

WOMEN'S INTERAGENCY HIV STUDY
**PHYSICAL EXAM
 FORM 7**

AFFIX ID LABEL HERE --->

PARTICIPANT ID: (Enter number here only if ID label is not available)

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

WIHS STUDY VISIT #: |_|_|

FORM VERSION: **04/01/99**

EXAMINER'S INITIALS: _ _ _

DATE OF PHYSICAL EXAM:

_ M _ / _ D _ / _ Y _

PARTICIPANT'S DATE OF BIRTH:

VERIFY WITH PARTICIPANT

_ M _ / _ D _ / _ Y _

TIME MODULE BEGAN:

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

TIME MODULE ENDED:

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

SECTION A: GENERAL PHYSICAL CHARACTERISTICS AND BODY HABITUS

A1. WEIGHT

|_|_| LBS

A2. BLOOD PRESSURE

a. |_|_| / b. |_|_|
 SYSTOLIC DIASTOLIC

PROMPT: IF BLOOD PRESSURE < 90/60 OR > 140/90, REFER TO PARTICIPANT'S MEDICAL PROVIDER

A3. GENERAL HEALTH/OVERALL APPEARANCE

- HEALTHY 1
- ACUTELY ILL 2
- CHRONICALLY ILL 3
- NOT DONE..... 4

A4. GENERAL APPEARANCE

- NORMAL..... 1
- SLENDER..... 2
- CACHECTIC..... 3
- OBESE..... 4
- NOT DONE..... 5

BODY MEASURES (in CMS):

A5. UPPER ARM GIRTH |_|_|. |_| CMS

A6. CHEST GIRTH |_|_|_|. |_| CMS

A7. WAIST GIRTH |_|_|_|. |_| CMS

A8. HIP GIRTH |_|_|_|. |_| CMS

A9. THIGH GIRTH |_|_|_|. |_| CMS

A10. DORSOCERVICAL FAT PAD

- a. PRESENT 1
- ABSENT 2 (Skip to A11)

b. IF PRESENT:

HORIZONTAL AXIS: |_|_|. |_| CMS

VERTICAL AXIS: |_|_|. |_| CMS

SKINFOLDS (IN MMS):

EACH MEASURE SHOULD BE TAKEN TWO TIMES. RECORD THE FIRST MEASURE IN LINE #1, THE SECOND IN LINE #2.

A11. THIGH: #1:|_|_|_|. |_|_| MM
#2:|_|_|_|. |_|_| MM

A12. TRICEPS: #1:|_|_|_|. |_|_| MM
#2:|_|_|_|. |_|_| MM

A13. SUBSCAPULAR: #1:.....|_|_|_|. |_|_| MM
#2: | |_|_|_|. |_|_| MM

A14. SUPRAILIAC: #1.....|_|_|_|. |_|_| MM
#2.....|_|_|_|. |_|_| MM

BIA RESULTS:

TAKE 2 MEASURES. ENTER THE RESISTANCE (Rx) AND REACTANCE (Xc) FOR EACH ONE.

A15. In the past 8 hours, have you exercised long enough to make you sweat and breathe hard?
YES1
NO.....2

A16. Have you drunk more than 4 glasses of coffee, tea, soda, water, or other beverages within the past 2 hours?
YES1
NO.....2

A17. Have you drunk more than 4 servings of beer, wine, or liquor today?
YES1
NO.....2

A18. Rx #1:..|_|_|_|_| ohms Can't obtain
Xc #1:..|_|_|_|_| ohms Can't obtain

A19. Rx #2:..|_|_|_|_| ohms Can't obtain
Xc #2:..|_|_|_|_| ohms Can't obtain

COMMENTS: _____

WIHS ID#

SECTION B: SKIN EXAM

NOTE: AS YOU PROCEED WITH THE PHYSICAL EXAM, RESPONSES CIRCLED “YES” THAT ARE SHADED REQUIRE PROMPT REFERRAL FOR EVALUATION AND/OR TREATMENT. PLEASE REFER TO YOUR MANUAL FOR REFERRAL GUIDELINES.

B1. SKIN EXAM:

- NORMAL 1 (SKIP TO C1)
- ABNORMAL..... 2
- NOT DONE 3 (SKIP TO C1)

B2. TOTAL # OF DIFFERENT LOCATION CODES RECORDED AT B3 – B10.

NOTE: THE # OF BOXES COMPLETED (B3 – B10) MUST EQUAL THE VALUE RECORDED AT B2

NOTE: REFER PARTICIPANTS WITH SKIN LESIONS AS APPROPRIATE TO MEDICAL PROVIDER

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START F07S1

LOCATION CODES

12 Generalized 15 Scalp 01 Face 06 Neck 02 Anterior chest	16 Posterior chest 04 Axilla 17 Anterior abdomen 07 Lower back 09 Inguina	66 Buttocks 03 Arms 18 Hands 10 Palms 08 Legs	77 Feet 05 Soles 11 Nails 13 Other 14 3 or more locations
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DESCRIPTION CODES (choose 1 primary lesion and 1 or 2 descriptions)

Primary Lesions: 101 Diffuse maculopapular 105 Papule (small bump) 131 Nodule (big bump) 103 Macule (small flat spot) 102 Patch (large flat spot) 104 Plaque (raised area)	169 Pustule (small pus-filled bump) 120 Vesicle (clear liquid-filled bump) 107 Bulla (fluid-filled lesion > .05 cm) 106 Fissure (linear ulcer) 143 Erosion (shallow ulcer) 145 Ulcer (deep ulcer) Descriptions: 110 Nevus (brown/black) 135 Hyperpigmented (darker color)	136 Hypopigmented (lighter color) 113 Violaceous (purple) 114 Yellow/white 138 Ecchymotic 109 Annular (round) 111 Grouped 137 Dermatomal 112 Linear (line) 117 Crusted	118 Erythematous (red) 133 Petechial 134 Scaly (flaking) 115 Excoriated (scratched) 146 Pruritic 122 Tender 132 Target (ring-shaped) 116 Ulcerated 143 Eroded	141 Atrophic (thinned out) 142 Umbilicated 144 Edematous (swollen) 140 Other
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DIAGNOSIS CODES

Bacterial: 201 Abscess 242 Cellulitis 245 Folliculitis 273 Impetigo Fungal: 259 Onchomycosis (nails) 202 Tinea capitis (scalp) 203 Tinea corporis (body) 250 Tinea cruris (groin) 263 Tinea pedis (feet)	253 Tinea versicolor (pigment changing) Infestations: 272 Scabies 204 Insect bites 205 Lice Inflammatory: 241 Acne 206 Atopic dermatitis 207 Contact dermatitis 243 Drug rash	256 Erythema multiforme 261 Seborrheic dermatitis 208 Post inflammatory 209 Hyperpigmentation 248 Psoriasis 264 Xerosis (dry skin) 275 Eosinophilic folliculitis 276 Rosacea 277 Hidradenitis 278 Pruritis (not otherwise defined)	Neoplastic: 210 Basal cell carcinoma 258 Kaposi's sarcoma 211 Squamous cell carcinoma Viral: 257 Herpes simplex 252 Herpes zoster-varicella 247 Molluscum 254 Wart Other: 274 Nevus 246 Jaundice	212 Male pattern alopecia 213 Alopecia (other) 214 Xanthelasma 215 Scar 270 Tracks 249 Secondary syphilis 251 Wound infection 216 Cyst 279 Lipoma 280 Vitiligo 265 Other 299 Unknown
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B3. LOCATION #1

- a. LOCATION CODE
- b. DESCRIPTION CODES
 i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")

PROMPT: IF NO OTHER LOCATIONS SKIP TO C1

B4. LOCATION #2

- a. LOCATION CODE
- b. DESCRIPTION CODES
 i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")

PROMPT: IF NO OTHER LOCATIONS SKIP TO C1

B5. LOCATION #3

- a. LOCATION CODE
- b. DESCRIPTION CODES
 i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")

B6. LOCATION #4

- a. LOCATION CODE
- b. DESCRIPTION CODES
 i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")

WIHS ID#

PROMPT: IF NO OTHER LOCATIONS SKIP TO C1	PROMPT: IF NO OTHER LOCATIONS SKIP TO C1
LOCATION CODES	
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B7. LOCATION #5 a. LOCATION CODE _ _ _ b. DESCRIPTION CODES i. _ _ _ ii. _ _ _ iii. _ _ _ c. DIAGNOSIS (If unknown enter "299") _ _ _ PROMPT: IF NO OTHER LOCATIONS SKIP TO C1	B8. LOCATION #6 a. LOCATION CODE _ _ _ b. DESCRIPTION CODES i. _ _ _ ii. _ _ _ iii. _ _ _ c. DIAGNOSIS (If unknown enter "299") _ _ _ PROMPT: IF NO OTHER LOCATIONS SKIP TO C1
B9. LOCATION #7 a. LOCATION CODE _ _ _ b. DESCRIPTION CODES i. _ _ _ ii. _ _ _ iii. _ _ _ c. DIAGNOSIS (If unknown enter "299") _ _ _	B10. LOCATION #8 a. LOCATION CODE _ _ _ b. DESCRIPTION CODES i. _ _ _ ii. _ _ _ iii. _ _ _ c. DIAGNOSIS (If unknown enter "299") _ _ _

WIHS ID#

**PROMPT: IF NO OTHER LOCATIONS SKIP
TO C1**

**PROMPT: IF NO OTHER LOCATIONS SKIP
TO C1**

END F07S1

WIHS ID#

[Empty box for WIHS ID#]

SECTION C : ORAL EXAM

C1. ORAL EXAM

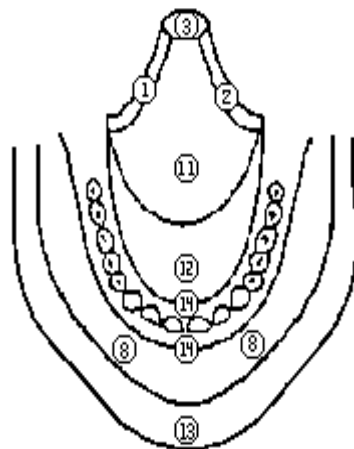
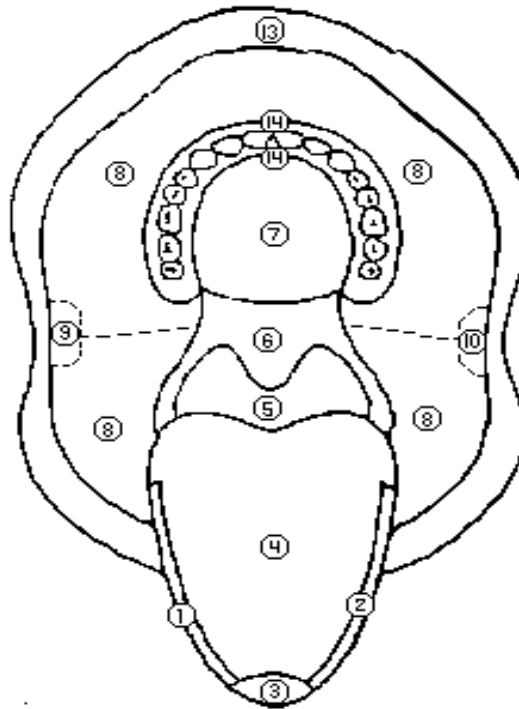
NORMAL	1	(SKIP TO SECTION D)
ABNORMAL.....	<input type="text" value="2"/>	
NOT DONE	3	(SKIP TO SECTION D)

C2. TOTAL # LESIONS

LESIONS

BEGIN F07S2

PROMPT: FOR EACH TYPE OF LESION, COMPLETE C3 – C6. INDICATE LOCATION NUMBER FROM DIAGRAM IN (a), THEN COMPLETE PARTS (b) & (c) FOR EACH LESION TYPE. THE NUMBER OF BOXES COMPLETED (C3–C6) MUST = THE VALUE RECORDED AT C2. NOTE: REFER PARTICIPANTS WITH ORAL LESIONS AS APPROPRIATE TO MEDICAL PROVIDERS.



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C3. LESION #1

a. LOCATION(S) i. ii. iii.

b. COLOR

	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER _____	1	2
(SPECIFY)		

c. CHARACTER

	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
Viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER _____	1	2
(SPECIFY)		

d. DIAGNOSIS: _____

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D

C4. LESION #2

a. LOCATION(S) i. ii. iii.

b. COLOR

	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER _____	1	2
(SPECIFY)		

c. CHARACTER

	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
Viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER _____	1	2
(SPECIFY)		

d. DIAGNOSIS: _____

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D

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C5. LESION#3

a. LOCATION(S) i. ii. iii.

b. COLOR

	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER	1	2

(SPECIFY)		

c. CHARACTER

	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
Viii. FISSURES..	1	2
ix. ULCERATED	1	2
x. OTHER	1	2

(SPECIFY)		

d. DIAGNOSIS: _____

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D

C6. LESION #4

a. LOCATION(S) i. ii. iii.

b. COLOR

	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER	1	2

(SPECIFY)		

c. CHARACTER

	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
Viii. FISSURES..	1	2
ix. ULCERATED	1	2
x. OTHER	1	2

(SPECIFY)		

d. DIAGNOSIS: _____

END F07S2

WIHS ID#

[Empty box for WIHS ID#]

SECTION D: PHYSICAL FINDINGS IN THE LYMPH NODES AND BREASTS

D1. LYMPHADENOPATHY (palpable lymph nodes > 1 cm.)

PRESENT 1
ABSENT 2 (D3)

D2. RECORD ONLY THE SIZE OF THE LARGEST LYMPH NODE:

a. Location: _____ b. Size: |_|_| . |_| cm
(SPECIFY REGION)

NOTE: IF NEW ONSET (APPEARING SINCE LAST EXAM AND/OR UNEVALUATED) LYMPHADENOPATHY, REFER AS APPROPRIATE TO MEDICAL PROVIDER

D3. BREAST EXAM

NORMAL 1 (END)
ABNORMAL 2
NOT DONE 3 (END)

FINDINGS:	a. RIGHT		b. LEFT	
	YES	NO	YES	NO
D4. nipple discharge	1	2	1	2
D5. Nodularity (fibrocystic changes)	1	2	1	2
D6. retraction, other skin	1	2	1	2
D7. Mastectomy/lumpectomy for cancer	1	2	1	2
D8. evidence of prior breast biopsy	1	2	1	2
D9. Other	1	2	1	2
	_____ (SPECIFY)		_____ (SPECIFY)	

D10. BREAST MASS(ES) PRESENT

YES 1
NO 2 (END)

NOTE: IF NEW ONSET (APPEARING SINCE LAST EXAM AND/OR UNEVALUATED) BREAST MASSES OR OTHER ABNORMALITIES, REFER AS APPROPRIATE TO PARTICIPANT'S MEDICAL PROVIDER.

