

WOMEN'S INTERAGENCY HIV STUDY
PHYSICAL EXAMINATION ADDENDUM
FORM 7r

AFFIX ID LABEL HERE →

PARTICIPANT ID: - - -

WIHS STUDY VISIT #:

FORM VERSION: **10/01/10**

DATE OF PHYSICAL EXAM: / /
M D Y

EXAMINER'S INITIALS:

SECTION A: GENERAL PHYSICAL CHARACTERISTICS

PROMPT: IF VISIT NUMBER IS EVEN, SKIP TO SECTION B. HEIGHT WILL BE RECORDED ON F07.

A1. HEIGHT: IN

SECTION B: SKIN EXAM

PROMPT: AS YOU PROCEED WITH THE PHYSICAL EXAM, RESPONSES CIRCLED "YES" THAT ARE SHADED REQUIRE PROMPT REFERRAL FOR EVALUATION AND/OR TREATMENT. PLEASE REFER TO YOUR MANUAL FOR REFERRAL GUIDELINES.

B1. SKIN EXAM:
NORMAL..... 1 (SKIP TO SECTION C)
ABNORMAL..... 2
NOT DONE..... 3 (SKIP TO SECTION C)

B2. TOTAL # OF DIFFERENT LOCATION CODES RECORDED AT B3 – B10.

PROMPT: THE # OF BOXES COMPLETED (B3 – B10) MUST EQUAL THE VALUE RECORDED IN QUESTION B2.

PROMPT: REFER PARTICIPANTS WITH SKIN LESIONS TO MEDICAL PROVIDER AS APPROPRIATE.

WIHS ID#

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START F7rs1

LOCATION CODES			
12 Generalized 15 Scalp 01 Face 06 Neck 02 Anterior chest	16 Posterior chest 04 Axilla 17 Anterior abdomen 07 Lower back 09 Inguina	66 Buttocks 03 Arms 18 Hands 10 Palms 08 Legs	77 Feet 05 Soles 11 Nails 13 Other 14 3 or more locations

DESCRIPTION CODES (choose 1 primary lesion and 1 or 2 descriptions)				
Primary Lesions:	120 Vesicle (clear liquid-filled bump)	136 Hypopigmented (lighter color)	118 Erythematous (red)	143 Eroded
101 Diffuse maculopapular	107 Bulla (fluid-filled lesion > .05 cm)	113 Violaceous (purple)	133 Petechial	141 Atrophic (thinned out)
105 Papule (small bump)	106 Fissure (linear ulcer)	114 Yellow/white	134 Scaly (flaking)	142 Umbilicated
131 Nodule (big bump)	143 Erosion (shallow ulcer)	138 Ecchymotic	115 Excoriated (scratched)	144 Edematous (swollen)
103 Macule (small flat spot)	145 Ulcer (deep ulcer)	109 Annular (round)	146 Pruritic	140 Other
102 Patch (large flat spot)	Descriptions:	111 Grouped	122 Tender	
104 Plaque (raised area)	110 Nevus (brown/black)	137 Dermatomal	132 Target (ring-shaped)	
169 Pustule (small pus-filled bump)	135 Hyperpigmented (darker color)	112 Linear (line)	116 Ulcerated	
		117 Crusted		

DIAGNOSIS CODES				
Bacterial:	253 Tinea versicolor (pigment changing)	261 Seborrheic dermatitis	258 Kaposi's sarcoma	213 Alopecia (other)
201 Abscess	Infestations:	217 Post inflammatory hyperpigmentation	211 Squamous cell carcinoma	214 Xanthelasma
242 Cellulitis	272 Scabies	248 Psoriasis	Viral:	215 Scar
245 Folliculitis	204 Insect bites	264 Xerosis (dry skin)	257 Herpes simplex	270 Tracks
273 Impetigo	205 Lice	275 Eosinophilic folliculitis	252 Herpes zoster-varicella	249 Secondary syphilis
Fungal:	Inflammatory:	276 Rosacea	247 Molluscum	251 Wound infection
259 Onychomycosis (nails)	241 Acne	277 Hidradenitis	254 Wart	216 Cyst
202 Tinea capitis (scalp)	206 Atopic dermatitis	278 Pruritis (not otherwise defined)	Other:	279 Lipoma
203 Tinea coporis (body)	207 Contact dermatitis	Neoplastic:	274 Nevus	280 Vitiligo
250 Tinea cruris (groin)	243 Drug rash	210 Basal cell carcinoma	246 Jaundice	265 Other
263 Tinea pedis (feet)	256 Erythema multiforme		212 Male pattern alopecia	299 Unknown

<p>B3. LOCATION #1</p> <p>a. LOCATION CODE <input style="width: 50px;" type="text"/></p> <p>b. DESCRIPTION CODES i. <input style="width: 50px;" type="text"/> ii. <input style="width: 50px;" type="text"/> iii. <input style="width: 50px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299") <input style="width: 50px;" type="text"/></p> <p style="text-align: center;">PROMPT: IF NO OTHER LOCATIONS SKIP TO SECTION C.</p>	<p>B4. LOCATION #2</p> <p>a. LOCATION CODE <input style="width: 50px;" type="text"/></p> <p>b. DESCRIPTION CODES i. <input style="width: 50px;" type="text"/> ii. <input style="width: 50px;" type="text"/> iii. <input style="width: 50px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299") <input style="width: 50px;" type="text"/></p> <p style="text-align: center;">PROMPT: IF NO OTHER LOCATIONS SKIP TO SECTION C.</p>
<p>B5. LOCATION #3</p> <p>a. LOCATION CODE <input style="width: 50px;" type="text"/></p> <p>b. DESCRIPTION CODES i. <input style="width: 50px;" type="text"/> ii. <input style="width: 50px;" type="text"/> iii. <input style="width: 50px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299") <input style="width: 50px;" type="text"/></p> <p style="text-align: center;">PROMPT: IF NO OTHER LOCATIONS SKIP TO SECTION C.</p>	<p>B6. LOCATION #4</p> <p>a. LOCATION CODE <input style="width: 50px;" type="text"/></p> <p>b. DESCRIPTION CODES i. <input style="width: 50px;" type="text"/> ii. <input style="width: 50px;" type="text"/> iii. <input style="width: 50px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299") <input style="width: 50px;" type="text"/></p> <p style="text-align: center;">PROMPT: IF NO OTHER LOCATIONS SKIP TO SECTION C.</p>

WIHS ID#

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06 Neck	07 Lower back	10 Palms	13 Other
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<p>B7. LOCATION #5</p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES i. <input style="width: 40px;" type="text"/> ii. <input style="width: 40px;" type="text"/> iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;">PROMPT: IF NO OTHER LOCATIONS SKIP TO SECTION C.</p>	<p>B8. LOCATION #6</p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES i. <input style="width: 40px;" type="text"/> ii. <input style="width: 40px;" type="text"/> iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;">PROMPT: IF NO OTHER LOCATIONS SKIP TO SECTION C.</p>
<p>B9. LOCATION #7</p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES i. <input style="width: 40px;" type="text"/> ii. <input style="width: 40px;" type="text"/> iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;">PROMPT: IF NO OTHER LOCATIONS SKIP TO SECTION C.</p>	<p>B10. LOCATION #8</p> <p>a. LOCATION CODE <input style="width: 40px;" type="text"/></p> <p>b. DESCRIPTION CODES i. <input style="width: 40px;" type="text"/> ii. <input style="width: 40px;" type="text"/> iii. <input style="width: 40px;" type="text"/></p> <p>c. DIAGNOSIS (If unknown enter "299") <input style="width: 40px;" type="text"/></p> <p style="text-align: center;">PROMPT: IF NO OTHER LOCATIONS SKIP TO SECTION C.</p>

END F7rs1

WIHS ID#

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SECTION C: ORAL EXAM

C1. ORAL EXAM

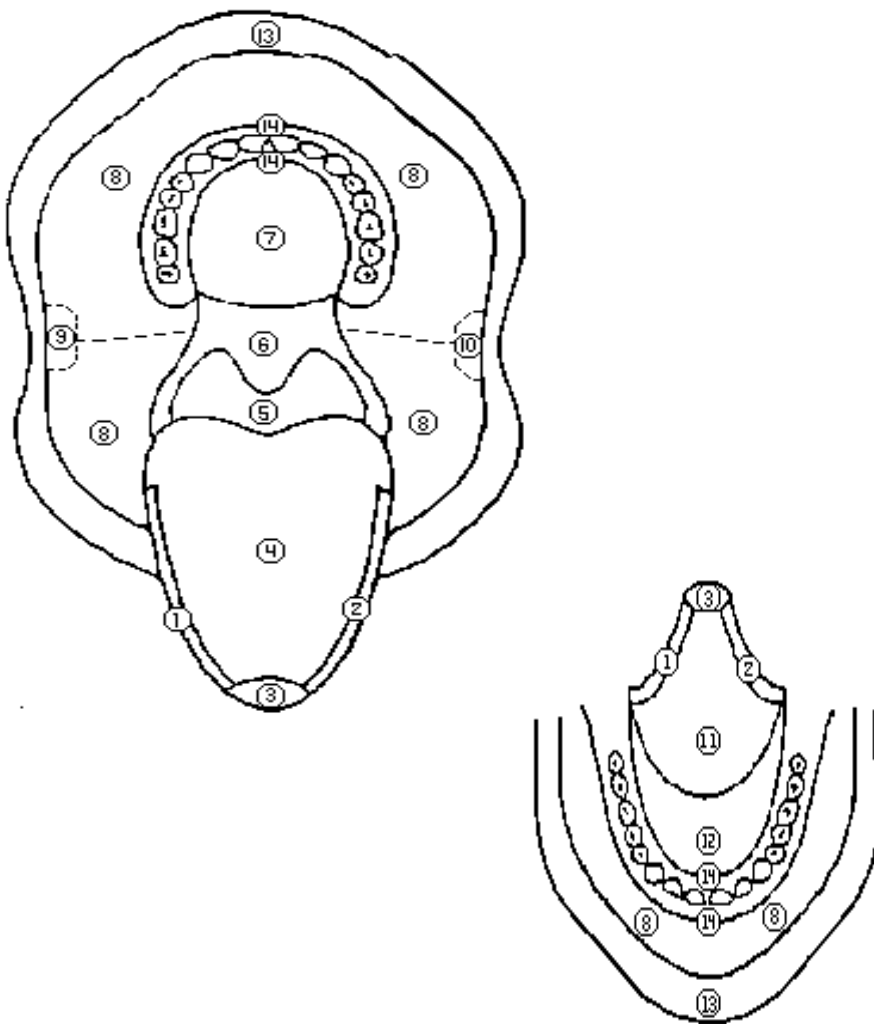
NORMAL.....	1	(SKIP TO SECTION D)
ABNORMAL.....	<input type="text" value="2"/>	
NOT DONE.....	3	(SKIP TO SECTION D)

C2. TOTAL # LESIONS

LESIONS

PROMPT: FOR EACH TYPE OF LESION, COMPLETE QUESTIONS C3 – C6. INDICATE LOCATION NUMBER FROM DIAGRAM IN (a), THEN COMPLETE PARTS (b), (c) & (d) FOR EACH LESION TYPE. THE NUMBER OF BOXES COMPLETED (C3 – C6) MUST EQUAL THE VALUE RECORDED IN QUESTION C2.

PROMPT: REFER PARTICIPANTS WITH ORAL LESIONS TO MEDICAL PROVIDER AS APPROPRIATE.



START F7rs2

C3. LESION #1

a. LOCATION(S) i. |__|__| ii. |__|__| iii. |__|__|

b. COLOR	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER _____	1	2
(SPECIFY)		

c. CHARACTER	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER _____	1	2
(SPECIFY)		

d. DIAGNOSIS: _____

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D.

C4. LESION #2

a. LOCATION(S) i. |__|__| ii. |__|__| iii. |__|__|

b. COLOR	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER _____	1	2
(SPECIFY)		

c. CHARACTER	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER _____	1	2
(SPECIFY)		

d. DIAGNOSIS: _____

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D.

WIHS ID#

C5. LESION #3

a. LOCATION(S) i. ii. iii.

b. COLOR	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER _____	1	2
(SPECIFY)		

c. CHARACTER	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER _____	1	2
(SPECIFY)		

d. DIAGNOSIS: _____

PROMPT: IF NO OTHER LESIONS, SKIP TO SECTION D.

C6. LESION #4

a. LOCATION(S) i. ii. iii.

b. COLOR

b. COLOR	YES	NO
i. WHITE	1	2
ii. RED	1	2
iii. BLACK	1	2
iv. PURPLE	1	2
v. MUCOSAL	1	2
vi. OTHER _____	1	2
(SPECIFY)		

c. CHARACTER

c. CHARACTER	YES	NO
i. LUMP	1	2
ii. FLAT	1	2
iii. HAIRY	1	2
iv. CORRUGATED	1	2
v. REMOVABLE PLAQUES	1	2
vi. RAISED	1	2
vii. VESICLES	1	2
viii. FISSURES	1	2
ix. ULCERATED	1	2
x. OTHER _____	1	2
(SPECIFY)		

d. DIAGNOSIS: _____

END F7rs2

WIHS ID#

SECTION D. PHYSICAL FINDINGS IN THE BREASTS

PROMPT: IF VISIT NUMBER IS EVEN, CIRCLE "3" IN QUESTION D1 AND THEN SKIP TO SECTION E. BREAST EXAM WILL BE RECORDED ON F07.

D1. BREAST EXAM

- NORMAL..... 1 (SECTION E)
 ABNORMAL 2
 NOT DONE..... 3 (SECTION E)

FINDINGS:	a. RIGHT		b. LEFT	
	YES	NO	YES	NO
D2. Nipple discharge	1	2	1	2
D3. Nodularity (fibrocystic changes)	1	2	1	2
D4. Retraction, other skin	1	2	1	2
D5. Mastectomy/lumpectomy for cancer	1	2	1	2
D6. Evidence of prior breast biopsy	1	2	1	2
D7. Other	1	2	1	2
SPECIFY:	_____		_____	

D8. BREAST MASS(ES) PRESENT?

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

PROMPT: REFER PARTICIPANTS WITH NEW ONSET (UNEVALUATED) BREAST MASSES OR OTHER ABNORMALITIES TO MEDICAL PROVIDER AS APPROPRIATE.

LOCATION	RIGHT MASS		a. SIZE	b. OLD MASS	
	YES	NO		YES	NO
D9. Medial upper	1	2 (D10)	_ _ . _ cm	1	2
D10. Lateral upper	1	2 (D11)	_ _ . _ cm	1	2
D11. Medial lower	1	2 (D12)	_ _ . _ cm	1	2
D12. Lateral lower	1	2 (D13)	_ _ . _ cm	1	2
D13. Areola/ periareola	1	2 (D14)	_ _ . _ cm	1	2

LOCATION	LEFT MASS		a. SIZE	b. OLD MASS	
	YES	NO		YES	NO
D14. Medial upper	1	2 (D15)	_ _ . _ cm	1	2
D15. Lateral upper	1	2 (D16)	_ _ . _ cm	1	2
D16. Medial lower	1	2 (D17)	_ _ . _ cm	1	2
D17. Lateral lower	1	2 (D18)	_ _ . _ cm	1	2
D18. Areola/ periareola	1	2 (E1)	_ _ . _ cm	1	2

WIHS ID#

[Empty box for WIHS ID#]

SECTION E: PHYSICAL FINDINGS IN THE ABDOMEN

E1. ABDOMINAL EXAM

EXAM	YES	NO	DIAGNOSIS (IF KNOWN)
a. Enlarged Liver	1	2	
b. Splenomegaly	1	2	
c. Abdominal Mass	1	2	i.)
d. Ascites	1	2	
e. Other	1	2	
_____ (SPECIFY)			

PROMPT: REFER PARTICIPANTS WITH ABDOMINAL ABNORMALITIES TO MEDICAL PROVIDER AS APPROPRIATE.

SECTION F: BI-MANUAL EXAM

PROMPT: IF VISIT NUMBER IS EVEN, END FORM. BI-MANUAL EXAM WILL BE RECORDED ON F08.

F1. UTERUS PRESENT

- PRESENT 1
- ABSENT 2 (F2)
- UNABLE TO PALPATE 3 (F2)

a. UTERINE TENDERNESS

- PRESENT 1
- ABSENT 2

b. UTERINE ENLARGEMENT

- PRESENT 1
- ABSENT 2

F2. ADNEXAE PRESENT

- PRESENT 1
- ABSENT 2 (F3)
- UNABLE TO PALPATE 3 (F3)

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

F3. CUL-DE-SAC MASS

- PRESENT 1
- ABSENT 2
- UNABLE TO PALPATE 3