

**WOMEN'S INTERAGENCY HIV STUDY  
GYNECOLOGICAL EXAM  
FORM 8**

**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 GYN 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: GYNECOLOGICAL EXAM**

A1. EXTERNAL GENITALIA			
	<u>Normal</u>	<u>Abnormal</u>	<u>Not Done</u>
a. Thighs	1	2 ( <b>PROMPT</b> )	3
b. Pubis	1	2 ( <b>PROMPT</b> )	3
c. Vulva	1	2 ( <b>PROMPT</b> )	3
d. Perineum	1	2 ( <b>PROMPT</b> )	3
e. Perianal	1	2 ( <b>PROMPT</b> )	3

**PROMPT: COMPLETE LESION CHART  
(LOCATED AT A19, PAGE 3)  
AFTER COMPLETING THE EXAM**

A2. VAGINA		
	<u>Present</u>	<u>Absent</u>
a. Erythema	1	2
b. Atrophy	1	2

A3. VAGINAL pH \_\_\_\_\_

A4. VAGINAL DISCHARGE VOLUME  
NORMAL..... 1  
INCREASED..... 2

A5. VAGINAL DISCHARGE COLOR

WHITE/CLEAR .....	1
YELLOW/GREEN .....	2
BROWN/BLOOD.....	3
A6. VAGINAL DISCHARGE CHARACTER (CIRCLE ALL APPROPRIATE)	
NORMAL (MUCOID/FLOCCULAR) .....	1
PURULENT.....	2
CURDY .....	3
MILKY/CREAMY (NON-FLOCCULAR)....	4
FROTHY .....	5
BLOODY.....	6

**CERVICAL EXAMINATION**

A7. CERVIX PRESENT  
PRESENT..... 1  
ABSENT..... 2 (**A14**)

A8. CERVICAL EXAMINATION  
DONE..... 1  
NOT DONE .....

REASON: \_\_\_\_\_ (**A12**)

A9. \_\_\_\_\_

<u>Present</u>	<u>Absent</u>
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- a. Lesions 1 (PROMPT) 2
- b. Visible ectopy 1 2
- c. Friability 1 2

**PROMPT: COMPLETE LESION CHART  
(LOCATED AT A19, PAGE 3)  
AFTER COMPLETING THE  
EXAM**

- A10. EXUDATE
  - PRESENT.....1
  - ABSENT.....2 (A12)
- A11. CERVICAL DISCHARGE COLOR
  - WHITE/CLEAR.....1
  - YELLOW/GREEN.....2
  - BROWN/BLOOD.....3
- A12. CERVICAL MOTION TENDERNESS
  - PRESENT.....1
  - ABSENT.....2

**UTERINE EXAMINATION**

- A13. UTERUS PRESENT
  - PRESENT.....1
  - ABSENT.....2 (A14)
- a. UTERINE TENDERNESS
  - PRESENT.....1
  - ABSENT.....2
- b. UTERINE ENLARGEMENT
  - PRESENT.....1
  - ABSENT.....2

**ADNEXAL EXAMINATION**

- A14. ADNEXAE PRESENT
  - PRESENT.....1
  - ABSENT.....2 (A15)
- a. RIGHT ADNEXAL TENDERNESS
  - PRESENT.....1
  - ABSENT.....2
- b. LEFT ADNEXAL TENDERNESS
  - PRESENT.....1
  - ABSENT.....2
- c. RIGHT ADNEXAL MASS
  - PRESENT.....1
  - ABSENT.....2
- d. LEFT ADNEXAL MASS
  - PRESENT.....1
  - ABSENT.....2
- A15. CUL-DE-SAC MASS
  - PRESENT.....1
  - ABSENT.....2
- A16. ANUS
 

	<u>Present</u>	<u>Absent</u>	<u>Not</u>
<u>Done</u>			
a. External hemorrhoid	1	2	3
b. Discharge	1	2	3
c. Anal tenderness	1	2	3
- A17. RECTAL EXAM DONE
  - YES.....1
  - NO.....2
  - DECLINED.....<-7>
- A18. ANAL FISSURE PRESENT
  - YES.....1
  - NO.....2

## GYNECOLOGICAL EXAM ABNORMALITY/LESION CHART

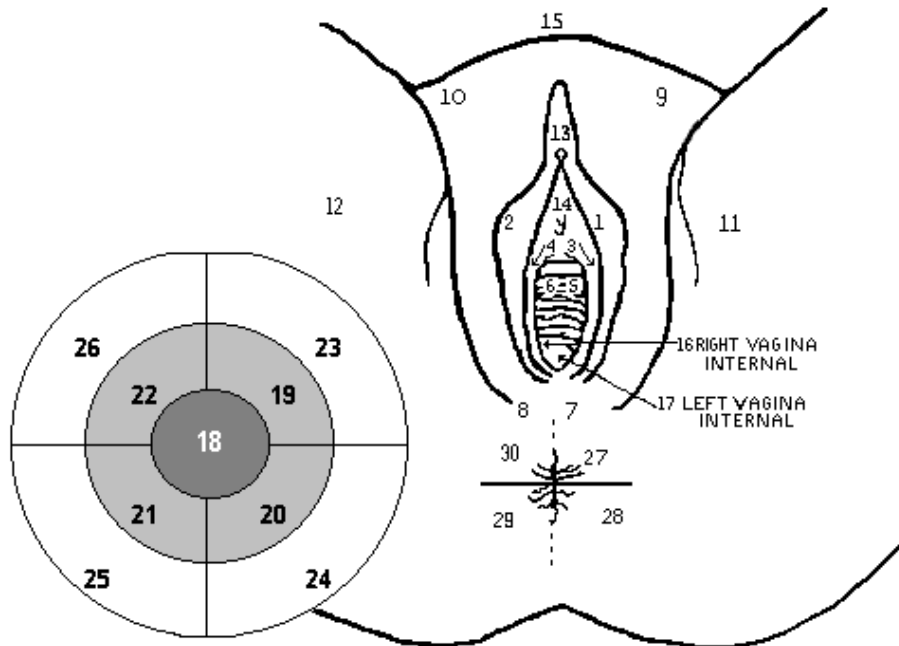
A19. WERE ANY ABNORMALITIES/LESIONS PRESENT ON THE GYN EXAM? PLEASE INCLUDE THOSE ABNORMALITIES NOTED AT QUESTIONS A1 AND A9.

YES .....1  
 NO .....2 (A44, PAGE 6)

A. TOTAL NUMBER OF LOCATIONS WITH LESIONS:

**LOCATIONS:**

- |                           |                              |
|---------------------------|------------------------------|
| 01 - Labia Majora (left)  | 16 - Vagina (right internal) |
| 02 - Labia Majora (right) | 17 - Vagina (left internal)  |
| 03 - Labia Minora (left)  | 18 - Cervical Os             |
| 04 - Labia Minora (right) | 19 - Inner upper left quad   |
| 05 - Introitus (left)     | 20 - Inner lower left quad   |
| 06 - Introitus (right)    | 21 - Inner lower right quad  |
| 07 - Perineum (left)      | 22 - Inner upper right quad  |
| 08 - Perineum (right)     | 23 - Outer upper left quad   |
| 09 - Inguinal (left)      | 24 - Outer lower left quad   |
| 10 - Inguinal (right)     | 25 - Outer lower right quad  |
| 11 - Thigh (left)         | 26 - Outer upper right quad  |
| 12 - Thigh (right)        | 27 - Anus upper left         |
| 13 - Clitoris             | 28 - Anus lower left         |
| 14 - Urethra              | 29 - Anus lower right        |
| 15 - Pubis                | 30 - Anus upper right        |
|                           | 31- 3 or more locations      |



WIHS ID#

**START F08S1**

A20. LOCATION #1

IF LOCATION CODE=31, SPECIFY  
LOCATIONS: \_\_\_\_\_

LOCATION CODE   

Lesion Type	Yes	No	a. How Many?	b. Size (Width by Length in mm's)	c. Depth (Ulcer Only) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
A21. Wart	1	2(A22)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	
A22. Ulcer	1	2(A23)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	1          2          3
A23. Rash	1	2(A24)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	
A24. Mass	1	2(A25)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	
A25. Other	1	2(A26)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	
<input style="width: 100%; height: 15px;" type="text"/> <b>(SPECIFY)</b>					

**PROMPT: ENTER "99" IN COLUMN a. IF TOO MANY TO COUNT. IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO A44, PAGE 6.**

A26. LOCATION #2

IF LOCATION CODE=31, SPECIFY  
LOCATIONS: \_\_\_\_\_

LOCATION CODE   

Lesion Type	Yes	No	a. How Many?	b. Size (Width by Length in mm's)	c. Depth (Ulcer Only) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
A27. Wart	1	2(A28)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	
A28. Ulcer	1	2(A29)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	1          2          3
A29. Rash	1	2(A30)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	
A30. Mass	1	2(A31)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	
A31. Other	1	2(A32)	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> x <input style="width: 30px; height: 15px;" type="text"/>	
<input style="width: 100%; height: 15px;" type="text"/> <b>(SPECIFY)</b>					

**PROMPT: ENTER "99" IN COLUMN a. IF TOO MANY TO COUNT. IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO A44, PAGE 6.**

A32. LOCATION #3

IF LOCATION CODE=31, SPECIFY

WIHS ID#

LOCATIONS: \_\_\_\_\_

LOCATION CODE

Lesion Type	Yes	No	a. How Many?	b. Size (Width by Length in mm's)	c. Depth (Ulcer Only) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
A33. Wart	1	2(A34)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	
A34. Ulcer	1	2(A35)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	1      2      3
A35. Rash	1	2(A36)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	
A36. Mass	1	2(A37)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	
A37. Other	1	2(A38)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	

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

**PROMPT: ENTER "99" IN COLUMN a. IF TOO MANY TO COUNT. IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO A44, PAGE 6.**

A38. LOCATION #4

IF LOCATION CODE=31, SPECIFY LOCATIONS: \_\_\_\_\_

LOCATION CODE

Lesion Type	Yes	No	a. How Many?	b. Size (Width by Length in mm's)	c. Depth (Ulcer Only) 1 = superficial (1-2 mm) 2 = moderate (3-4 mm) 3 = deep (5mm and over)
A39. Wart	1	2(A40)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	
A40. Ulcer	1	2(A41)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	1      2      3
A41. Rash	1	2(A42)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	
A42. Mass	1	2(A43)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	
A43. Other	1	2(A44)	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> x <input style="width: 30px;" type="text"/>	

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

**PROMPT: ENTER "99" IN COLUMN a. IF TOO MANY TO COUNT. IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO A44, PAGE 6.**

**END F08S1**

WIHS ID#

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**A44. EXAM SITE TESTS**

	<u>POSITIVE</u>	<u>NEGATIVE</u>	<u>UNCLEAR</u>	<u>NOT OBTAINED</u>	<u>NOT READ</u>
a. WET PREP/SALINE MOUNT					
i. trichomonas	1	2	3	4	5
ii. clue cells	1	2	3	4	5
iii. increased wbcs (i.e., > 1:1 wbc:epithelial cells)	1	2	3	4	5
b. KOH MOUNT					
i. yeast	1	2	3	4	5
ii. amine odor	1	2	3	4	5

**SECTION B: CLINICAL IMPRESSION**

	<u>YES</u>	<u>NO</u>	<u>YES, CAUSE UNKNOWN</u>
B1. Pregnancy	1	2	
B2. Menopause	1	2	
B3. Normal overall clinical impression	1 <b>(END)</b>	2	
B4. Vaginitis	1	2 <b>(B5)</b>	3 <b>(B5)</b>
a. candidal	1	2	
b. trichomonal	1	2	
c. Bacterial Vaginosis	1	2	
B5. Cervicitis (gc/non-gc)	1	2	
B6. PID	1	2	
B7. Proctitis	1	2 <b>(B8)</b>	3 <b>(B8)</b>
a. gc/non-gc	1	2	
b. herpetic	1	2	
B8. Herpes	1	2 <b>(B9)</b>	
a. primary/first episode	1	2	
b. recurrent episode	1	2	
c. chronic ulceration	1	2	
B9. Molluscum	1	2	
B10. Syphilis	1	2 <b>(B11)</b>	
a. chancre	1	2	
b. rash/secondary	1	2	

WIHS ID#

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	<u>YES</u>	<u>NO</u>	
B11. Wart	1	2 <b>(B12)</b>	
a. vulvar	1	2	
b. vaginal	1	2	
c. cervical	1	2	
d. anal	1	2	
e. other genital	1	2	
B12. Other cervical abnormality _____	1	2	
<b>(SPECIFY)</b>			
B13. Other vaginal abnormality _____	1	2	
<b>(SPECIFY)</b>			
B14. Uterine enlargement	1	2	
B15. Other anal abnormality _____	1	2	
<b>(SPECIFY)</b>			
B16. Other vulvar abnormality _____	1	2	
<b>(SPECIFY)</b>			
B17. Adnexal mass (not PID)	1	2 <b>(END)</b>	
a. Right	1	2	
b. Left	1	2	

**PROMPT: ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE ARE TO BE FOLLOWED UP BY THE CLINICIAN AND REFERRED TO THE APPROPRIATE REFERRAL SOURCES (i.e., LOCAL SOCIAL SERVICE AND/OR LAW ENFORCEMENT AGENCY).**

**PROMPT: COMPLETE "TIME MODULE ENDED" ON PAGE 1 OF THE FORM.**

**PLEASE NOTE: ANY NECESSARY ADDITIONAL COMMENTS SHOULD BE WRITTEN IN THE SPACE PROVIDED ON THE FOLLOWING PAGE.**

