

**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: **10/01/05**

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 ALL APPROPRIATE)
- NORMAL (MUCOID/FLOCCULAR)1
PURULENT2
CURDY3
MILKY/CREAMY (NON-FLOCCULAR)....4
FROTHY5
BLOODY.....6

CERVICAL EXAMINATION

- A7. CERVIX PRESENT
- PRESENT1
ABSENT2

**PROMPT: IF A7 = 1, PROCEED TO A8.
IF A7 = 2 AND EVEN VISIT, SKIP TO QUESTION A14. IF A7 = 2 AND ODD VISIT, SKIP TO QUESTION A16.**

- A8. CERVICAL EXAMINATION
- DONE.....1
NOT DONE2
- REASON: _____ (A12)

- A9.
- | | <u>Present</u> | <u>Absent</u> |
|-------------------|----------------|---------------|
| a. Lesions | 1 (PROMPT) | 2 |
| b. Visible ectopy | 1 | 2 |
| c. Friability | 1 | 2 |

PROMPT: COMPLETE LESION CHART (A19, PAGE 3) AFTER COMPLETING EXAM.

[Empty box for WIHS ID#]

- 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
 - UNABLE TO PALPATE 3

PROMPT: IF ODD VISIT, SKIP TO QUESTION A16.

UTERINE EXAMINATION

- A13. UTERUS PRESENT
 - PRESENT 1
 - ABSENT 2 (A14)
 - UNABLE TO PALPATE 3 (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)
 - UNABLE TO PALPATE 3 (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
 - UNABLE TO PALPATE 3

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. CHECK WITH THE INTERVIEWER TO ENSURE THAT AN ASCERTAINMENT TRACKING CHECKLIST (ATC) WAS COMPLETED AND THAT MEDICAL RECORD RELEASE WAS OBTAINED.

GYNECOLOGICAL EXAM: ABNORMALITY/LESION CHART

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

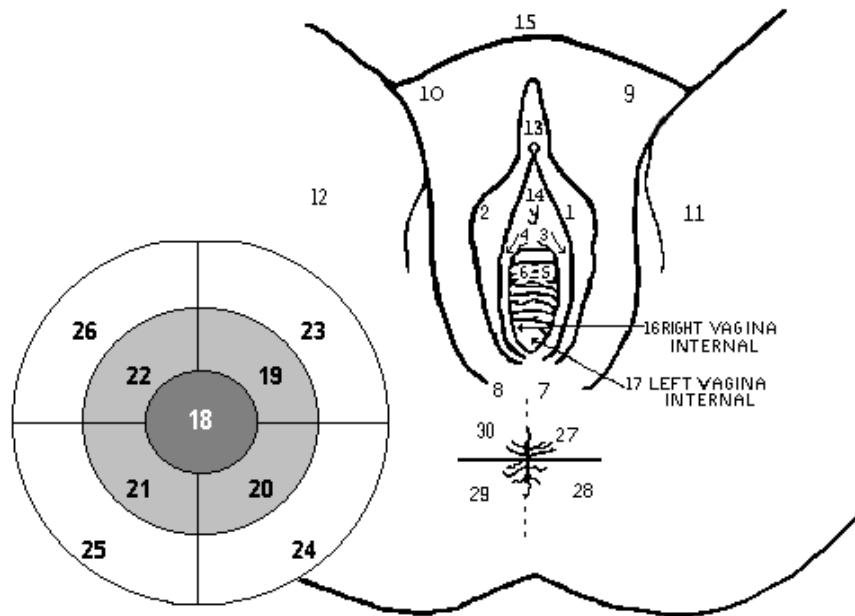
YES 1
NO 2 (A44, PAGE 5)

A. TOTAL NUMBER OF LOCATIONS WITH LESIONS:

PROMPT: IF THE TOTAL NUMBER OF LOCATIONS WITH LESIONS IS GREATER THAN FOUR, PLEASE USE A COPY OF PAGE 4 OF THIS FORM AND INSERT IT AFTER PAGE 4.

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 LOCATION CODE: __ __		
IF LOCATION CODE=31, SPECIFY LOCATIONS: _____		
LESION TYPE	YES	NO
A21. WART	1	2 (A22)
A22. ULCER	1	2 (A23)
A23. RASH	1	2 (A24)
A24. MASS	1	2 (A25)
A25. OTHER	1	2 (A26)
SPECIFY:		

A26. LOCATION #2 LOCATION CODE: __ __		
IF LOCATION CODE=31, SPECIFY LOCATIONS: _____		
LESION TYPE	YES	NO
A27. WART	1	2 (A28)
A28. ULCER	1	2 (A29)
A29. RASH	1	2 (A30)
A30. MASS	1	2 (A31)
A31. OTHER	1	2 (A32)
SPECIFY:		

IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO QUESTION A44.

A32. LOCATION #3 LOCATION CODE: __ __		
IF LOCATION CODE=31, SPECIFY LOCATIONS: _____		
LESION TYPE	YES	NO
A33. WART	1	2 (A34)
A34. ULCER	1	2 (A35)
A35. RASH	1	2 (A36)
A36. MASS	1	2 (A37)
A37. OTHER	1	2 (A38)
SPECIFY:		

A38. LOCATION #4 LOCATION CODE: __ __		
IF LOCATION CODE=31, SPECIFY LOCATIONS: _____		
LESION TYPE	YES	NO
A39. WART	1	2 (A40)
A40. ULCER	1	2 (A41)
A41. RASH	1	2 (A42)
A42. MASS	1	2 (A43)
A43. OTHER	1	2 (A44)
SPECIFY:		

IF NO OTHER LOCATIONS WITH LESIONS, SKIP TO QUESTION A44.

END F08S1

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	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>
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. vaginal	1	2
c. cervical	1	2
d. anal	1	2
e. other genital	1	2
B12. Other cervical abnormality SPECIFY: _____	1	2 (B19)

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

YES.....1
NO2

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.

