

**WOMEN'S INTERAGENCY HIV STUDY
PHYSICAL EXAMINATION
FORM 07**

AFFIX ID LABEL HERE →

PARTICIPANT ID: - - -

WIHS STUDY VISIT #:

FORM VERSION: **10/01/08**

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. a. WEIGHT LBS

b. EVEN-NUMBERED VISIT?
YES1
NO.....2 **(A3b)**

c. HEIGHT IN

A3. b. IS PARTICIPANT PREGNANT?
YES1 **(SECTION D)**
NO.....2

WIHSID:

A5. VISUAL ASSESSMENT

| BODY PART: | (NOTE: IF NOT NORMAL, INDICATE SEVERITY IN NEXT COLUMN.) | | | SEVERITY* | | |
|--|--|-----|--------|-----------|----------|--------|
| | NORMAL | FAT | WASTED | MILD | MODERATE | SEVERE |
| a) Her chest is... | 1 (b) | 2 | 3 | 1 | 2 | 3 |
| b) Her abdomen is ... | 1 (c) | 2 | 3 | 1 | 2 | 3 |
| c) Her waist is... | 1 (d) | 2 | 3 | 1 | 2 | 3 |
| d) Her face is... | 1 (e) | 2 | 3 | 1 | 2 | 3 |
| e) Her cheeks, just lateral to the nose and mouth are... | 1 (f) | 2 | 3 | 1 | 2 | 3 |
| f) Her upper back is... | 1 (g) | 2 | 3 | 1 | 2 | 3 |
| g) Her neck is... | 1 (h) | 2 | 3 | 1 | 2 | 3 |
| h) Her arms are... | 1 (i) | 2 | 3 | 1 | 2 | 3 |
| i) Her legs are... | 1 (j) | 2 | 3 | 1 | 2 | 3 |
| j) Her buttocks are... | 1 (A6) | 2 | 3 | 1 | 2 | 3 |

***MILD** – Only seen if looked for.
MODERATE – Easily seen.
SEVERE – Obvious immediately.

A6. CLINICAL IMPRESSION OF LIPODYSTROPHY

- a. DOES PARTICIPANT EXHIBIT ANY SIGNS OF LIPOATROPHY (PERIPHERAL FAT LOSS)?
 YES1
 NO.....2
- b. DOES PARTICIPANT EXHIBIT ANY SIGNS OF LIPOHYPERTROPHY (CENTRAL FAT ACCUMULATION)?
 YES1
 NO.....2

- A7. a. HAS THE PARTICIPANT GIVEN BIRTH WITHIN THE PAST YEAR?
 YES1
 NO.....2 (A8)

- b. IS PARTICIPANT CURRENTLY BREASTFEEDING?
 YES1
 NO.....2 (SECTION D)

- c. HAS PARTICIPANT GIVEN BIRTH WITHIN THE PAST SIX MONTHS?
 YES1 (SECTION D)
 NO.....2 (A8)

BODY MEASURES (GIRTH in CM):

| | MEASURE #1 | MEASURE #2 | a. DOES DIFFERENCE BETWEEN #1 AND #2 EXCEED 0.7 CM? | | MEASURE #3 |
|---|----------------|-------------------|---|---------|----------------|
| | | | YES | NO | |
| A8. UPPER ARM | _____. ____ CM | _____. ____ CM | 1 | 2 (A9) | _____. ____ CM |
| PROMPT: IF PARTICIPANT HAS GIVEN BIRTH WITHIN THE PAST YEAR AND IS BREASTFEEDING, SKIP THE CHEST MEASUREMENT (A9) AND ENTER -1, THEN PROCEED TO THE WAIST MEASUREMENT (A10). | | | | | |
| A9. CHEST | _____. ____ CM | _____. ____ CM | 1 | 2 (A10) | _____. ____ CM |
| A10. WAIST | _____. ____ CM | _____. ____ CM | 1 | 2 (A11) | _____. ____ CM |
| A11. HIP | _____. ____ CM | _____. ____ CM | 1 | 2 (A12) | _____. ____ CM |
| A12. THIGH | _____. ____ CM | _____. ____ CM | 1 | 2 (A13) | _____. ____ CM |

A13. DORSOCERVICAL FAT PAD

- a. PRESENT1
 ABSENT2 (A14)

b. SEVERITY

- MILD1
 MODERATE2
 SEVERE3

A14. INITIALS OF CLINICIAN WHO PERFORMED BODY MEASURES: __ __ __

BIA RESULTS:

A19. In the past eight hours, have you exercised long enough to make you sweat and breathe hard?

- YES1
 NO2

A20. Have you drunk more than four glasses of coffee, tea, soda, water, or other beverages within the past two hours?

- YES1
 NO2

A21. Have you drunk more than four servings of beer, wine, or liquor today?

- YES1
 NO2

WIHSID:

PROMPT: TAKE TWO MEASURES. ENTER THE RESISTANCE (Rx) AND REACTANCE (Xc) FOR EACH ONE. ENTER “-7” IF PARTICIPANT REFUSES, AND “-9” IF VALUE IS MISSING FOR ANOTHER REASON, E.G., EQUIPMENT FAILURE, ETC.

A22. Rx #1: || ohms
 Xc #1: || ohms

A23. Rx #2: || ohms
 Xc #2: || ohms

A24. INITIALS OF CLINICIAN PERFORMING BIA: _____

A25. COMMENTS: _____

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.

SECTION D. PHYSICAL FINDINGS IN THE BREASTS

- D1. a. EVEN-NUMBERED VISIT?
 YES1
 NO.....2 (SECTION E)
- b. BREAST EXAM
 NORMAL 1 (SECTION E)
 ABNORMAL..... 2
 NOT DONE 3 (SECTION E)

| FINDINGS: | a. RIGHT | | b. LEFT | |
|--------------------------------------|--------------------|----|--------------------|----|
| | YES | NO | YES | NO |
| D2. nipple discharge | 1 | 2 | 1 | 2 |
| D3. Nodularity (fibrocystic changes) | 1 | 2 | 1 | 2 |
| D4. retraction, other skin | 1 | 2 | 1 | 2 |
| D5. Mastectomy/lumpectomy for cancer | 1 | 2 | 1 | 2 |
| D6. evidence of prior breast biopsy | 1 | 2 | 1 | 2 |
| D7. Other | 1 | 2 | 1 | 2 |
| | _____ (SPECIFY) | | _____ (SPECIFY) | |

WIHSID:

D8. BREAST MASS(ES) PRESENT?

YES

NO..... 2 (SECTION E)

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

| LOCATION | RIGHT MASS | | a. SIZE | b. OLD MASS | |
|-------------------------|------------|---------|---------------|-------------|----|
| | YES | NO | | YES | NO |
| D9. Medial upper | 1 | 2 (D10) | _ _ . _ cm | 1 | 2 |
| D10. Lateral upper | 1 | 2 (D11) | _ _ . _ cm | 1 | 2 |
| D11. Medial lower | 1 | 2 (D12) | _ _ . _ cm | 1 | 2 |
| D12. Lateral lower | 1 | 2 (D13) | _ _ . _ cm | 1 | 2 |
| D13. Areola/ periareola | 1 | 2 (D14) | _ _ . _ cm | 1 | 2 |

| LOCATION | LEFT MASS | | a. SIZE | b. OLD MASS | |
|-------------------------|-----------|---------|---------------|-------------|----|
| | YES | NO | | YES | NO |
| D14. Medial upper | 1 | 2 (D15) | _ _ . _ cm | 1 | 2 |
| D15. Lateral upper | 1 | 2 (D16) | _ _ . _ cm | 1 | 2 |
| D16. Medial lower | 1 | 2 (D17) | _ _ . _ cm | 1 | 2 |
| D17. Lateral lower | 1 | 2 (D18) | _ _ . _ cm | 1 | 2 |
| D18. Areola/ periareola | 1 | 2 (E1) | _ _ . _ cm | 1 | 2 |

SECTION E. BLOOD PRESSURE MEASUREMENT

E1. MEASURE AND RECORD THREE TIMES USING DINAMAP MONITOR

| MEASUREMENT | a. SYSTOLIC | b. DIASTOLIC | c. PULSE |
|-----------------|-------------|--------------|----------|
| 1 ST | _ _ _ | _ _ _ | _ _ _ |
| 2 ND | _ _ _ | _ _ _ | _ _ _ |
| 3 RD | _ _ _ | _ _ _ | _ _ _ |

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

PROMPT: COMPLETE “TIME MODULE ENDED” ON PAGE 1. PROCEED TO F08.

ADDITIONAL COMMENTS: _____
