

**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: **1 0 / 0 1 / 1 1**

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 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.
- | | Present | Absent |
|-------------------|---------------------|--------|
| a. Lesions | 1 (PROMPT) | 2 |
| b. Visible ectopy | 1 | 2 |
| c. Friability | 1 | 2 |

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

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.

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.

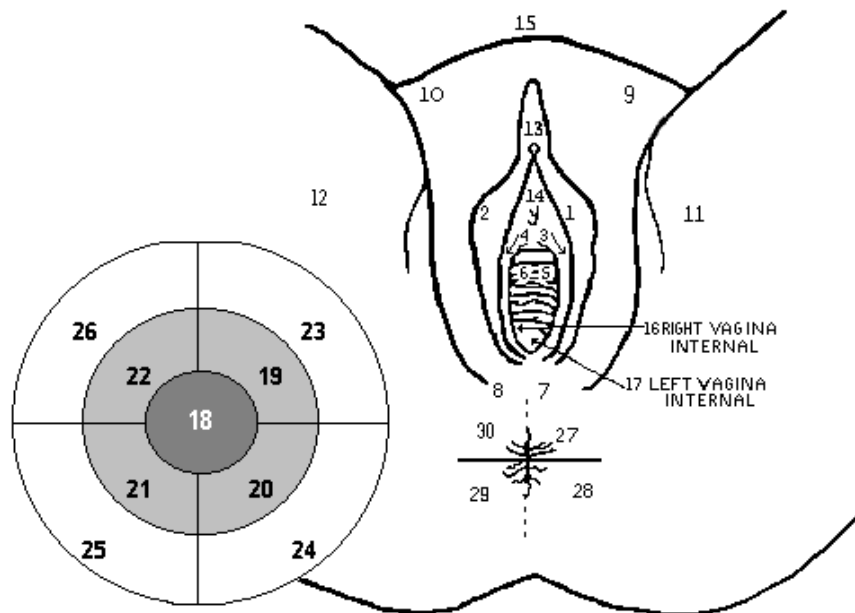
YES1
 NO2 (A44, PAGE 5)

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#

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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	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)
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.

