

**WIHS MEDICAL RECORD ABSTRACTION FORM  
PELVIC INFLAMMATORY DISEASE**

**FORM M17  
FORM VERSION 08/15/97**

RECORD NUMBER: <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><span style="width: 25%;"></span><span style="width: 25%;"></span><span style="width: 25%;"></span><span style="width: 25%;"></span></div>	WIHS ID NUMBER: <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><span style="width: 25%;"></span><span style="width: 25%;"></span><span style="width: 25%;"></span><span style="width: 25%;"></span></div>	SEQUENCE FORM # ____ OF ____
DATE OF HOSPITAL ADMISSION OR OFFICE VISIT: <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span style="border-bottom: 1px solid black; width: 20px;"></span> /              <span style="border-bottom: 1px solid black; width: 20px;"></span> /              <span style="border-bottom: 1px solid black; width: 20px;"></span> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>M</span> <span>D</span> <span>Y</span> </div>	ABSTRACTOR'S INITIALS: <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><span style="width: 25%;"></span><span style="width: 25%;"></span><span style="width: 25%;"></span><span style="width: 25%;"></span></div>	

A1. Date of abstraction \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

**PROMPT: IF PELVIC ULTRASOUND OR PELVIC CT SCAN PERFORMED, COMPLETE FORM CA6.  
IF LAPAROSCOPY OR LAPAROTOMY PERFORMED, COMPLETE FORM CA2 and CA4.  
IF CERVICAL OR FALLOPIAN TUBE CULTURE DONE, COMPLETE FORM CA5.**

**SECTION B:**

	<u>YES</u>	<u>NO</u>
B1. Pelvic exam findings:		
a. Lower abdominal tenderness noted?.....1		2 (END)
b. Adnexal tenderness noted? .....1		2 (END)
c. Cervical motion tenderness noted? .....1		2 (END)
B2. Positive culture from cervix or fallopian tube obtained?....1	(END & CA5)	2
B3. Pelvic ultrasound performed? .....1	(CA6)	2 (B4)
a. Adnexal or pelvic mass found? .....1	(END)	2
B4. CT of pelvic performed? .....1	(CA6)	2 (B5)
a. Adnexal or pelvic mass found? .....1	(END)	2
B5. MRI of pelvic performed?.....1	(CA6)	2 (B6)
a. Adnexal or pelvic mass found?.....1	(END)	2
B6. Laparoscopy/Laparotomy performed? .....1	(CA2/CA4)	2 (B8)
B7. Laparoscopy/Laparotomy Findings:		
a. Pus noted in tubes or fimbria? .....1	(END)	2
b. Inflammation noted in tubes or fimbria? .....1	(END)	2
c. Adnexal or pelvic mass or abscess? .....1	(END)	2
B8. Mucopurulent cervicitis found on exam? .....1	(END)	2
B9. Positive Chlamydia trachomatis test results?.....1	(END)	2
B10. Adnexal or pelvic mass found on exam? .....1	(END)	2
B11. Non-menstrual vaginal bleeding:		
a. Noted on exam? .....1	(END)	2
b. Noted in patient history?.....1	(END)	2