

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

AFFIX ID LABEL HERE --->

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

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

WIHS STUDY VISIT #: |_|_|

FORM VERSION: **04/01/15**

EXAMINER'S INITIALS: _ _ _

DATE OF GYN EXAM:

_ M / _ D / _ Y _

TIME MODULE BEGAN:

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

TIME MODULE ENDED:

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

SECTION A: GYNECOLOGICAL EXAM

A2. VAGINA

Present Absent

- 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 YES FOR ALL APPROPRIATE)

	<u>YES</u>	<u>NO</u>
NORMAL (mucoid/floccular)	1 (A7)	0
PURULENT.....	2	0
CURDY.....	3	0
MILKY/CREAMY (non-floccular)	4	0
FROTHY.....	5	0
BLOODY.....	6	0

CERVICAL EXAMINATION

A7. CERVIX PRESENT

- PRESENT.....1
- ABSENT2 (A16)

A8. CERVICAL EXAMINATION

- DONE1 (A9)
- NOT DONE2
- REASON: _____(A16)

A9. Present Absent

- a. Lesions 1 2
- b. Visible ectopy 1 2
- c. Friability 1 2

A10. EXUDATE

- PRESENT1
- ABSENT2 (A16)

A11. CERVICAL DISCHARGE COLOR

- WHITE/CLEAR1
- YELLOW/GREEN2
- BROWN/BLOOD.....3

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[Empty box for WIHS ID#]

A16. ANUS

	<u>Present</u>	<u>Absent</u>	<u>Not Done</u>
a. External hemorrhoid	1	2	3
b. Discharge	1	2	3
c. Anal tenderness	1	2	3

PROMPT: IF PARTICIPANT HAS HAD A HYSTERECTOMY SINCE HER LAST STUDY VISIT, PLEASE VERIFY THAT SHE REPORTED IT ON F23 DURING HER INTERVIEW.

GYNECOLOGICAL EXAM: ABNORMALITIES/LESIONS

A19. WERE ANY ABNORMALITIES/LESIONS PRESENT ON THE GYN EXAM? PLEASE INCLUDE THOSE ABNORMALITIES NOTED DURING THE EXTERNAL AND CERVICAL EXAMS.

- YES1
- NO2 (A44)

A20. TOTAL NUMBER OF LESIONS:

- 1.....1
- 2.....2
- 3 - 43
- >4.....4

A21. TYPES OF LESIONS PRESENT:

	<u>YES</u>	<u>NO</u>
WART	1	2
ULCER.....	1	2
RASH	1	2
MASS	1	2
VESICLE	1	2
OTHER.....	1	2 (A44)

SPECIFY _____

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 (iii)	3 (iii)	4 (iii)	5 (iii)
Clue cells observed: <20% of cells 1 ≥20% of cells 2					
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>
B3. Normal overall clinical impression	1 (END)	2
B8. Herpes	1	2 (B11)
a. primary/first episode	1	2
b. recurrent episode	1	2
c. chronic ulceration	1	2
B11. Wart	1	2 (B12)
a. vulvar	1	2 (b)
i. Circle one of the following:		
Previously assessed in WIHS and unchanged (<i>colposcopy not indicated</i>)		1
Previously assessed in WIHS and worsened (<i>colposcopy indicated</i>)		5
Previously assessed in WIHS and improved (<i>colposcopy not indicated</i>)		6
New (<i>colposcopy indicated</i>)		3
Don't know (<i>colposcopy indicated</i>)		4
b. vaginal	1	2 (c)
i. Circle one of the following:		
Previously assessed in WIHS and unchanged (<i>colposcopy not indicated</i>)		1
Previously assessed in WIHS and worsened (<i>colposcopy indicated</i>)		5
Previously assessed in WIHS and improved (<i>colposcopy not indicated</i>)		6
New (<i>colposcopy indicated</i>)		3
Don't know (<i>colposcopy indicated</i>)		4

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	<u>YES</u>	<u>NO</u>
c. cervical	1	2 (d)
i. Circle one of the following:		
Previously assessed in WIHS and unchanged (<i>colposcopy not indicated</i>)		1
Previously assessed in WIHS and worsened (<i>colposcopy indicated</i>)		5
Previously assessed in WIHS and improved (<i>colposcopy not indicated</i>)		6
New (<i>colposcopy indicated</i>)		3
Don't know (<i>colposcopy indicated</i>)		4
d. anal	1	2 (e)
i. Circle one of the following:		
Previously assessed in WIHS and unchanged (<i>colposcopy not indicated</i>)		1
Previously assessed in WIHS and worsened (<i>colposcopy indicated</i>)		5
Previously assessed in WIHS and improved (<i>colposcopy not indicated</i>)		6
New (<i>colposcopy indicated</i>)		3
Don't know (<i>colposcopy indicated</i>)		4
e. other genital	1	2 (B12)
i. Circle one of the following:		
Previously assessed in WIHS and unchanged (<i>colposcopy not indicated</i>)		1
Previously assessed in WIHS and worsened (<i>colposcopy indicated</i>)		5
Previously assessed in WIHS and improved (<i>colposcopy not indicated</i>)		6
New (<i>colposcopy indicated</i>)		3
Don't know (<i>colposcopy indicated</i>)		4
B12. Other abnormality SPECIFY: _____	1	2 (B19)

B19. IS COLPOSCOPY INDICATED BASED ON LESION(S) FOUND DURING EXAM?

YES..... 1
NO 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 BELOW.

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ADDITIONAL COMMENTS
