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| <b>F23 - OBSTETRIC, GYNECOLOGIC AND CONTRACEPTIVE HISTORY</b> |       |  |                      |
|---|-------|--|----------------------|
|   | B7b   | PREGNANT AND NO APPOINTMENT TO SEE HCP FOR PRENATAL CARE     | FOR PRENATAL CARE    |
|   | B19   | BLEEDING BETWEEN PERIODS                                     | HEALTH CARE PROVIDER |
|   | B21   | BLEEDING AFTER VAGINAL INTERCOURSE                           | HEALTH CARE PROVIDER |
|   | E17   | ABNORMAL/INCREASED VAGINAL DISCHARGE                         | HEALTH CARE PROVIDER |
|   | E18   | ABNORMAL/UNUSUAL VAGINAL ODOR                                | HEALTH CARE PROVIDER |
|   | E19   | ITCHING AROUND VAGINA  | HEALTH CARE PROVIDER |
|   | E20   | SORE/ULCER IN OR AROUND GENITAL AREA                         | HEALTH CARE PROVIDER |
|   | E21   | PAIN IN OR AROUND VAGINA                                     | HEALTH CARE PROVIDER |
|   | F2    | DISCHARGE FROM EITHER NIPPLE                                 | HEALTH CARE PROVIDER |
|   | F3a   | PAIN IN BREAST(S) - NOT BEFORE PERIOD                        | HEALTH CARE PROVIDER |
|   | F4    | LUMP(S) IN BREAST(S)   | HEALTH CARE PROVIDER |
| <b>F24BEH - ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR</b>         |       |  |                      |
|   | B1-B4 | PT CURRENTLY SMOKES  | COUNSELOR            |
|   | B23   | PT THINKS SHE SHOULD CUT DOWN ON DRINKING                    | COUNSELOR            |
|   | B24   | HEALTH PROVIDER TOLD PT TO CUT DOWN ON DRINKING              | COUNSELOR            |
|   | B25   | PT IS INTERESTED IN REFERRAL TO A PROGRAM TO REDUCE DRINKING | COUNSELOR            |
|   | C1    | USED MARIJUANA/HASH  | COUNSELOR            |
|   | C2    | SMOKED CRACK   | COUNSELOR            |
|   | C3    | INJECTED CRACK   | COUNSELOR            |
|   | C4    | SMOKED COCAINE   | COUNSELOR            |
|   | C5    | INJECTED COCAINE   | COUNSELOR            |
|   | C6    | SMOKED HEROIN  | COUNSELOR            |
|   | C7    | INJECTED HEROIN  | COUNSELOR            |
|   | C8    | INJECTED HEROIN  | COUNSELOR            |
|   | C9    | INJECTED SPEEDBALL   | COUNSELOR            |

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| <b>F24BEH – ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR (CONTINUED)</b> |      |   |           |
|---|------|---|-----------|
|   | C10  | SNIFFED OR SMOKED METHAMPHETAMINE   | COUNSELOR |
|   | C11  | INJECTED METHAMPHETAMINE  | COUNSELOR |
|   | C12  | USED METHADONE WITHOUT PRESCRIPTION   | COUNSELOR |
|   | C13  | USED AMPHETAMINES   | COUNSELOR |
|   | C14  | USED HALLUCINOGENS  | COUNSELOR |
|   | C15  | USED CLUB DRUGS   | COUNSELOR |
|   | C16  | USED NARCOTIC DRUGS WITHOUT PRESCRIPTION  | COUNSELOR |
|   | C19a | SHOOTING GALLERY  | COUNSELOR |
|   | C21  | USED NEEDLE OR SYRINGE AFTER SOMEONE ELSE                                       | COUNSELOR |
|   | C22  | USED COOKER OR COTTON AFTER SOMEONE ELSE  | COUNSELOR |
|   | C23  | USED RINSE WATER AFTER SOMEONE ELSE   | COUNSELOR |
|   | C24  | SOMEONE ELSE USED NEEDLE OR SYRINGE AFTER PARTICIPANT                           | COUNSELOR |
|   | C25  | SOMEONE ELSE USED COOKER OR COTTON AFTER PARTICIPANT                            | COUNSELOR |
|   | C26  | SOMEONE ELSE USED RINSE WATER AFTER PARTICIPANT                                 | COUNSELOR |
|   | C30  | SHARED NEEDLE, SYRINGE AND/OR COOKER  | COUNSELOR |
|   | D5b  | SOMETIMES OR NEVER USES CONDOM DURING VAGINAL SEX (WITH MALE PARTNERS)          | COUNSELOR |
|   | D6b  | SOMETIMES OR NEVER USES CONDOM WHEN GIVING ORAL SEX (TO MALE PARTNERS)          | COUNSELOR |
|   | D7b  | SOMETIMES OR NEVER USES DENTAL DAM WHEN RECEIVING ORAL SEX (FROM MALE PARTNERS) | COUNSELOR |
|   | D8b  | SOMETIMES OR NEVER USES CONDOMS DURING ANAL SEX (WITH MALE PARTNERS)            | COUNSELOR |
|   | F1   | HAS HAD SEX FOR DRUGS OR MONEY OR SHELTER                                       | COUNSELOR |

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| <b>F26 - PSYCHOSOCIAL MEASURES</b> |                    |   |                         |
|------------------------------------|--------------------|---|-------------------------|
|                                    | F2                 | SEXUAL ABUSE HAS NOT STOPPED                        | COUNSELOR               |
|                                    | F4                 | FORCED TO HAVE SEX WITH SOMEONE HIV+                | COUNSELOR               |
|                                    | G1                 | PARTNER THREATENED TO HURT OR KILL                  | COUNSELOR               |
|                                    | G12                | AFRAID OF PARTNER                                   | COUNSELOR               |
|                                    | G13                | THINKS PARTNER MIGHT TRY TO KILL HER                | COUNSELOR               |
|                                    | G14                | AFRAID TO GO HOME                                   | COUNSELOR               |
|                                    | H2                 | PHYSICAL ABUSE HAS NOT STOPPED                      | COUNSELOR               |
| <b>F26r - HISTORY OF ABUSE</b>     |                    |   |                         |
|                                    | B3a.ii –<br>B3m.ii | PHYSICAL ABUSE HAS NOT STOPPED                      | COUNSELOR               |
|                                    | C1                 | PARTNER THREATENED TO HURT OR KILL                  | COUNSELOR               |
|                                    | D3a.ii –<br>D3m.ii | SEXUAL ABUSE HAS NOT STOPPED                        | COUNSELOR               |
|                                    | D4                 | FORCED TO HAVE SEX WITH SOMEONE HIV+                | COUNSELOR               |
| <b>F07 - PHYSICAL EXAM</b>         |                    |   |                         |
|                                    | D1b                | BREAST EXAM/ABNORMAL                                | MEDICAL PROVIDER        |
|                                    | D8                 | NEW BREAST MASS/ABNORMALITY                         | MEDICAL PROVIDER        |
|                                    | E1                 | BLOOD PRESSURE < 90/60 OR > 140/90                  | MEDICAL PROVIDER        |
| <b>F08 - GYNECOLOGICAL EXAM</b>    |                    |   |                         |
|                                    | FORM               | ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE | SOCIAL SERVICE PROVIDER |