

**WOMEN'S INTERAGENCY HIV STUDY  
LABORATORY - PELVIC EXAM STUDIES  
COLPOSCOPY RESULTS  
FORM L14**

ID LABEL  
HERE --->

|   |   |     |   |         |   |     |
|---|---|-----|---|---------|---|-----|
| _ | - | _ _ | - | _ _ _ _ | - | _ _ |
|---|---|-----|---|---------|---|-----|

VISIT #:  
\_\_\_\_

FORM COMPLETED BY:  
\_\_\_\_\_

VERSION DATE: **04/01/10**

**ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.**

A1. COLPOSCOPY:

- DONE .....1
- NOT DONE .....2 (A1d)
- PARTICIPANT REFUSED.....3 (END)

A1a. DATE OF PROCEDURE:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 M                  D                  Y

A1b. COLPOSCOPY PERFORMED BY:  
(ENTER INITIALS OF COLPOSCOPIST/S)

i \_\_\_\_

ii \_\_\_\_

A1c. WAS COLPOSCOPY PERFORMED BY A WIHS COLPOSCOPIST?

- YES .....1 (A2)
- NO .....2 (PROMPT)

**PROMPT: IF QUESTION A1c = NO (I.E., COLPOSCOPY WAS PERFORMED BY A NON-WIHS COLPOSCOPIST), THEN COMPLETE ACSR ATC FORM AND PROCEED TO QUESTION A2.**

WIHS ID #

[Empty box for WIHS ID #]

A1d. REASON COLPO NOT DONE:

- Unable to contact participant (e.g., no phone, homeless, no response to attempts)..... 1
- Participant was no show for multiple appointments ..... 2
- Participant was too ill to be scheduled at this time ..... 3
- Participant’s work/school schedule prevented her from coming ..... 4
- Participant moved out of area / too difficult to travel ..... 5
- Participant is incarcerated ..... 6
- Staff unable to obtain colpo results from primary care OB/GYN for L14 completion ..... 7
- Other ..... 8

\_\_\_\_\_  
(SPECIFY)

**PROMPT: END FORM AFTER COMPLETING QUESTION A1d.**

A2. INDICATION FOR COLPOSCOPY  
(CIRCLE YES OR NO FOR EACH OF THE FOLLOWING)

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Prior history of Dysplasia .....                              | 1          | 2         |
| b. ASCUS, AGUS, Koilocytosis or SIL on recent WIHS Pap Smear ... | 1          | 2         |
| c. Presence of visible cervical or vaginal lesions .....         | 1          | 2         |
| d. Presence of visible vulvar or perianal lesions.....           | 1          | 2         |
| e. Post coital bleeding when not menstruating .....              | 1          | 2         |
| f. Positive HPV detection test .....                             | 1          | 2         |
| g. Research only.....  | 1          | 2         |
| h. Other .....   | 1          | 2         |

\_\_\_\_\_  
(SPECIFY)

- i. Was Colposcopy triggered by WIHS Pap smear or exam results?
  - YES .....1
  - NO .....2 (A3)

**PROMPT: IF INDICATION FOR COLPOSCOPY WAS NON-WIHS PAP SMEAR, THEN SITE SHOULD ATTEMPT TO OBTAIN THOSE PAP SMEAR RESULTS.**

- j. Which visit? |\_|\_|

WIHS ID #

A3. TYPE OF COLPOSCOPY PERFORMED:

|                    | <u>YES</u> | <u>NO</u> |
|--------------------|------------|-----------|
| a. Cervical        | 1          | 2         |
| b. Vaginal         | 1          | 2         |
| c. Vulvar          | 1          | 2         |
| d. Perianal        | 1          | 2         |
| e. Anal (anoscopy) | 1          | 2         |

A4. WAS CERVIX PRESENT?

YES.....1  
 NO .....2 (SKIP TO A10)

**COLPOSCOPY RESULTS:**

A5. CERVICAL EXAM ADEQUACY:

SATISFACTORY ..... 1  
 ENDOCERVICAL SPECULUM USED TO  
 VISUALIZE SQUAMOCOLUMNAR JUNCTION.... 2  
 SQUAMOCOLUMNAR  
 JUNCTION NOT VISUALIZED..... 3

A6. GENERAL CATEGORIZATION OF CERVICAL COLPOSCOPY:

WITHIN NORMAL LIMITS..... 1 (A10)  
 ABNORMAL FINDINGS ..... 2

| A7. | ABNORMAL<br>COLPOSCOPIC<br>FINDINGS | <u>FOUND</u> | <u>NOT FOUND</u> |
|-----|-------------------------------------|--------------|------------------|
| a.  | Keratoses (leukoplakia)             | 1            | 2                |
| b.  | Aceto-White Epithelium              | 1            | 2                |
| c.  | Punctation                          | 1            | 2                |
| d.  | Mosaicism                           | 1            | 2                |
| e.  | Atypical Vessels                    | 1            | 2                |
| f.  | Other                               | 1            | 2                |

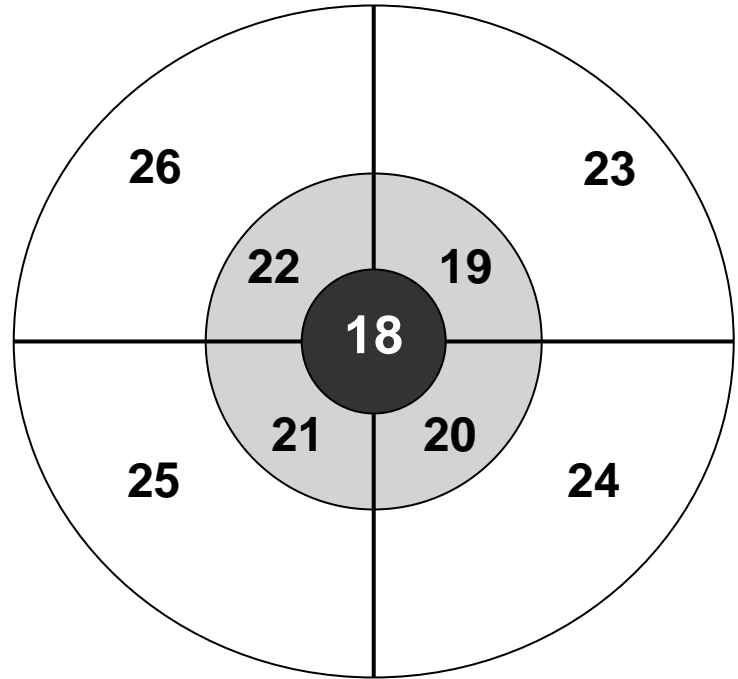
\_\_\_\_\_  
(SPECIFY)

WIHS ID #

A8. WHAT PERCENT (%) OF TRANSFORMATION ZONE WAS ABNORMAL?

- 0% .....1
- < 25% .....2
- 25% - < 50% .....3
- 50% - < 75% .....4
- 75% - 100% .....5

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| A9. What quadrants are abnormal?         |            |           |
| a. Endocervix (#18).....                 | 1          | 2         |
| b. Inner upper left quadrant (#19).....  | 1          | 2         |
| c. Inner lower left quadrant (#20).....  | 1          | 2         |
| d. Inner lower right quadrant (#21)..... | 1          | 2         |
| e. Inner upper right quadrant (#22)..... | 1          | 2         |
| f. Outer upper left quadrant (#23).....  | 1          | 2         |
| g. Outer lower left quadrant (#24).....  | 1          | 2         |
| h. Outer lower right quadrant (#25)..... | 1          | 2         |
| i. Outer upper right quadrant (#26)..... | 1          | 2         |



|      | <u>OTHER FINDINGS</u> | <u>FOUND</u> | <u>NOT FOUND</u> | <u>LOCATION IF FOUND</u> | <u>YES</u> | <u>NO</u> |
|------|-----------------------|--------------|------------------|--------------------------|------------|-----------|
| A10. | Inflammation          | 1            | 2                | (A11)                    |            |           |
|      |                       |              |                  | a. Vaginal               | 1          | 2         |
|      |                       |              |                  | b. Cervical              | 1          | 2         |
|      |                       |              |                  | c. Vulvar                | 1          | 2         |
|      |                       |              |                  | d. Perianal              | 1          | 2         |
|      |                       |              |                  | e. Anal                  | 1          | 2         |
| A11. | Polyp/Papilloma       | 1            | 2                | (A12)                    |            |           |
|      |                       |              |                  | a. Vaginal               | 1          | 2         |
|      |                       |              |                  | b. Cervical              | 1          | 2         |
|      |                       |              |                  | c. Vulvar                | 1          | 2         |
|      |                       |              |                  | d. Perianal              | 1          | 2         |
|      |                       |              |                  | e. Anal                  | 1          | 2         |
| A12. | Condyloma acuminatum  | 1            | 2                | (A13)                    |            |           |
|      |                       |              |                  | a. Vaginal               | 1          | 2         |
|      |                       |              |                  | b. Cervical              | 1          | 2         |
|      |                       |              |                  | c. Vulvar                | 1          | 2         |
|      |                       |              |                  | d. Perianal              | 1          | 2         |
|      |                       |              |                  | e. Anal                  | 1          | 2         |

WIHS ID #

| <u>OTHER FINDINGS</u> |                                 | <u>FOUND</u> | <u>NOT FOUND</u> | <u>LOCATION IF FOUND</u>   | <u>YES</u>            | <u>NO</u>             |
|-----------------------|---------------------------------|--------------|------------------|--|-----------------------|-----------------------|
| A13.                  | Other:<br>a. _____<br>(SPECIFY) | 1            | 2 (A15)          | b. Vaginal<br>c. Cervical<br>d. Vulvar<br>e. Perianal<br>f. Anal | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 |
| A14.                  | Other:<br>a. _____<br>(SPECIFY) | 1            | 2 (A15)          | b. Vaginal<br>c. Cervical<br>d. Vulvar<br>e. Perianal<br>f. Anal | 1<br>1<br>1<br>1<br>1 | 2<br>2<br>2<br>2<br>2 |

A15. WAS PAP SMEAR PERFORMED WITH THIS COLPOSCOPY?

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

A16. CERVICAL BIOPSY TAKEN?

YES.....1  
 NO .....2 (SKIP TO A17)  
 DELAYED .....3 (SKIP TO A17)  
 REFUSED..... <-7> (SKIP TO A17)

a. ECC Performed

YES.....1  
 NO .....2  
 DELAYED .....3  
 REFUSED..... <-7>

b. Colposcopically Directed Punch Biopsy .....1 YES  
2 (c)

i) Number of punch biopsies taken:   |\_|\_|

ii) Location(s) taken: (round to nearest o'clock)

a.   |\_|\_| o'clock

b.   |\_|\_| o'clock

c.   |\_|\_| o'clock

d.   |\_|\_| o'clock

WIHS ID #

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| c. Cervical Excisional Biopsy<br>(other than punch biopsy).....1     | 1          | 2 (d)     |
| i) Location taken:  _ _  o'clock to  _ _  o'clock                    |            |           |
| d. Loop Excision of Transformation Zone<br>(LLETZ, LETZ, LEEP).....1 | 1          | 2 (e)     |
| i. ectocervical passes.....1(a)                                      | 1(a)       | 2         |
| a. enter # of passes  _ _  |            |           |
| e. Cervical Cone Biopsy.....1  | 1          | 2 (A17)   |

**(CIRCLE ONE TYPE)**

- Lasers..... 1(A17)
- Cold Knife..... 2(A17)
- Loop..... 3

|                           | <u>YES</u> | <u>NO</u> |
|---------------------------|------------|-----------|
| i. ectocervical passes    | 1(a)       | 2(ii)     |
| a. enter # of passes  _ _ |            |           |
| ii. endocervical core     | 1          | 2         |

**A17. Overall impression of Cervix (Circle the highest grade lesion).**

- NORMAL.....1
- ABNORMAL, BUT NO SIL .....2
- LOW GRADE .....3
- HIGH GRADE .....4
- INVASIVE .....5
- CERVIX NOT PRESENT.....6 (A18)

WIHS ID #

a. TOTAL NUMBER OF CERVICAL LESIONS:

- none .....1
- one .....2
- two .....3
- three .....4
- four .....5
- five to nine .....6
- ≥ ten .....7

A18. OTHER NON-CERVICAL BIOPSIES TAKEN?

- YES .....1
- NO .....2 (SKIP TO A26)
- DELAYED .....3 (SKIP TO A26)
- REFUSED ..... <-7> (SKIP TO A26)

| <u>TYPE BIOPSIES TAKEN</u>    | <u>YES</u> | <u>NO</u> | <u>ENTER UP TO 2<br/>LOCATION CODES<br/>FOR EACH TYPE</u> |
|-------------------------------|------------|-----------|---|
| A19. Vaginal ..... 1          | 1          | 2 (A20)   | a)  _ _  b)  _ _  |
| A20. Vulvar ..... 1           | 1          | 2 (A21)   | a)  _ _  b)  _ _  |
| A21. Perianal ..... 1         | 1          | 2 (A22)   | a)  _ _  b)  _ _  |
| A22. Anal (Anoscopy)* ..... 1 | 1          | 2 (A23)   | a)  _ _  b)  _ _  |
| A23. Endometrial ..... 1      | 1          | 2         |   |
| A24. Other ..... 1            | 1          | 2 (A26)   | b)  _ _  c)  _ _  |
| a. _____<br>(SPECIFY)         |            |           |   |
| A25. Other ..... 1            | 1          | 2 (A26)   | b)  _ _  c)  _ _  |
| a. _____<br>(SPECIFY)         |            |           |   |

**LOCATION CODES ARE LOCATED ON PAGES 10-11**

**\* COMPLETE SECTION B ON PAGES 12 - 14 OF THIS FORM**

WIHS ID #

A26.

a. TOTAL NUMBER OF VAGINAL LESIONS:

- none .....1
- one .....2
- two .....3
- three .....4
- four .....5
- five to nine.....6
- ≥ ten.....7

b. TOTAL NUMBER OF VULVAR LESIONS:

- none .....1
- one .....2
- two .....3
- three .....4
- four .....5
- five to nine.....6
- ≥ ten.....7

c. TOTAL NUMBER OF PERIANAL LESIONS:

- none .....1
- one .....2
- two .....3
- three .....4
- four .....5
- five to nine.....6
- ≥ ten.....7

A27. MAXIMUM LESION SIZE:  
IF NO LESION PRESENT, CODE AS “-1”

- a. vaginal       |\_|\_|.|\_| cm
- b. vulvar        |\_|\_|.|\_| cm
- c. perianal      |\_|\_|.|\_| cm
- d. anal           |\_|\_|.|\_| cm
- e. Other         |\_|\_|.|\_| cm

\_\_\_\_\_  
**(SPECIFY LOCATION)**

A28. TOTAL NUMBER OF BIOPSIES TAKEN (Include both cervical and non-cervical):

|\_|\_|

a. TOTAL NUMBER OF BIOPSIES DELAYED OR REFUSED (Include both cervical and non-cervical):

|\_|\_|



WIHS ID #

A29. OVERALL IMPRESSION:  
(CIRCLE THE HIGHEST NON-CERVICAL GRADE LESION)

- NORMAL ..... 1(A33)
- ABNORMAL, BUT NO SIL ..... 2
- LOW GRADE ..... 3
- HIGH GRADE ..... 4
- INVASIVE ..... 5

A30. LOCATION OF THE HIGHEST GRADE NON-CERVICAL LESION:

|                   | <u>YES</u> | <u>NO</u> |
|-------------------|------------|-----------|
| a) Vagina.....    | 1          | 2         |
| b) Vulva .....    | 1          | 2         |
| c) Perianal ..... | 1          | 2         |
| d) Anal .....     | 1          | 2         |
| e) Other .....    | 1          | 2         |

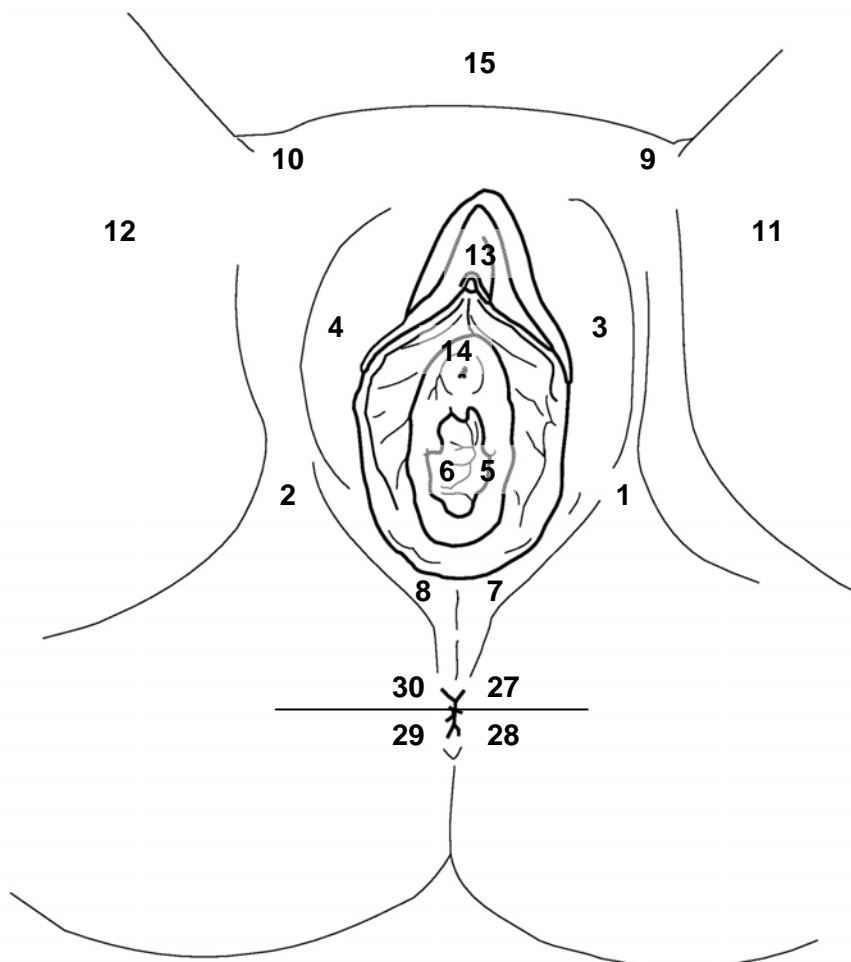
\_\_\_\_\_  
(SPECIFY)

WIHS ID #

A31. CIRCLE THE NUMBERS FOR THE LESION LOCATIONS:

LOCATION CODES

- |                         |                          |
|-------------------------|--------------------------|
| 1. Labium Majus (left)  | 27. Perianus upper left  |
| 2. Labium Majus (right) | 28. Perianus lower left  |
| 3. Labium Minus (left)  | 29. Perianus lower right |
| 4. Labium Minus (right) | 30. Perianus upper right |
| 5. Introitus (left)     | 31. Internal Anus        |
| 6. Introitus (right)    |                          |
| 7. Perineum (left)      |                          |
| 8. Perineum (right)     |                          |
| 9. Inguinal (left)      |                          |
| 10. Inguinal (right)    |                          |
| 11. Thigh (left)        |                          |
| 12. Thigh (right)       |                          |
| 13. Clitoris            |                          |
| 14. Urethra             |                          |
| 15. Pubis               |                          |



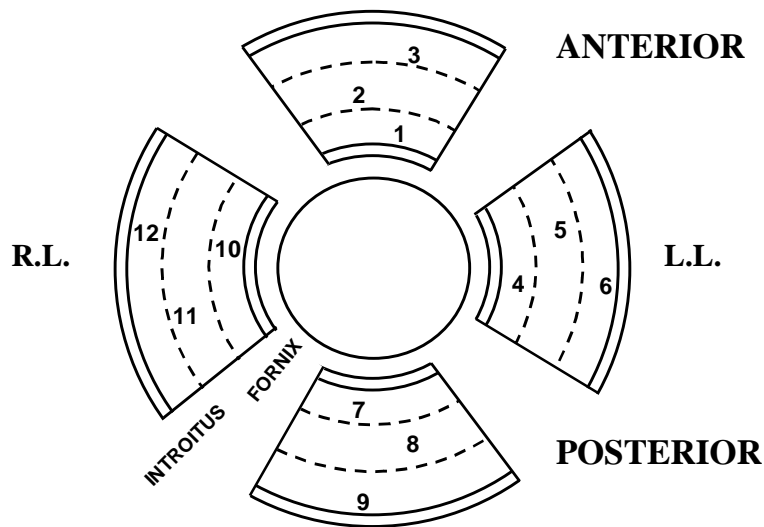
WIHS ID #

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**A32. CIRCLE THE NUMBERS FOR LESION LOCATIONS:**

LOCATION CODES

- 1. Anterior vaginal wall, proximal third.
- 2. Anterior vaginal wall, medial third
- 3. Anterior vaginal wall, distal third
- 4. Left lateral vaginal wall, proximal third
- 5. Left lateral vaginal wall, medial third
- 6. Left Lateral vaginal wall, distal third
- 7. Posterior vaginal wall, proximal third
- 8. Posterior vaginal wall, medial third
- 9. Posterior vaginal wall, distal third
- 10. Right lateral vaginal wall, proximal third
- 11. Right lateral vaginal wall, medial third
- 12. Right lateral vaginal wall, distal third



**VAGINA AND CERVIX**  
**(DRAW OS)**

WIHS ID #

A33. DID YOU KNOW THE HIV STATUS AT THE TIME OF THIS EXAM?

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

A34. WAS FOLLOW-UP VISIT SCHEDULED FOR BIOPSY?

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

a) SPECIFY WHERE SCHEDULED:

\_\_\_\_\_  
**(M.D. OR INSTITUTION)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**(ADDRESS)**

**SECTION B. ANAL COLPOSCOPY**

B1. ANAL COLPOSCOPY:

DONE..... 1  
NOT DONE ..... 2 **(END)**  
PARTICIPANT REFUSED ..... 3 **(END)**

B1a. DATE OF ANAL COLPOSCOPY:

\_\_\_ / \_\_\_ / \_\_\_  
M D Y

B1b. COLPOSCOPY PERFORMED BY:  
(ENTER INITIALS OF COLPOSCOPIST/S)

i \_\_\_

ii \_\_\_

WIHS ID #

B2. INDICATION FOR ANAL COLPOSCOPY:

|   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Prior history of anal dysplasia .....      | 1          | 2         |
| b. Abnormal anal cytology .....               | 1          | 2         |
| c. Presence of visible perianal lesions ..... | 1          | 2         |
| d. Positive anal HPV detection test .....     | 1          | 2         |
| e. Research only .....                        | 1          | 2         |
| f. Other .....                                | 1          | 2         |

\_\_\_\_\_  
**(SPECIFY)**

B3. ARE LESIONS PRESENT?

|           |               |
|-----------|---------------|
| YES ..... | 1             |
| NO .....  | 2 <b>(B8)</b> |

B4. LESIONS

|                            | <u>FOUND</u> | <u>NOT FOUND</u> |
|----------------------------|--------------|------------------|
| a. Keratosis (leukoplakia) | 1            | 2                |
| b. Aceto-White Epithelium  | 1            | 2                |
| c. Punctation              | 1            | 2                |
| d. Mosaicism               | 1            | 2                |
| e. Atypical Vessels        | 1            | 2                |
| f. Condyloma               | 1            | 2                |
| g. Other                   | 1            | 2                |

\_\_\_\_\_  
**(SPECIFY)**

B5. TOTAL NUMBER OF LESIONS:

|                    |               |
|--------------------|---------------|
| none .....         | 1 <b>(B8)</b> |
| one .....          | 2             |
| two .....          | 3             |
| three .....        | 4             |
| four .....         | 5             |
| five to nine ..... | 6             |
| ≥ ten .....        | 7             |

WIHS ID #

[Empty box for WIHS ID #]

B6. MAXIMUM LESION SIZE:

    |\_|\_| cm

B7. LOCATION OF LESION: (REFER TO DEFINITIONS AND DIAGRAM BELOW)

|                             | <u>YES</u> | <u>NO</u> |
|-----------------------------|------------|-----------|
| a. Anterior.....            | 1          | 2 (b)     |
| i.  _ _  o'clock            |            |           |
| b. Posterior .....          | 1          | 2 (c)     |
| i.  _ _  o'clock            |            |           |
| c. Anus.....                | 1          | 2         |
| d. Crypt/Columnar area..... | 1          | 2         |
| e. Rectum.....              | 1          | 2         |
| f. Other .....              | 1          | 2         |

(SPECIFY)

B8. WAS A BIOPSY TAKEN?

|               |      |       |
|---------------|------|-------|
| YES .....     | 1    |       |
| NO .....      | 2    | (B10) |
| DELAYED ..... | 3    | (B10) |
| REFUSED ..... | <-7> | (B10) |

B9. NUMBER OF BIOPSIES TAKEN: |\_|\_|

B10. ANOSCOPIC IMPRESSION: (CIRCLE THE HIGHEST NON-CERVICAL GRADE LESION)

|                            |   |
|----------------------------|---|
| NORMAL .....               | 1 |
| ABNORMAL, BUT NO SIL ..... | 2 |
| LOW GRADE.....             | 3 |
| HIGH GRADE.....            | 4 |
| INVASIVE.....              | 5 |

**DEFINITIONS:**

**ANUS:** (Anal Canal) between Verge and Squamo-Columnar junction (Pectinate Line)

**CRYPT/COLUMNAR AREA:** Between Squamo-Columnar junction and Ano-Rectal (AR) line

**ANO-RECTUM:** Between Verge and Ano-Rectal line

**RECTUM:** Beyond Ano-Rectal line

