

**WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL
FORM OP15: DENTAL PROSTHESES**

COMPLETING THE FORM

GENERAL INFORMATION

Affix the Participant ID label in the space indicated.

Record the visit number, which should be the same as the WIHS core visit.

Be sure the form version is the most current version date.

Record your initials.

Record the date.

DENTAL PROSTHESES

- 1.** Indicate whether or not the participant has an upper full denture. If yes, go to 1a. If no, proceed to 2.
- 1a.** Determine whether or not the prosthesis is an apparent source of trauma, irritation or infection. Proceed to 2.
- 2.** Indicate whether or not the participant has an upper partial denture. If yes, go to 2a. If no, proceed to 3.
- 2a.** Determine whether or not the prosthesis is an apparent source of trauma, irritation or infection. Proceed to 3.
- 3.** Indicate whether or not the participant has a lower full denture. If yes, go to 3a. If no, proceed to 4.
- 3a.** Determine whether or not the prosthesis is an apparent source of trauma, irritation or infection. Proceed to 4.
- 4.** Indicate whether or not the participant has a lower partial denture. If yes, go to 4a. If no, **END.**
- 4a.** Determine whether or not the prosthesis is an apparent source of trauma, irritation or infection. **END.**