

**WOMENS INTERAGENCY HIV STUDY  
HYSTERECTOMY ABSTRACTION FORM (QCHS)**

**SECTION A: GENERAL INFORMATION**

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE     |\_| - |\_|\_| - |\_|\_|\_|\_|\_| - |\_|

A2. VERSION DATE:     **04/01/06**

A3. DATE FORM COMPLETED:     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
  M          D            Y

A4. FORM COMPLETED BY:     \_\_\_ \_\_\_ \_\_\_

A5. EVENT TRACKING NUMBER (ETN):     |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
(from Apollo ATC Report)

**SECTION B: HYSTERECTOMY ABSTRACTION INFORMATION**

B1. DATE OF HYSTERECTOMY:     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
  M          D            Y

B2. \_\_\_\_\_  
a. HOSPITAL NAME    b. CITY

B3. INDICATION FOR HYSTERECTOMY (circle YES or NO for each)     YES     NO

a. NOT STATED ..... 1 (B4)     2

b. FIBROIDS / MYOMATA / LEIOMYOMA ..... 1     2

c. CIN / ABNORMAL PAP / DYSPLASIA / CIS / ADENOCARCINOMA IN SITU ... 1     2

d. ABNORMAL VAGINAL BLEEDING ..... 1     2

e. PELVIC INFLAMMATORY DISEASE / PELVIC INFECTION / PELVIC  
    INFLAMMATION ..... 1     2

f. PELVIC PAIN ..... 1     2

g. ENDOMETRIOSIS ..... 1     2

h. PELVIC MASS ..... 1     2

i. CERVICAL CANCER ..... 1     2

j. ENDOMETRIAL CANCER ..... 1     2

k. PELVIC ORGAN PROLAPSE / UTERINE PROCIDENTIA (RECTOCELE /  
    CYSTOCELE / ENTEROCELE) ..... 1     2

l. OTHER ..... 1     2

  m. SPECIFY: \_\_\_\_\_

B4. TYPE OF HYSTERECTOMY (circle one)

    TOTAL ABDOMINAL ..... 1

    SUPRACERVICAL ..... 2

    LAPAROSCOPIC-ASSISTED VAGINAL ..... 3

    VAGINAL ..... 4

    OTHER ..... 5

  a. SPECIFY: \_\_\_\_\_

WIHS ID #

B5. ESTIMATED BLOOD LOSS: \_\_\_\_\_ cc

B6. ABSTRACTION SOURCE (circle one)

- HOSPITAL CHART OPERATIVE NOTE ..... 1
- PHYSICIAN PROGRESS NOTE..... 2
- OTHER..... 3

a. SPECIFY: \_\_\_\_\_