

**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

| | <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 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 |
| ABSENT | 2 (A16) |

A8. CERVICAL EXAMINATION

| | |
|----------------|--------|
| DONE | 1 (A9) |
| NOT DONE | 2 |
| REASON: _____ | (A16) |

A9.

| | <u>Present</u> | <u>Absent</u> |
|--|----------------|---------------|
|--|----------------|---------------|

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

A10. EXUDATE

| | |
|---------------|---------|
| PRESENT | 1 |
| ABSENT | 2 (A16) |

A11. CERVICAL DISCHARGE COLOR

| | |
|--------------------|---|
| WHITE/CLEAR | 1 |
| YELLOW/GREEN | 2 |
| BROWN/BLOOD..... | 3 |

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:

- 0 (zero)0
- 11
- 22
- 3 - 43
- >44

A21. TYPES OF LESIONS/ABNORMALITIES PRESENT:

| | <u>YES</u> | <u>NO</u> |
|----------------|------------|-----------|
| WART1 | 1 | 2 |
| ULCER.....1 | 1 | 2 |
| RASH1 | 1 | 2 |
| MASS1 | 1 | 2 |
| VESICLE1 | 1 | 2 |
| OTHER.....1 | 1 | 2 (A44) |

SPECIFY _____

WIHS ID#

| |
|--|
| |
|--|

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 |

WIHS ID#

ADDITIONAL COMMENTS
