

**WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL
FORM OP 16: ORAL REFERRAL AND FOLLOW UP**

COMPLETING THE FORM

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 date.

Record your initials.

Record the date.

REFERRAL AND TREATMENT NEEDS

- 1.** Indicate whether or not the Participant has any treatment needs by circling the appropriate response code. If yes, proceed to 2. If no, skip to 3.
- 2a-i.** Indicate whether or not the Participant requires a referral for the following reasons. Every item (a-i) must be coded either 1 = yes or 2 = no. Do not leave any blank. If yes at 2j, please specify the reason.
- 3.** Record the name of the examiner.
- 4.** Record the time the oral visit ended in HH:MM format. Do not use military time. Indicate AM or PM by circling the appropriate response code. **END.**