

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

ID LABEL  
HERE --->

_	-	_ _	-	_ _ _	-	_ _	_
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VISIT #:

FORM COMPLETED BY:

\_\_\_\_ \_                      \_\_\_\_\_

VERSION DATE: **10/01/12**

**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 #

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)

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

**PROMPT: IF RESPONSES TO QUESTIONS A3a AND A3b ARE BOTH “NO,” SKIP TO QUESTION A10.**

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 COLPOSCOPIC 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

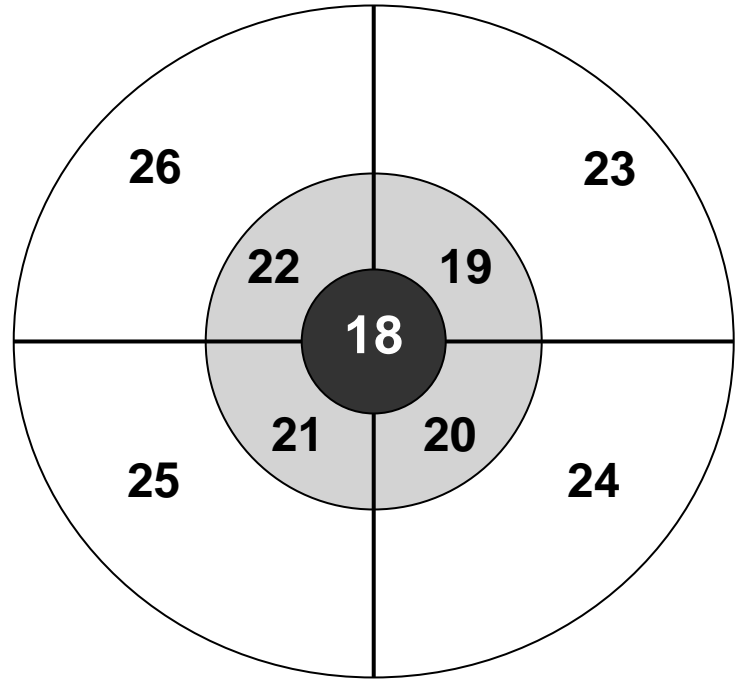
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(SPECIFY)

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: a. _____ (SPECIFY)	1	2 (A15)	b. Vaginal c. Cervical d. Vulvar e. Perianal f. Anal	1 1 1 1 1	2 2 2 2 2
A14.	Other: a. _____ (SPECIFY)	1	2 (A15)	b. Vaginal c. Cervical d. Vulvar e. Perianal f. Anal	1 1 1 1 1	2 2 2 2 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 NO  
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 (other than punch biopsy).....1	1	2 (d)
i) Location taken:  _ _  o'clock to  _ _  o'clock		
d. Loop Excision of Transformation Zone (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 LOCATION CODES FOR EACH TYPE</u>
A19. Vaginal ..... 1	2 (A20)		a)  _ _  b)  _ _
A20. Vulvar ..... 1	2 (A21)		a)  _ _  b)  _ _
A21. Perianal ..... 1	2 (A22)		a)  _ _  b)  _ _
A22. Anal (Anoscopy)* ..... 1	2 (A23)		a)  _ _  b)  _ _
A23. Endometrial ..... 1	2		
A24. Other ..... 1	2 (A26)		b)  _ _  c)  _ _
a. _____ (SPECIFY)			
A25. Other ..... 1	2 (A26)		b)  _ _  c)  _ _
a. _____ (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)**



WIHS ID #

A28. TOTAL NUMBER OF DIAGNOSTIC BIOPSIES TAKEN (Include both cervical and non-cervical biopsies that will be reported on L15 forms when pathology reports are available, but do NOT include biopsies taken solely for ACSR):

\_\_\_\_|\_\_\_\_|

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

\_\_\_\_|\_\_\_\_|

b. TOTAL NUMBER OF ADDITIONAL BIOPSIES TAKEN FOR SPECIMEN BANK DONATION ONLY (Include both cervical and non-cervical biopsies, and include lesion and control tissue biopsies):

\_\_\_\_|\_\_\_\_|

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

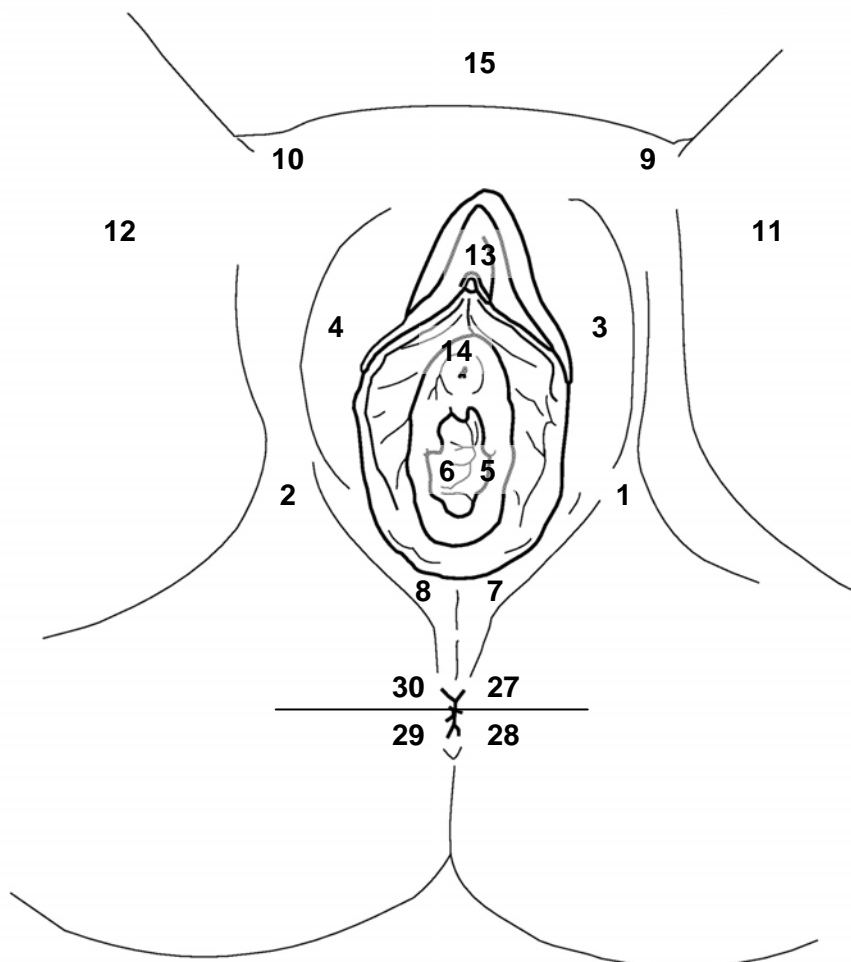
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(SPECIFY)

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               |                          |



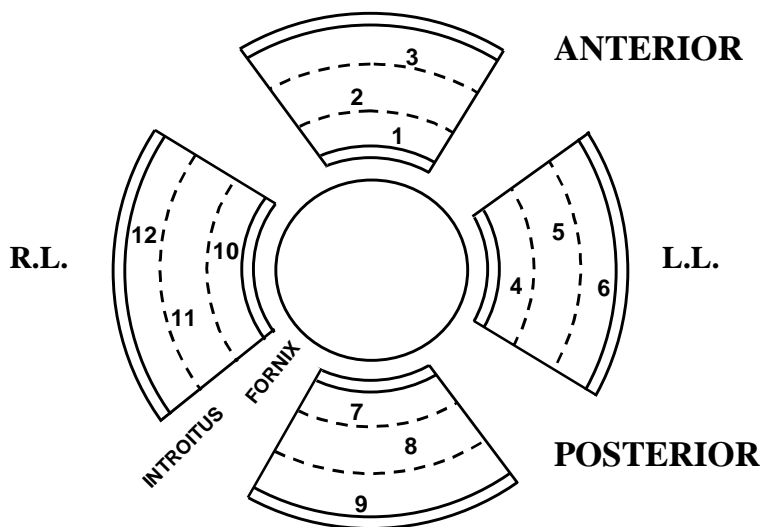
WIHS ID #

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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 (B8)

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 (B8)
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

