

WOMEN'S INTERAGENCY HIV STUDY
**PHYSICAL EXAM
 FORM 7**

AFFIX ID LABEL HERE --->

PARTICIPANT ID: (Enter number here only if ID label is not available)

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

WIHS STUDY VISIT #: |_|_|

FORM VERSION: **10/01/98**

EXAMINER'S INITIALS: _ _ _

DATE OF PHYSICAL EXAM:

_ M _ / _ D _ / _ Y _

PARTICIPANT'S DATE OF BIRTH:

VERIFY WITH PARTICIPANT

_ M _ / _ D _ / _ Y _

TIME MODULE BEGAN:

|_|_| : |_|_| AM..... 1
 PM..... 2

TIME MODULE ENDED:

|_|_| : |_|_| AM..... 1
 PM..... 2

SECTION A: GENERAL PHYSICAL CHARACTERISTICS AND BODY HABITUS

A1. HEIGHT

|_|_|_| . |_| INCHES..... 1
 CMS 2

A2. WEIGHT

|_|_|_| . |_| LBS..... 1
 KGS..... 2

A3. BLOOD PRESSURE*

a. |_|_|_| / b. |_|_|_|
 SYSTOLIC DIASTOLIC

PROMPT: IF BLOOD PRESSURE IS LESS THAN 90/60 OR GREATER THAN 140/90, REFER TO PARTICIPANT'S MEDICAL PROVIDER

A4. GENERAL HEALTH/OVERALL APPEARANCE

HEALTHY 1
 ACUTELY ILL 2
 CHRONICALLY ILL 3
 NOT DONE 4

A5. GENERAL APPEARANCE

NORMAL 1
 SLENDER 2
 CACHECTIC 3
 OBESE 4
 NOT DONE 5

A6. UPPER ARM IN CMS |_|_| . |_|

A7. BREAST IN CMS |_|_|_| . |_|

A8. WAIST IN CMS |_|_|_| . |_|

A9. HIPS IN CMS |_|_|_| . |_|

A10. BODY FRAME DETERMINATION IN CMS |_| . |_|

A11. DORSOCERVICAL FAT

a. PRESENT 1
 ABSENT 2 (Sect. B)

b. IF PRESENT:

HORIZONTAL AXIS: |_|_| . |_|

VERTICAL AXIS: |_|_| . |_|

WIHS ID#

SECTION B: SKIN EXAM

NOTE: 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 C1, PAGE 5)
- ABNORMAL..... 2
- NOT DONE 3 (SKIP TO C1, PAGE 5)

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

NOTE: THE # OF BOXES COMPLETED (B3 – B10) MUST EQUAL THE VALUE RECORDED AT B2

NOTE: REFER PARTICIPANTS WITH SKIN LESIONS AS APPROPRIATE TO MEDICAL PROVIDER

WIHS ID#

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LOCATION CODES

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

DESCRIPTION CODES (choose 1 primary lesion and 1 or 2 descriptions)

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

<p>Bacterial:</p> <p>201 Abscess</p> <p>242 Cellulitis</p> <p>245 Folliculitis</p> <p>273 Impetigo</p> <p>Fungal:</p> <p>259 Onychomycosis (nails)</p> <p>202 Tinea capitis (scalp)</p> <p>203 Tinea corporis (body)</p> <p>250 Tinea cruris (groin)</p> <p>263 Tinea pedis (feet)</p>	<p>253 Tinea versicolor (pigment changing)</p> <p>Infestations:</p> <p>272 Scabies</p> <p>204 Insect bites</p> <p>205 Lice</p> <p>Inflammatory:</p> <p>241 Acne</p> <p>206 Atopic dermatitis</p> <p>207 Contact dermatitis</p> <p>243 Drug rash</p>	<p>256 Erythema multiforme</p> <p>261 Seborrheic dermatitis</p> <p>208 Post inflammatory</p> <p>209 Hyperpigmentation</p> <p>248 Psoriasis</p> <p>264 Xerosis (dry skin)</p> <p>275 Eosinophilic folliculitis</p> <p>276 Rosacea</p> <p>277 Hidradenitis</p> <p>278 Pruritis (not otherwise defined)</p>	<p>Neoplastic:</p> <p>210 Basal cell carcinoma</p> <p>258 Kaposi's sarcoma</p> <p>211 Squamous cell carcinoma</p> <p>Viral:</p> <p>257 Herpes simplex</p> <p>252 Herpes zoster-varicella</p> <p>247 Molluscum</p> <p>254 Wart</p> <p>Other:</p> <p>274 Nevus</p> <p>246 Jaundice</p>	<p>212 Male pattern alopecia</p> <p>213 Alopecia (other)</p> <p>214 Xanthelasma</p> <p>215 Scar</p> <p>270 Tracks</p> <p>249 Secondary syphilis</p> <p>251 Wound infection</p> <p>216 Cyst</p> <p>279 Lipoma</p> <p>280 Vitiligo</p> <p>265 Other</p> <p>299 Unknown</p>
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B3. LOCATION #1

- a. LOCATION CODE
- b. DESCRIPTION CODES
 i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")

PROMPT: IF NO OTHER LOCATIONS SKIP TO C1, PAGE 5

B4. LOCATION #2

- a. LOCATION CODE
- b. DESCRIPTION CODES
 i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")

PROMPT: IF NO OTHER LOCATIONS SKIP TO C1, PAGE 5

B5. LOCATION #3

- a. LOCATION CODE
- b. DESCRIPTION CODES
 i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")

B6. LOCATION #4

- a. LOCATION CODE
- b. DESCRIPTION CODES
 i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")

WIHS ID#

**PROMPT: IF NO OTHER LOCATIONS
SKIP TO C1, PAGE 5**

**PROMPT: IF NO OTHER LOCATIONS SKIP
TO C1, PAGE 5**

WIHS ID#

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B7. LOCATION #5

- a. LOCATION CODE
- b. DESCRIPTION CODES
- i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")
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PROMPT: IF NO OTHER LOCATIONS SKIP TO C1, PAGE 5

B8. LOCATION #6

- a. LOCATION CODE
- b. DESCRIPTION CODES
- i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")
-

PROMPT: IF NO OTHER LOCATIONS SKIP TO C1, PAGE 5

B9. LOCATION #7

- a. LOCATION CODE
- b. DESCRIPTION CODES
- i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")
-

B10. LOCATION #8

- a. LOCATION CODE
- b. DESCRIPTION CODES
- i. ii. iii.
- c. DIAGNOSIS (If unknown enter "299")
-

WIHS ID#

**PROMPT: IF NO OTHER LOCATIONS
SKIP TO C1, PAGE 5**

**PROMPT: IF NO OTHER LOCATIONS SKIP
TO C1, PAGE 5**

WIHS ID#

SECTION C : ORAL EXAM

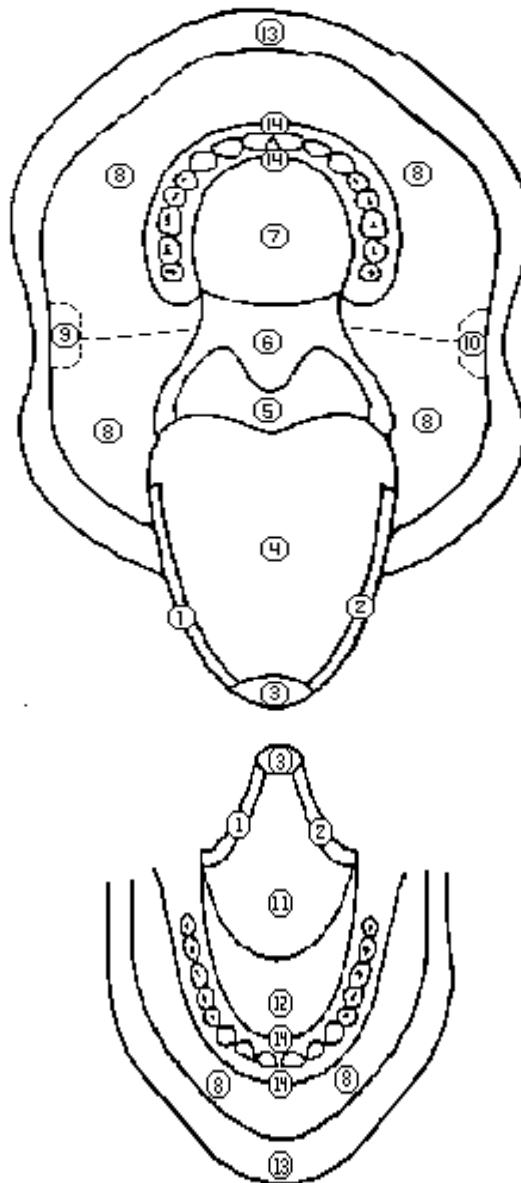
C1. ORAL EXAM

NORMAL	1	(SKIP TO SECTION D, PAGE 8)
ABNORMAL.....	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text" value="2"/>	
NOT DONE	3	(SKIP TO SECTION D, PAGE 8)

C2. TOTAL # LESIONS

_ _
LESIONS

PROMPT: FOR EACH TYPE OF LESION, COMPLETE C3 – C6. INDICATE LOCATION NUMBER FROM DIAGRAM IN (a), THEN COMPLETE PARTS (b) & (c) FOR EACH LESION TYPE. THE NUMBER OF BOXES COMPLETED (C3–C6) MUST = THE VALUE RECORDED AT C2. NOTE: REFER PARTICIPANTS WITH ORAL LESIONS AS APPROPRIATE TO MEDICAL PROVIDERS



WIHS ID#

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, PAGE 8

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, PAGE 8

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, PAGE 8

C6. LESION #4

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: _____

WIHS ID#

[Empty box for WIHS ID#]

SECTION D: PHYSICAL FINDINGS IN THE LYMPH NODES AND BREASTS

D1. LYMPHADENOPATHY (palpable lymph nodes > 1 cm.)

PRESENT 1

ABSENT 2 (D3)

D2. RECORD ONLY THE SIZE OF THE LARGEST LYMPH NODE:

a. Location: _____ b. Size: |__| | . |__| cm

(SPECIFY REGION)

NOTE: IF NEW ONSET (APPEARING SINCE LAST EXAM AND/OR UNEVALUATED) LYMPHADENOPATHY, REFER AS APPROPRIATE TO MEDICAL PROVIDER

D3. BREAST EXAM

NORMAL 1 (END)

ABNORMAL 2

NOT DONE 3 (END)

FINDINGS:	a. RIGHT		b. LEFT	
	YES	NO	YES	NO
D4. nipple discharge	1	2	1	2
D5. Nodularity (fibrocystic changes)	1	2	1	2
D6. retraction, other skin	1	2	1	2
D7. Mastectomy/lumpectomy for cancer	1	2	1	2
D8. evidence of prior breast biopsy	1	2	1	2
D9. Other	1	2	1	2
	_____ (SPECIFY)		_____ (SPECIFY)	

D10. BREAST MASS(ES) PRESENT

YES 1

NO 2 (END)

NOTE: IF NEW ONSET (APPEARING SINCE LAST EXAM AND/OR UNEVALUATED) BREAST MASSES OR OTHER ABNORMALITIES, REFER AS APPROPRIATE TO PARTICIPANT'S MEDICAL PROVIDER.

WIHS ID#

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	RIGHT MASS		a. SIZE	b. OLD MASS	
LOCATION	YES	NO		YES	NO
D11. Medial upper	1	2 (D12)	_ _ . _ cm	1	2
D12. Lateral upper	1	2 (D13)	_ _ . _ cm	1	2
D13. Medial lower	1	2 (D14)	_ _ . _ cm	1	2
D14. Lateral lower	1	2 (D15)	_ _ . _ cm	1	2
D15. Areola/ periareola	1	2 (D16)	_ _ . _ cm	1	2
	LEFT MASS		a. SIZE	b. OLD MASS	
LOCATION	YES	NO		YES	NO
D16. Medial upper	1	2 (D17)	_ _ . _ cm	1	2
D17. Lateral upper	1	2 (D18)	_ _ . _ cm	1	2
D18. Medial lower	1	2 (D19)	_ _ . _ cm	1	2
D19. Lateral lower	1	2 (D20)	_ _ . _ cm	1	2
D20. Areola/ periareola	1	2 (END)	_ _ . _ cm	1	2

COMPLETE "TIME MODULE ENDED" ON PAGE 1. THEN PROCEED TO FORM 8.

PLEASE NOTE: ANY NECESSARY ADDITIONAL COMMENTS SHOULD BE WRITTEN IN THE SPACE PROVIDED BELOW

ADDITIONAL COMMENTS

WIHS ID#