

**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:      **11/06/13**
- A4. DATE OF INTERVIEW:           /      /       
   M          D          Y
- A5. INTERVIEWER'S INITIALS:
- A6. DATE FORM LAST ADMINISTERED:           /      /       
   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, have you had a Pap test? (PROBE: Pap smear, Papanicolaou test, a test for early detection of cancer of the cervix.) (PROMPT: Do not include Pap tests that were performed by WIHS.)
- YES ..... 1  
NO ..... 2 (c)
- b. Were you told that this Pap test was abnormal?
- YES ..... 1  
NO ..... 2
- c. Since your (MONTH) study visit, did you have colposcopy? (PROBE: Colposcopy uses an instrument like binoculars to examine the cervix, and a biopsy may or may not have been taken.) (PROMPT: Do not include colposcopic exams that were performed by WIHS.)
- YES ..... 1  
NO ..... 2
- d. Since your (MONTH) study visit, were you treated for any cervical abnormality? (PROMPT: Do not include treatments performed by WIHS.)
- YES ..... 1  
NO ..... 2 (f)

e. 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

f. Since your (MONTH) study visit, were you treated for any other gynecological conditions?

- YES ..... 1
- NO..... 2 (B2)

g. What were you treated for? SPECIFY: \_\_\_\_\_

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)

a. Have you ever had both ovaries removed?

- YES ..... 1
- NO..... 2

B3. (Since your (MONTH) study visit, have you had) a permanent sterilization procedure, such as tubal ligation (tubes tied) or Essure procedure or Adiana?

- YES ..... 1 (B4)
- NO..... 2

a. Have you ever had a permanent sterilization procedure, such as tubal ligation (tubes tied) or Essure procedure?

- 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 ..... 1 (B6a)
- NO..... 2

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

- YES ..... 1 (B20)
- NO..... 2

**PROMPT: IF PARTICIPANT REPORTED “EVER” HAVING A BILATERAL OOPHORECTOMY (QUESTION B2a=1), THEN SKIP TO QUESTION B20.**

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

- PT. REPORTS NO GYNECOLOGICAL SURGERY ..... 1 (B7)
- PT. REPORTS HYSTERECTOMY **SLV** (B1e=4 or B5=1)  
or PT. REPORTS STERILIZATION **SLV** (B3=1)  
or PT. REPORTS BILATERAL OOPHORECTOMY **SLV** (B2=3) ..... 2 (B8)
- PT. REPORTS PRIOR STERILIZATION (B3a=1) ..... 3 (B13)

B7. Are you currently pregnant?

- YES ..... 1
- NO ..... 2 (B8)

a. Were you trying to get pregnant?

- YES ..... 1 (B7b)
- NO ..... 2

i. Were you using a method of birth control when you became pregnant?

- YES ..... 1
- NO ..... 2 (B7b)

ii. **HAND PARTICIPANT RESPONSE CARD 8A.**

What kind of birth control were you using?

- Condoms ..... 1
- Pills ..... 2
- Patch ..... 3
- Vaginal ring ..... 4
- Depo shot ..... 5
- Implant (Implanon) ..... 6
- 3-year hormonal IUD (Skyla) ..... 7
- 5-year hormonal IUD (Mirena) ..... 8
- 10-year copper IUD (ParaGard) ..... 9
- Permanent (tubes tied, Essure, Adiana) ..... 10
- Other ..... 11

SPECIFY: \_\_\_\_\_

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

- YES ..... 1 (B7d)
- NO ..... 2

c. 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**

WIHS ID#

[Empty box for WIHS ID#]

d. 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 B7d = 00, SKIP TO B13; IF B7d ≥ 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 (SURGERY SLV), SKIP TO B13.  
IF B8 = 00 AND IF B6a = 1 (NO SURGERY SLV), 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 B7d 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?  # BABIES	c. Were you trying to get pregnant at the time?		d. When did this occur/happen? I need the month and year.  M Y
			YES	NO	
B9. 1st	Live birth.....1 Stillbirth.....2 Abortion (Induced/ Elective/Therapeutic) .....3 (c) Miscarriage (Spontaneous Abortion) .....4 (c) Ectopic Preg .....5 (c) Other.....6 (c) SPECIFY: _____ DON'T KNOW..... <-8> (c)	_____ # BABIES	1	2	_____/_____ M Y
B10.2nd	LIVE BIRTH.....1 STILLBIRTH .....2 ABORTION .....3 (c) MISCARRIAGE .....4 (c) ECTOPIC PREG .....5 (c) OTHER .....6 (c) SPECIFY: _____ DON'T KNOW..... <-8> (c)	_____ # BABIES	1	2	_____/_____ M Y
B11.3rd	LIVE BIRTH.....1 STILLBIRTH .....2 ABORTION .....3 (c) MISCARRIAGE .....4 (c) ECTOPIC PREG .....5 (c) OTHER .....6 (c) SPECIFY: _____ DON'T KNOW..... <-8> (c)	_____ # BABIES	1	2	_____/_____ M Y

**END F23S1**

**PROMPT: IF CURRENTLY PREGNANT (B7=1), OR IF PARTICIPANT REPORTS GYNECOLOGICAL SURGERY SLV (B6a=2), SKIP TO QUESTION B13.**

B12. **HAND PARTICIPANT RESPONSE CARD 8B.**  
How would you feel if you got pregnant now?

- Very happy..... 1
- Somewhat happy ..... 2
- Wouldn't care..... 3
- Somewhat upset ..... 4
- Very upset ..... 5
- I can't get pregnant ..... 6 (B13)

**a. HAND PARTICIPANT RESPONSE CARD 8C.**

If you are not currently trying to get pregnant, what are you using to prevent pregnancy?

- I am trying to get pregnant..... 1
- Condoms alone..... 2
- Pills ..... 3
- Patch..... 4
- Vaginal ring..... 5
- Depo shot ..... 6
- Implant (Implanon) ..... 7
- 3-year hormonal IUD (Skyla) ..... 8
- 5-year hormonal IUD (Mirena)..... 9
- 10-year copper IUD (ParaGard)..... 10
- Permanent (tubes tied, Essure, Adiana) ..... 11
- Condoms and pills..... 12
- Condoms and patch..... 13
- Condoms and vaginal ring ..... 14
- Condoms and the shot ..... 15
- Condoms and the implant..... 16
- Condoms and the 3-year IUD ..... 17
- Condoms and the 5-year IUD ..... 18
- Condoms and the 10-year IUD ..... 19
- Nothing ..... 20
- Other ..... 21

SPECIFY: \_\_\_\_\_

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 (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

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

WIHS ID#

[Empty box for WIHS ID#]

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
- N/A; HAD HYSTERECTOMY .... 3

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

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

**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.

C0. In the past six months, have you used any form of birth control at all (including condoms or abstinence), either to prevent pregnancy, to avoid getting or giving STDs or HIV, to regulate your periods, or for any other reason?

- YES ..... 1
- NO..... 2 (**SECTION E**)

a. HAS PARTICIPANT HAD A STERILIZATION PROCEDURE (i.e., QUESTION B3a = 1) OR BILATERAL OOPHORECTOMY (B2a = 1) PRIOR TO HER LAST STUDY VISIT?

- YES ..... 1 (**C8**)
- NO..... 2

b. HAS PARTICIPANT HAD A HYSTERECTOMY PRIOR TO HER LAST STUDY VISIT (i.e., QUESTION B6 = 1)?

- YES ..... 1 (**C8**)
- NO..... 2

--

<p>In the past 6 months have you used (METHOD):</p> <p><b>C1. The Pill / Oral Contraceptives?</b></p> <p>YES.....1</p> <p>NO .....2 <b>(C3i)</b></p> <p>DECLINED .....&lt;-7&gt; <b>(C3i)</b></p> <p>a. For how many months during the last 6 months have you taken the pill or OCs?</p> <p style="margin-left: 20px;"> _ _ _ </p> <p style="margin-left: 20px;"># MONTHS</p> <p>b. Did you take the pill in a way that means you won't have a period?</p> <p>YES.....1</p> <p>NO .....2</p>	<p>In the past 6 months, have you used (METHOD) ...</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>d. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. To regulate your periods .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. For any other reason .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 <b>(C3i)</b></td> </tr> </tbody> </table> <p>SPECIFY: _____</p>		<u>YES</u>	<u>NO</u>	d. For birth control.....	1	2	e. To regulate your periods .....	1	2	f. For any other reason .....	1	2 <b>(C3i)</b>
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f. For any other reason .....	1	2 <b>(C3i)</b>											
<p><b>C3i. Depo/Depo Provera Injection?</b></p> <p>YES.....1</p> <p>NO .....2 <b>(C3ii)</b></p> <p>DECLINED .....&lt;-7&gt; <b>(C3ii)</b></p> <p>a. When did you receive your most recent injection? I need the month and the year.</p> <p style="margin-left: 20px;">_ / _</p> <p style="margin-left: 20px;">M Y</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>b. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. To regulate your periods .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. For any other reason .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 <b>(C3ii)</b></td> </tr> </tbody> </table> <p>SPECIFY: _____</p>		<u>YES</u>	<u>NO</u>	b. For birth control.....	1	2	c. To regulate your periods .....	1	2	d. For any other reason .....	1	2 <b>(C3ii)</b>
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c. To regulate your periods .....	1	2											
d. For any other reason .....	1	2 <b>(C3ii)</b>											
<p><b>C3ii. Implanon or Nexplanon, progestin implantable contraceptive?</b></p> <p>YES.....1</p> <p>NO .....2 <b>(C4)</b></p> <p>DECLINED .....&lt;-7&gt; <b>(C4)</b></p> <p>a. When did you receive your most recent implant? I need the month and the year.</p> <p style="margin-left: 20px;">_ / _</p> <p style="margin-left: 20px;">M Y</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>b. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. To regulate your periods .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. For any other reason .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 <b>(C4)</b></td> </tr> </tbody> </table> <p>SPECIFY: _____</p>		<u>YES</u>	<u>NO</u>	b. For birth control.....	1	2	c. To regulate your periods .....	1	2	d. For any other reason .....	1	2 <b>(C4)</b>
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b. For birth control.....	1	2											
c. To regulate your periods .....	1	2											
d. For any other reason .....	1	2 <b>(C4)</b>											
<p><b>C4. An intrauterine device (IUD)?</b></p> <p>YES.....1</p> <p>NO .....2 <b>(C5)</b></p> <p>DECLINED .....&lt;-7&gt; <b>(C5)</b></p> <p>a. What type of IUD did you use?</p> <p style="margin-left: 20px;">5-year IUD <b>with</b> hormone? (Mirena) ..... 1</p> <p style="margin-left: 20px;">10-year copper IUD <b>without</b> hormone? (ParaGard) ..... 2</p> <p style="margin-left: 20px;">3-year IUD <b>with</b> hormone? (Skyla) ..... 3</p> <p style="margin-left: 20px;">DON'T KNOW ..... &lt;-8&gt;</p>													

WIHS ID#

In the past 6 months have you used (METHOD):	In the past 6 months, have you used (METHOD) ...															
<p>C5. Ortho Evra, the once-a-week birth control patch?</p> <p>YES.....1</p> <p>NO .....2</p> <p>DECLINED .....&lt;-7&gt;</p>																
<p>C6. NuvaRing, a vaginal ring containing hormone inserted once-a-month?</p> <p>YES.....1</p> <p>NO .....2</p> <p>DECLINED .....&lt;-7&gt;</p>																
<p>C7. Emergency Contraception? (<b>PROBE:</b> hormonal emergency contraceptive pills, Plan B, Ovral, Next Choice, Ella, levonorgestrel tablets, or the 10-year copper IUD)</p> <p>YES.....1</p> <p>NO .....2 (C8)</p> <p>DECLINED.....&lt;-7&gt; (C8)</p> <p style="margin-left: 40px;">a. How many times have you taken emergency contraception during the last 6 months?    <u>    </u><u>    </u> # of TIMES</p>																
<p>C8. Diaphragm or Cervical Cap?</p> <p>YES.....1</p> <p>NO .....2 (C9)</p> <p>DECLINED ..... &lt;-7&gt; (C9)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">YES</th> <th style="text-align: center; border-bottom: 1px solid black;">NO</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> <tr> <td colspan="3" style="padding-top: 5px;">SPECIFY: _____</td> </tr> </tbody> </table>		YES	NO	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)	SPECIFY: _____		
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b. To avoid getting or giving STDs or HIV .....	1	2														
c. For any other reason .....	1	2 (C9)														
SPECIFY: _____																
<p>C9. Vaginal Creams, Jellies, Foams, or the Sponge?</p> <p>YES.....1</p> <p>NO .....2 (C10)</p> <p>DECLINED .....&lt;-7&gt; (C10)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">YES</th> <th style="text-align: center; border-bottom: 1px solid black;">NO</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> <tr> <td colspan="3" style="padding-top: 5px;">SPECIFY: _____</td> </tr> </tbody> </table>		YES	NO	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)	SPECIFY: _____		
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SPECIFY: _____																
<p>C10. The rhythm method or withdrawal?</p> <p>YES.....1</p> <p>NO .....2</p> <p>DECLINED ..... &lt;-7&gt;</p>																
<p>C11. Male Condoms?</p> <p>YES.....1</p> <p>NO .....2 (C12)</p> <p>DECLINED ..... &lt;-7&gt; (C12)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">YES</th> <th style="text-align: center; border-bottom: 1px solid black;">NO</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> <tr> <td colspan="3" style="padding-top: 5px;">SPECIFY: _____</td> </tr> </tbody> </table>		YES	NO	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)	SPECIFY: _____		
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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)														
SPECIFY: _____																



WIHS ID#

[Empty box for WIHS ID#]

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

**PROMPT: IF QUESTION C0a=2 AND QUESTION C0b=2 (I.E., BOTH C0a AND C0b ARE NO), THEN GO TO QUESTION C14. HOWEVER, IF EITHER QUESTION C0a=1 OR C0b=1, THEN SKIP TO QUESTION C15.**

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: \_\_\_\_\_

WIHS ID#

**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	<b>(E2)</b>
a. Was that found during your (MONTH) study visit?	1	2	
E2. Syphilis? .....	1	2	<b>(E3)</b>
a. Was that found during your (MONTH) study visit?	1	2	
E3. Chlamydia?.....	1	2	<b>(E4)</b>
a. Was that found during your (MONTH) study visit?	1	2	
E4. PID, Pelvic inflammatory disease?.....	1	2	<b>(E5)</b>
a. Was that found during your (MONTH) study visit?	1	2	
E5. Herpes in or around your genital area? <b>(PROBE: Your vagina or anus.)</b> .....	1	2	<b>(E6)</b>
a. Was that found during your (MONTH) study visit?	1	2	
E6. Warts in or around your genital area? <b>(PROBE: Your vagina or anus.)</b> .....	1	2	<b>(E7)</b>
a. Was that found during your (MONTH) study visit?	1	2	
E7. Trichomonal Vaginitis, trich?.....	1	2	<b>(E8)</b>
a. Was that found during your (MONTH) study visit?	1	2	
E8. Bacterial Vaginitis, BV?.....	1	2	<b>(E9)</b>
a. Was that found during your (MONTH) study visit?	1	2	
E9. Vaginal Yeast Infection (Candida or fungal infections)?.....	1	2	<b>(E17)</b>
a. Was that found during your (MONTH) study visit?	1	2	
b. How many times have you had a vaginal yeast infection since your (MONTH) study visit?	_ _	_ _	TIMES

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

Have you experienced:	<u>YES</u>	<u>NO</u>
E17. Abnormal or increased vaginal discharge? .....	<b>1</b>	2
E18. Abnormal or unusual vaginal odor?.....	<b>1</b>	2
E19. Itching in or around your vagina?.....	<b>1</b>	2
E20. A sore or ulcer in or around your genital area? <b>(PROBE: Your vagina or anus.)</b> .....	<b>1</b>	2
E21. Pain in or around your vagina? .....	<b>1</b>	2

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

