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<b>FORM:</b>	<b>81 - PELVIC EXAM</b>
<b>Version:</b>	6.1– February 14, 2000
<b>Description:</b>	Completed by Clinic Gynecologist or Practitioner; 2-page form; key-entered at Clinical Center (CC).
<b>When Used:</b>	For Hormone Replacement Therapy (HRT) participants during screening and annual visits, or at non-routine visits to assess possible problems.
<b>Purpose:</b>	To record findings of pelvic exam, any resulting referral, and final follow-up results.

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### GENERAL INSTRUCTIONS

1. Use as needed for annual visits and non-routine evaluations.
2. Affix a participant barcode label to the form.
3. Complete Items 1 - 6.
4. Perform the pelvic exam and complete the remainder of the form. Refer to *Vol. 2 - Procedures, Section 9.9 - Pelvic Exam and Pap Smear*.
5. If an outside provider performed the exam, complete items 6.1 – 6.3. Obtain the written report and abstract the information onto the form, as appropriate. If information to complete a data item is not included in the written report, do not assume it was done; leave the data item blank. If a written report cannot be obtained, a verbal report is acceptable under certain conditions. See item instructions for item 6.4.
6. Complete Item 12 to indicate if a Pap smear was obtained.
  - If you collect a Pap smear or Pap smear report from an outside office, initiate *Form 92 - Pap Smear*.
7. Complete Item 13 to indicate whether a referral was made or not and results of follow-up.
8. Data Entry: Review the form for completeness and return to responsible clinical staff person with any problems or questions. Key-enter after you resolve any questions.
9. Initial the form when you complete the key-entry.
10. After key-entry, file the form in the participant's file.

### Item Instructions

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|---------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.            | Contact date                | Date of pelvic exam if performed at CC, otherwise use the date the form is initiated.                                                                                                                                                                                                                                     |
| 2.            | Completed by                | Standard 3-digit WHI employee ID of person performing the pelvic exam or ID of staff member completing form if pelvic done elsewhere. (See common data items.)                                                                                                                                                            |
| 3.            | Contact type                | Mark appropriate box. (See common data items.)                                                                                                                                                                                                                                                                            |
| 4.            | Visit type                  | Contact at which pelvic exam is performed. Otherwise use the visit at which the form is initiated.                                                                                                                                                                                                                        |
| 5.            | Date                        | Date the pelvic exam was performed.                                                                                                                                                                                                                                                                                       |
| 6.            | Pelvic exam                 | Mark appropriate box to indicate who performed exam. If done at CC, go on to Item 7. If not done by CC staff, complete Items 6.1. - 6.4, as appropriate.                                                                                                                                                                  |
| 6.1.          | Report taken by             | Standard 3-digit WHI employee ID of person completing the form. (See common data items.)                                                                                                                                                                                                                                  |
| 6.2.          | Name/address                | Name, address, and phone number of provider who performed the pelvic exam.<br><br>Data Entry: Do not key-enter.                                                                                                                                                                                                           |
| 6.3.          | Outside pelvic exam results | No/Yes. Mark appropriate box and follow instructions as indicated. If answer is "1 - Yes," identify nature of problem and refer to CP to assure appropriate follow-up so that participant doesn't continue HRT if contraindicated. Document follow-up in Item 13.4 – Pelvic Follow-up.                                    |
| 6.4.          | Verbal report provided by   | If a verbal report was obtained, identify if information comes from the participant or a clinician. A verbal report from a participant is not acceptable in years 1, 3, 6, and 9. If information is from a clinician, document his/her name and credentials (LPN, RN, PA, NP or MD).<br><br>Data entry: Do not key-enter. |
| 7.1.-<br>7.5. | External genitalia (vulva)  | No/Yes, probably benign/Yes, possibly malignant. Mark the appropriate box for each item during the exam, using your clinical judgment. Also locate findings on picture of vulva (pg. 2) for future reference.<br><br>0 - No<br><br>1 - Yes, probably benign<br><br>2 - Yes, possibly malignant                            |
| 8.1.-<br>8.8. | Vagina                      | No/Yes, probably benign/Yes, possibly malignant. Mark the appropriate box for each item during the exam, using your clinical judgment. Also locate findings on picture of cervix (pg. 2) for future reference.<br><br>0 - No<br><br>1 - Yes, probably benign<br><br>2 - Yes, possibly malignant                           |

- 8.9. Cystocele Assess during valsalva. Mark appropriate box for grade of descensus.
- 8.10. Rectocele Assess during valsalva. Mark appropriate box for grade of descensus.
9. Cervix Absent/Present.
- 9.1.- Cervical characteristics No/Yes, probably benign/Yes, probably malignant. Mark the appropriate box for  
9.4. each item during the exam, using your clinical judgment. Also locate findings on picture of cervix (pg. 2) for future reference.
- 0 - No
- 1 - Yes, probably benign
- 2 - Yes, possibly malignant
10. Uterus Absent/Present/Unable to palpate. Mark appropriate box. If uterus is absent or you are unable to palpate due to obesity or guarding, go to Item 11. Also record any findings on picture of pelvic organs (pg. 2) for future reference.
- 10.1. Prolapse Assess during valsalva. Mark appropriate box for grade of descensus.
- 10.2. Uterine size Size in number of weeks. Use the standard of four weeks equaling normal, non-gravid size. If size is > 12 weeks, refer for evaluation or document that this has been unchanged from previous exams. If discrete mass is found that does not increase overall uterine size, record in contact notes.
- 10.3. Enlarged since last visit No/Yes.
11. Adnexae Normal/Mass Present/Unable to palpate/absent. If there is a mass present, continue on to Item 11.1. Also, record any findings on diagram for future reference.
- 11.1. Side of mass Right/Left/Both.
12. Pap smear obtained No, not done/No, send for outside report/Yes, vaginal smear/Yes, Pap smear. Initiate *Form 92 - Pap Smear* if it was done at CC or at an outside clinic.
13. Referral No/Yes.
- 13.1. Referred by Standard 3-digit WHI employee ID of staff person who referred participant (see common data items). Write your name on the line. If referred by primary care provider, use code for "outside employee". Write name on line (see common data items).
- Data Entry: Name not key-entered.
- 13.2. Date of referral Date of referral.
- 13.3. Referred to Name, address, and phone number of person to whom participant was referred.
- Data Entry: Name and address not key-entered.
- 13.4. Pelvic follow-up Normal/Benign changes/Possibly malignant. Mark the appropriate box to indicate findings of pelvic exam follow-up.

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