

**WOMEN'S INTERAGENCY HIV STUDY
FORM 23: OBSTETRIC, GYNECOLOGICAL & CONTRACEPTIVE HISTORY**

SECTION A: GENERAL INFORMATION

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE |_|_| - |_|_|_| - |_|_|_|_|_|_| - |_|_|
- A2. WIHS STUDY VISIT #: ___ ___
- A3. FORM VERSION: **10 / 01 / 06**
- A4. DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___
 M D Y
- A5. INTERVIEWER'S INITIALS: ___ ___ ___
- A6. DATE OF LAST STUDY VISIT (FROM VISIT CONTROL SHEET) ___ ___ / ___ ___ / ___ ___
 M D Y
- A7. TIME MODULE BEGAN: |_|_| : |_|_| AM 1
 PM 2

INTRODUCTION TO PARTICIPANT:

Now, I am going to ask you some questions about your pregnancies, gynecological history, and methods of birth control, since your study visit on ___ / ___ / ___.
 M D Y

SECTION B: GYN SURGERY HISTORY, PREGNANCY, AND MENSTRUATION

- B1. a. Since your (MONTH) study visit, were you treated for an abnormal Pap smear or did you have a biopsy of the cervix?
 - YES 1
 - NO 2 (GO TO B1c)

- b. Was that treatment:
 - Cryosurgery (freezing of the cervix)..... 1
 - Loop, LEEP or LETZ (electrical cutting of the cervix) 2
 - Laser conization or ablation (a laser was used)..... 3
 - Hysterectomy (major surgery under anesthesia; the uterus was removed) **4**
 - None of the above.....5

PROMPT: IF B1b = 4, THEN COMPLETE ASCERTANMENT TRACKING CHECKLIST, OBTAIN MEDICAL RECORD RELEASE, AND COMPLETE HYSTERECTOMY ABSTRACTION FORM.

- c. Since your (MONTH) study visit, were you treated for any other gynecological conditions?
 - YES 1
 - NO 2 (GO TO B2)
- d. What were you treated for? SPECIFY: _____

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B2. Since your (MONTH) study visit, have you had one ovary or both ovaries removed?

- NO OVARIES REMOVED.....1
- ONE OVARY REMOVED.....2
- BOTH OVARIES REMOVED.....3

B3. (Since your (MONTH) study visit, have you had) a tubal ligation?

- YES 1 **(GO TO B4)**
- NO..... 2

a. Have you ever had a tubal ligation?

- YES 1
- NO..... 2

B4. (Since your (MONTH) study visit, have you had) a dilation and curettage, a D&C?

- YES 1
- NO..... 2

B5. (Since your (MONTH) study visit, have you had) a hysterectomy, either partial or total? **(PROBE: A partial hysterectomy includes removal of the uterus, or womb, only. A total hysterectomy includes removal of the cervix in addition to the uterus or womb.)**

- YES **(GO TO B6a)**
- NO..... 2

PROMPT: IF B5 = 1, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST, OBTAIN MEDICAL RECORD RELEASE, AND COMPLETE HYSTERECTOMY ABSTRACTION FORM.

B6. Have you ever had a hysterectomy, either a partial or a total?

- YES 1 **(GO TO B20)**
- NO..... 2

a. INTERVIEWER: SELECT ONE OPTON BELOW TO DESCRIBE THE PARTICIPANT'S GYNECOLOGICAL SURGERY HISTORY. FOLLOW THE INDICATED SKIP PATTERN.

- PT. REPORTS NO GYNECOLOGICAL SURGERY 1 **(GO TO B7)**
- PT. REPORTS HYSTERECTOMY SLV (B1b=4 or B5=1)
or PT. REPORTS TUBAL LIGATION (B3=1 or B3a=1)
or PT. REPORTS BILATERAL OOPHERECTOMY (B2=3) 2 **(GO TO B8)**

B7. Are you currently pregnant?

- YES 1
- NO..... 2 **(GO TO B8)**

a. Have you seen a prenatal health care provider, doctor, nurse, nurse practitioner, midwife, or physician's assistant for this pregnancy?

- YES..... 1 **(GO TO B7c)**
- NO 2

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b. Do you have an appointment to see a health care provider?

YES..... 1
NO 2

IF PREGNANT, REFER FOR PRENATAL CARE IF NOT ALREADY RECEIVING

c. Excluding this pregnancy, since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome. (IF NONE CODE "00")

PREGNANCIES

PROMPT: IF B7c = 00, SKIP TO B13; IF B7c ≥ 01, SKIP TO B9

B8. Since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome.

PREGNANCIES

**PROMPT: IF B8 = 00 AND IF B6a = 2, SKIP TO B13.
IF B8 = 00 AND IF B6a = 1, SKIP TO B12.**

INSTRUCTIONS:

START F23S1

- **READ:** Now I am going to ask you about all of your pregnancies, since your (MONTH) study visit (excluding your current pregnancy). Let's begin with the first pregnancy.
- **HAND PARTICIPANT RESPONSE CARD 8**
- **COMPLETE FOR ALL PREGNANCIES REPORTED AT EITHER B7c OR B8, THEN SKIP TO B12 UNLESS PARTICIPANT IS CURRENTLY PREGNANT, THEN SKIP TO B13**
- **COLLECT MONTH AND YEAR FOR EACH PREGNANCY**

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I need the month and year.
B9. 1st	Live birth.....1 Stillbirth.....2 Ectopic Preg 5 (c) Abortion (Induced/ Elective/Therapeutic)3 (c) Other..... 6 (c) Miscarriage (Spontaneous Abortion)4 (c) (SPECIFY) DON'T KNOW..... <-8> (c)	_____ # BABIES	___ / ___ M Y
B10.2nd	LIVE BIRTH.....1 ECTOPIC PREG 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) (SPECIFY) MISCARRIAGE4 (c) DON'T KNOW..... <-8> (c)	_____ # BABIES	___ / ___ M Y
B11.3rd	LIVE BIRTH.....1 ECTOPIC PREG 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) (SPECIFY) MISCARRIAGE4 (c) DON'T KNOW..... <-8> (c)	_____ # BABIES	___ / ___ M Y

END F23S1

PROMPT: IF CURRENTLY PREGNANT (B7=YES), SKIP TO B13

WIHS ID#

B12. Are you trying to get pregnant now?

YES 1
NO 2

B13. Now, I am going to ask you some questions about your periods. Have you had a period in the past 6 months?

YES 1
NO 2 **(GO TO B20)**

B14. When was the first day of your most recent period? If you currently have your period, please give me the day you first started bleeding. **(PROBE:** Please try to remember as best you can.)

___ ___ / ___ ___ / ___ ___
M D Y

B17. In the past 6 months, has your period been at least three days early or at least three days late?

YES 1
NO 2

B18. In the past 6 months, have you skipped any monthly periods when you were not pregnant or breast feeding?

YES 1
NO 2

B19. In the past 6 months, have you noticed any spotting or bleeding between periods?

YES **1**
NO 2

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B20. Have you been through menopause (the change of life)? **(PROBE:** Menopause means you have not menstruated or had your period in 12 or more months. This does not include not having your period because you are pregnant, or because of medications you may be taking.)

YES 1
NO 2

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B21. During the past 6 months, have you had bleeding after vaginal intercourse with a male or penetration by a sexual toy (i.e., dildo) when you did not have your period?

YES 1
NO 2

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SECTION C: HORMONES, BIRTH CONTROL AND BARRIER METHODS

INTRODUCTION: The following questions are about methods which are used to prevent pregnancy, regulate the menstrual cycle and/or prevent the transmission of sexual diseases. Please provide information on all of the methods you have used during the last six months for any reason.

PROMPT: IF PARTICIPANT HAD TUBAL LIGATION (B3a = 1) or HYSTERECTOMY (B6 = 1) PRIOR TO HER (MONTH) STUDY VISIT, then SKIP TO C8.

Table with 2 columns: 'In the past 6 months have you used (METHOD):' and 'In the past 6 months, have you used (METHOD)...'. Rows include C1. The Pill/ Oral Contraceptives? and C2. Norplant? with sub-questions and response options.

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In the past 6 months have you used: (METHOD)	In the past 6 months, have you used (METHOD)...
<p>C3.</p> <p>i. Depo/Depo Provera Injection?</p> <p>YES 1</p> <p>NO 2 (C3ii)</p> <p>DECLINED<-7> (C3ii)</p> <p>a. When did you receive your most recent injection? I need the month and the year.</p> <p style="text-align: center;"> ___ ___ / ___ ___ M Y </p>	<p><u>YES</u> <u>NO</u></p> <p>b. For birth control1 2</p> <p>c. To regulate your periods.....1 2</p> <p>d. For any other reason.....1 2 (C3ii)</p> <hr style="width: 80%; margin-left: auto; margin-right: 0;"/> <p>(SPECIFY)</p>
<p>ii. Implanon, progestin implantable contraceptive?</p> <p>YES 1</p> <p>NO 2 (C4)</p> <p>DECLINED<-7> (C4)</p> <p>a. When did you receive your most recent implant? I need the month and the year.</p> <p style="text-align: center;"> ___ ___ / ___ ___ M Y </p>	<p><u>YES</u> <u>NO</u></p> <p>b. For birth control1 2</p> <p>c. To regulate your periods.....1 2</p> <p>d. For any other reason.....1 2 (C4)</p> <hr style="width: 80%; margin-left: auto; margin-right: 0;"/> <p>(SPECIFY)</p>
<p>C4. An intrauterine device (IUD)?</p> <p>YES..... 1</p> <p>NO 2 (C5)</p> <p>DECLINED<-7> (C5)</p> <p>a. What type of IUD did you use?</p> <p style="padding-left: 20px;">IUD with hormone? (Progestasert, Mirena) 1</p> <p style="padding-left: 20px;">IUD without hormone? (Paragard) 2</p> <p style="padding-left: 20px;">DON'T KNOW <-8></p>	
<p>C5. Ortho Evra, the once-a-week birth control patch?</p> <p>YES..... 1</p> <p>NO 2</p> <p>DECLINED<-7></p>	
<p>C6. NuvaRing, a vaginal ring containing hormone inserted once-a-month?</p> <p>YES..... 1</p> <p>NO 2</p> <p>DECLINED<-7></p>	

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In the past 6 months have you or your partners used: (METHOD)	In the past 6 months, have you used (METHOD)...												
<p>C7. Emergency Contraception? (PROBE: hormonal emergency contraceptive pills, Plan B, Ovral, PREVEN)</p> <p>YES..... 1</p> <p>NO2 (C8)</p> <p>DECLINED.....<-7> (C8)</p> <p>a. How many times have you taken emergency contraception during the last 6 months?</p> <div style="text-align: center;"> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 15px; margin-bottom: 5px;"></div> # of TIMES </div>													
<p>C8. Diaphragm or Cervical Cap?</p> <p>YES..... 1</p> <p>NO2 (C9)</p> <p>DECLINED<-7> (C9)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>YES</u></th> <th style="width: 10%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C9)</td> </tr> </tbody> </table> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p>(SPECIFY)</p>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV.....	1	2	c. For any other reason.....	1	2 (C9)
	<u>YES</u>	<u>NO</u>											
a. For birth control.....	1	2											
b. To avoid getting or giving STDs or HIV.....	1	2											
c. For any other reason.....	1	2 (C9)											
<p>C9. Vaginal Creams, Jellies, Foams, or the Sponge?</p> <p>YES..... 1</p> <p>NO2 (C10)</p> <p>DECLINED<-7> (C10)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>YES</u></th> <th style="width: 10%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C10)</td> </tr> </tbody> </table> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p>(SPECIFY)</p>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV.....	1	2	c. For any other reason.....	1	2 (C10)
	<u>YES</u>	<u>NO</u>											
a. For birth control.....	1	2											
b. To avoid getting or giving STDs or HIV.....	1	2											
c. For any other reason.....	1	2 (C10)											
<p>C10. The rhythm method or withdrawal?</p> <p>YES..... 1</p> <p>NO2</p> <p>DECLINED<-7></p>													
<p>C11. Male Condoms?</p> <p>YES..... 1</p> <p>NO2 (C12)</p> <p>DECLINED<-7> (C12)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>YES</u></th> <th style="width: 10%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C12)</td> </tr> </tbody> </table> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p>(SPECIFY)</p>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV.....	1	2	c. For any other reason.....	1	2 (C12)
	<u>YES</u>	<u>NO</u>											
a. For birth control.....	1	2											
b. To avoid getting or giving STDs or HIV.....	1	2											
c. For any other reason.....	1	2 (C12)											

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In the past 6 months have you or your partners used: (METHOD)	In the past 6 months, have you used (METHOD)...	
<p>C12. Female Condoms?</p> <p>YES..... 1</p> <p>NO2 (C13)</p> <p>DECLINED<-7> (C13)</p>	<u>YES</u>	<u>NO</u>
	<p>a. For birth control 1</p> <p>b. To avoid getting or giving STDs or HIV 1</p> <p>c. For any other reason..... 1</p>	<p>2</p> <p>2</p> <p>2 (C13)</p>
(SPECIFY)		
<p>C13. Abstinence / No Sex?</p> <p>YES..... 1</p> <p>NO2 (C14)</p> <p>DECLINED<-7> (C14)</p>	<u>YES</u>	<u>NO</u>
	<p>a. For birth control 1</p> <p>b. To avoid getting or giving STDs or HIV 1</p> <p>c. For any other reason..... 1</p>	<p>2</p> <p>2</p> <p>2 (C14)</p>
(SPECIFY)		

C14. In the past 6 months have you used any other method or anything else that you haven't mentioned to keep you from getting pregnant?

YES 1
NO 2 (C15)

a. What is it? SPECIFY: _____

C15. In the past 6 months have you used any other method such as dental dams, or saran wrap, to avoid getting or giving sexually transmitted diseases or HIV?

YES 1
NO 2 (SECTION E)

a. What method did you use to avoid getting or giving sexually transmitted diseases or HIV?

(SPECIFY)

SECTION E: GYNECOLOGICAL INFECTIONS

Now I am going to ask you about conditions that a health care provider may have told you that you had since your (MONTH) study visit. Please do not include those conditions that you were told of during your (MONTH) study visit.

Since your (MONTH) study visit, have you been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had:

	<u>YES</u>	<u>NO</u>	
E1. Gonorrhea (GC, the clap)?	1	2	(E2)
a. Was that found during your (MONTH) study visit?	1	2	
E2. Syphilis?.....	1	2	(E3)
a. Was that found during your (MONTH) study visit?	1	2	
E3. Chlamydia?.....	1	2	(E4)
a. Was that found during your (MONTH) study visit?	1	2	
E4. PID, Pelvic inflammatory disease?.....	1	2	(E5)
a. Was that found during your (MONTH) study visit?	1	2	
E5. Herpes in or around your genital area? (PROBE: Your vagina or anus.)	1	2	(E6)
a. Was that found during your (MONTH) study visit?	1	2	
E6. Warts in or around your genital area? (PROBE: Your vagina or anus.)	1	2	(E7)
a. Was that found during your (MONTH) study visit?	1	2	
E7. Trichomonal Vaginitis, trich?.....	1	2	(E8)
a. Was that found during your (MONTH) study visit?	1	2	
E8. Bacterial Vaginitis, BV?.....	1	2	(E9)
a. Was that found during your (MONTH) study visit?	1	2	
E9. Vaginal Yeast Infection (Candida or fungal infections)?.....	1	2	(E16)
a. Was that found during your (MONTH) study visit?	1	2	
b. Have you had more than one vaginal yeast infection (Candida or fungal infections) since your (MONTH) study visit?			
YES	1		
NO	2		

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[Empty box for WIHS ID#]

c. Have you taken any medication(s) (either by mouth or in a cream or lotion) for a vaginal yeast infection?

YES 1
NO 2 (E15)

d. SPECIFY: _____

E15. How many days did your most recent vaginal yeast infection last? (PROBE: Please remember as best you can.) (PROBE: If the infection is still present count from the day it began until today.)

#DAYS

E16. Since your (MONTH) study visit, have you been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had any form of vaginitis other than those already discussed?

YES 1
NO 2
DON'T KNOW <-8>
DECLINED <-7>

The next set of questions asks about symptoms you may have experienced since your (MONTH) study visit.

Have you experienced:

	<u>Y</u> <u>E</u> <u>S</u>	<u>N</u> <u>O</u>
E17. Abnormal or increased vaginal discharge?	1	2
E18. Abnormal or unusual vaginal odor?	1	2
E19. Itching in or around your vagina?	1	2
E20. A sore or ulcer in or around your genital area? (PROBE: Your vagina or anus.)	1	2
E21. Pain in or around your vagina?	1	2

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

SECTION F: MAMMOGRAPHY AND BREAST CONDITIONS

In this next section I am going to ask about breast conditions and mammograms.

Since your (MONTH) study visit, have you:

	<u>Y</u> <u>E</u> <u>S</u>	<u>N</u> <u>O</u>
F1. been breast feeding?	1 (F4)	2
F2. had a discharge from either nipple?	1	2
F3. had pain in your breast or breasts?	1	2 (F4)
a. Was this the week prior to getting your period?	1	2
F4. had a lump or lumps in your breast or breasts?	1	2

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

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F5. Since your (MONTH) study visit, have you had a mammogram? (**PROBE:** A mammogram is a special type of x-ray for examining the breast.)

YES 1
NO 2 (F9)

F6. Was your most recent mammogram done:

As a routine test or age related 1
Because of a family history of breast cancer 2
For evaluation of a breast mass or lump 3

F7. What was the result of your mammogram? Was it normal (negative), abnormal (positive), or was there another result?

NORMAL OR NEGATIVE TEST 1
ABNORMAL OR POSITIVE TEST 2
OTHER 3

(SPECIFY)

F9. TIME MODULE ENDED:

|_|_| : |_|_|

AM 1
PM 2