

**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: **10/01/13**

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  
PURULENT .....2  
CURDY .....3  
MILKY/CREAMY (NON-FLOCCULAR)....4  
FROTHY .....5  
BLOODY.....6

**CERVICAL EXAMINATION**

- A7. CERVIX PRESENT
- PRESENT .....1  
ABSENT .....2

**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 DONE .....2
- REASON: \_\_\_\_\_ (A12)
- 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 (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.**

WIHS ID#

**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.

YES ..... 1  
 NO ..... 2 (A44)

A20. TOTAL NUMBER OF LESIONS:

1 ..... 1  
 2 ..... 2  
 3 - 4 ..... 3  
 >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 \_\_\_\_\_

**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**

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	<u>YES</u>	<u>NO</u>
B3. Normal overall clinical impression	1 <b>(END)</b>	2
B8. Herpes	1	2 <b>(B11)</b>
a. primary/first episode	1	2
b. recurrent episode	1	2
c. chronic ulceration	1	2
B11. Wart	1	2 <b>(B12)</b>
a. vulvar	1	2 <b>(b)</b>
i. <i>Circle one of the following:</i>		
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 <b>(c)</b>
i. <i>Circle one of the following:</i>		
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
c. cervical	1	2 <b>(d)</b>
i. <i>Circle one of the following:</i>		
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 <b>(e)</b>
i. <i>Circle one of the following:</i>		
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#

	<u>YES</u>	<u>NO</u>
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 <b>SPECIFY:</b> _____	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.**

**ADDITIONAL COMMENTS**

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