WOMEN'S INTERAGENCY HIV STUDY
COLPOSCOPY TRACKING (COLPO)

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

A2. FORM VERSION: **1 0 / 0 1 / 1 0**

A3. FORM COMPLETED BY: ___ ___ ___

A4. WIHS CORE VISIT: ___ ___

A5. DATE COMPLETED: ___ ___ / ___ ___ / ___ ___

SECTION B. INDICATION FOR COLPOSCOPY

INSTRUCTIONS: Section B should be completed for all enrolled participants by staff familiar with colposcopy tracking. Circle the indication(s) for colposcopy at the last visit the participant was seen.

B1. INDICATION FOR COLPOSCOPY AT LAST VISIT:

	YES		NO
a. Colposcopy not indicated	1	**(END)**	2
b. From Pap smear results (*Form C60: A11b-h or A12a-f =1*)	1		2
c. From clinical exam (*Form F08: B19 or B11=1*)	1		2
d. Outstanding indication from prior visit(s)	1		2

B2. LAST VISIT OF INDICATION:

The visit prior to the current visit 1
Participant has indication(s) from visit(s) before the prior visit 2

SECTION C. COLPOSCOPY COMPLETION

INSTRUCTIONS: Only staff familiar with colposcopy tracking should complete Section C. Indicate if a colposcopy for the indication(s) referenced in Question B1 was completed at the last visit the participant was seen.

C1. COLPOSCOPY COMPLETED:

Done 1
Not done ..... 2 **(C4)**
Participant refused ..... 3 **(END)**

C2. VISIT COLPOSCOPY COMPLETED: ___ ___

C3. DATE COLPOSCOPY COMPLETED: ___ ___ / ___ ___ / ___ ___ **(END)**

C4. 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

SPECIFY:_____