| NO .....  | 2 <b>(B8)</b> |

B4. LESIONS

|                            | <u>FOUND</u> | <u>NOT FOUND</u> |
|----------------------------|--------------|------------------|
| a. Keratosis (leukoplakia) | 1            | 2                |
| b. Aceto-White Epithelium  | 1            | 2                |
| c. Punctation              | 1            | 2                |
| d. Mosaicism               | 1            | 2                |
| e. Atypical Vessels        | 1            | 2                |
| f. Condyloma               | 1            | 2                |
| g. Other                   | 1            | 2                |

\_\_\_\_\_  
**(SPECIFY)**

B5. TOTAL NUMBER OF LESIONS:

|                   |               |
|-------------------|---------------|
| none .....        | 1 <b>(B8)</b> |
| one .....         | 2             |
| two .....         | 3             |
| three .....       | 4             |
| four .....        | 5             |
| five to nine..... | 6             |
| ≥ ten.....        | 7             |

WIHS ID #

B6. MAXIMUM LESION SIZE:

    |\_|\_| cm

B7. LOCATION OF LESION: **(REFER TO DEFINITIONS AND DIAGRAM BELOW)**

|                             | YES | NO           |
|-----------------------------|-----|--------------|
| a. Anterior .....           | 1   | 2 <b>(b)</b> |
| i.  _ _  o'clock            |     |              |
| b. Posterior .....          | 1   | 2 <b>(c)</b> |
| i.  _ _  o'clock            |     |              |
| c. Anus.....                | 1   | 2            |
| d. Crypt/Columnar area..... | 1   | 2            |
| e. Rectum.....              | 1   | 2            |
| f. Other .....              | 1   | 2            |

**(SPECIFY)**

B8. WAS A BIOPSY TAKEN?

|               |      |              |
|---------------|------|--------------|
| YES .....     | 1    |              |
| NO .....      | 2    | <b>(B10)</b> |
| DELAYED ..... | 3    | <b>(B10)</b> |
| REFUSED ..... | <-7> | <b>(B10)</b> |

B9. NUMBER OF BIOPSIES TAKEN:      |\_|\_|

B10. ANOSCOPIC IMPRESSION: **(CIRCLE THE HIGHEST NON-CERVICAL GRADE LESION)**

|                            |   |
|----------------------------|---|
| NORMAL .....               | 1 |
| ABNORMAL, BUT NO SIL ..... | 2 |
| LOW GRADE.....             | 3 |
| HIGH GRADE .....           | 4 |
| INVASIVE .....             | 5 |

**DEFINITIONS:**

**ANUS:** (Anal Canal) between Verge and Squamo-Columnar junction (Pectinate Line)

**CRYPT/COLUMNAR AREA:** Between Squamo-Columnar junction and Ano-Rectal (AR) line

**ANO-RECTUM:** Between Verge and Ano-Rectal line

**RECTUM:** Beyond Ano-Rectal line