

**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)

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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 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

**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>
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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
- | | Present | Absent | Not Done |
|------------------------|---------|--------|----------|
| 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.

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 (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. <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 (c)
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 (d)
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 (e)
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#

Empty rectangular box for WIHS ID#

	<u>YES</u>	<u>NO</u>
e. other genital	1	2 (B12)
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
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.

ADDITIONAL COMMENTS
