WOMEN'S INTERAGENCY HIV STUDY ORAL PROTOCOL MEDICAL EVALUATION FORM OP1

GENERAL INFORMATION

| PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|
| | | | | | | | |
| WIHS STUDY VISIT NUMBER: | <u> </u> | | | | | | |
| FORM VERSION: | 1 0 / 0 1 / 9 8 M D Y | | | | | | |
| DATE OF INTERVIEW: | | | | | | | |
| INTERVIEWER'S INITIALS: | | | | | | | |
| TIME ORAL VISIT BEGAN: | _ : AM1 | | | | | | |

INTRODUCTION: READ TO PARTICIPANT

Thank you for agreeing to participate in the oral component of the WIHS study. This is a very important aspect of the WIHS study because we will learn more about women's oral health. I will need to ask you a few questions about your medical history and oral hygiene. I understand that some of these questions may be difficult for you to answer. Please take as much time as you need so I can gather information which is as accurate as possible. Of course your responses will be kept <u>confidential</u>. Your name will not be reported to anyone, or recorded on any form. We will use the same unique identification number that is used for the rest of the study.

| | | QUESTIONN | AIRE | | | | |
|----|---|--|------|----|---------------|--|--|
| 1. | Does the participant have a history of any of the following medical conditions requiring antibiotic prophylaxis for dental treatment: | | | | | | |
| | | | YES | NO | DON'T KNOW | | |
| | a. | Artificial heart valves? | 1 | 2 | <-8> | | |
| | b. | Surgically constructed heart-lung artificial channel or passage? | 1 | 2 | <-8> | | |
| | c. | Heart malformations since birth? | 1 | 2 | <-8> | | |
| | d. | Rheumatic or heart valve disease? | 1 | 2 | <-8> | | |
| | e. | Enlarged heart? | 1 | 2 | <-8> | | |
| | f. | Mitral valve prolapse (MVP)with a leaky valve? | 1 | 2 | <-8> | | |
| | g. | Heart valve surgery? | 1 | 2 | <-8> | | |
| | h. | Existing catheter in your bloodstream? | 1 | 2 | <-8> | | |
| | i. | Previous infective endocarditis? | 1 | 2 | <-8> | | |
| | j. | Localized narrowing of the heart valve since birth? | 1 | 2 | <-8> | | |
| | k. | Kidney dialysis with an A-V shunt? | 1 | 2 | <-8> | | |
| 2. | Are prophylactic antibiotics indicated? | | | | | | |
| | | YES | (5) | | | | |
| 3. | Is participant currently on an antibiotic regimen equivalent to that required for dental prophylaxis | | | | | | |
| | | YES1 NO2 | (5) | | | | |

WIHS ID#

| WIHS | ID# | | | | | | |
|------|-----------|---|-----------------|-------------------|--|--|--|
| | | | | | | | |
| 4. | a. A | are prophylactic antibiotics being administered specifically for | or this oral ex | amination? | | | |
| | | YES1 (4b) | | | | | |
| | | NO2 | | | | | |
| | | (5) | | | | | |
| | | SPECIFY REASON | | | | | |
| | b. W | Vhat is being administered? | | | | | |
| | i. | Amoxicillin 2.0g orally one hour before procedure? | YES 1 | NO 2 | | | |
| | ii. | Clindamycin 600 mg orally one hour before procedure? | 1 | 2 | | | |
| | iii. | Other? | 1 | 2 | | | |
| | | | _ | | | | |
| 5. | • | ge(s) in any medications since the last WIHS visit (i.e., the ce last two weeks)? YES | core WIHS vis | it which occurred | | | |
| | a. W | What change(s)? | | | | | |
| 6. | - | Any treatments for oral lesions identified at the last WIHS visit (i.e., the core visit which occurred in the last two weeks)? | | | | | |
| | | YES | | | | | |
| | a. W | Vhat treatments? | | | | | |
| 7. | | Any hospitalizations, clinic or doctor's office visit since last WIHS visit (i.e., the core WIHS visit which occurred within the last two weeks)? | | | | | |
| | | YES | | | | | |
| | a. W | Vhat for? | | | | | |
| 8. | Excluding | Excluding the WIHS clinic, where does participant usually go for dental care? | | | | | |
| | a. | Dental Care Provider: | | | | | |
| | | Address: | | | | | |
| | b | . When was your last dental visit? | | | | | |
| | c. | What did you see the dentist for? | | | | | |