

**WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL
FORM OP01 : MEDICAL EVALUATION**

COMPLETING THE FORM

This form serves as a clinical evaluation (as opposed to a formal “research interview”) of the Participant's health as it relates to this oral examination. Specifically it provides a list of conditions/indications which require prophylactic antibiotics to be administered. The information on this form should be obtained by the dental clinician and should serve as a tool for clinical assessment. If in the opinion of the dental clinician other medical conditions exist which warrant prophylaxis, antibiotics should be administered and recorded.

Read the introduction on Page 1.

GENERAL INFORMATION

Affix the Participant ID label in the space indicated.

Record the visit number.

Be sure the form version is the most current version.

Record the date of the oral interview.

Record your initials.

Record the time the oral visit began. Circle the code for AM (code 1) or PM (code 2).

Remember to use leading zeros. For example: 08:00 AM; or 06:00 PM.

QUESTIONNAIRE

- 1a–k.** The purpose of this form is to determine if the Participant remembers ever being told by a health care provider if she has a history of any medical condition which would require antibiotic prophylaxis for dental treatment. Assess whether or not the Participant has a history of the medical conditions listed and circle the appropriate response code for each, 1 = yes, 2 = no or -8 = don't know. Proceed to question 2.
- 2.** Assess whether or not prophylactic antibiotics are indicated for *any* reason. Circle the appropriate response code. If no, skip to question 5. If yes, go to question 3. If any of the items listed in question 1a–k are coded as YES, prophylactic antibiotics are indicated, requiring that question 2 be coded as YES. If question 2 is not coded as YES in such situations, then an edit report will be produced. If the participant’s health care provider has specifically communicated that prophylactic antibiotics should not be administered for clinical reasons, then code question 2 as NO and record such information in the margin.
- 3.** Assess whether or not the Participant is currently on an antibiotic regimen equivalent to that required for dental prophylaxis. Circle the appropriate response code. If yes, skip to question 5. **If No, and the Participant has answered yes to any of the medical conditions asked in question 1a–k, or, if in the opinion of the dental clinician they are warranted for other reasons, administer prophylactic antibiotics.**
- 4a.** Record whether or not you are administering prophylactic antibiotics specifically for this oral examination. If yes, circle the appropriate response code and go to question 4b. If

antibiotics are not being administered, specify the reason why in the space provided and go to question 5.

- 4b.** These questions are about prophylactic antibiotic regimens. The purpose is to document what prophylactic antibiotic regimen (if indicated) was administered to the Participant for the oral protocol visit.
- 4bi.** Indicate whether or not it was an Amoxicillin regimen. Circle appropriate response code.
- 4bii.** Indicate whether or not it was an Clindamycin regimen. Circle appropriate response code.
- 4biii.** Indicate whether or not it was another antibiotic regimen. Circle the appropriate response code. If no, skip to question 5. If yes, specify the other antibiotic regimen administered.
- 5.** Determine if the Participant has had any change(s) in her medication(s) since her last WIHS study visit (this usually should have occurred within the last two weeks). Circle the appropriate response code. If there haven't been any changes, skip to question 6. If yes, go to question 5a.
- 5a.** Specify the changes in medication reported by the Participant. Proceed to question 6.
- 6.** Determine if the Participant has been treated for any **oral** lesions at her last WIHS study visit (i.e., the WIHS visit occurring within the last two weeks). Circle the appropriate response code. If there haven't been any changes skip to question 7, if yes, go to question 6a.
- 6a** Specify the treatment reported by the Participant. Proceed to question 7.
- 7.** Determine whether or not the Participant has had any hospitalizations, clinic or doctors' visits since her core WIHS visit (which should have occurred within the last two weeks). Circle the appropriate response code. If no, skip to question 8. If yes, go to question 7a and specify the reason for the hospitalization or clinic visit.
- 8.** Ask the Participant where she usually goes for dental care. **DO NOT RECORD THE NAME OF THE WIHS CLINIC IF THIS IS THE ONLY PLACE SHE GOES TO FOR DENTAL CARE.** We are only interested in the name of any additional clinic to which she goes for care.

Record the name and address of the dental care provider reported by the Participant on the lines provided. Ask when her last dental visit occurred and for which problem was she seen.