



**SECTION B: QUESTIONNAIRE**

B1. Does the participant have a history of any of the following medical conditions requiring antibiotic prophylaxis for dental treatment:

	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
a. Prosthetic cardiac valves? .....	1	2	<-8>
b. Surgically constructed systemic-pulmonary shunts?.....	1	2	<-8>
c. Congenital cardiac malformation? .....	1	2	<-8>
d. Rheumatic and other acquired valvular dysfunction? .....	1	2	<-8>
e. Hypertrophic cardiomyopathy?.....	1	2	<-8>
f. Mitral valve prolapse with valvular regurgitation?.....	1	2	<-8>
g. Mitral valve surgery?.....	1	2	<-8>
h. Indwelling vascular catheter?.....	1	2	<-8>
i. Previous infective endocarditis?.....	1	2	<-8>
j. Coarctation of the aorta? .....	1	2	<-8>
k. Renal dialysis with A-V shunt appliance?.....	1	2	<-8>

B2. Are prophylactic antibiotics indicated?

YES ..... 1  
 NO..... 2 **(B5)**

B3. Is participant currently on an antibiotic regimen equivalent to that required for dental prophylaxis?

YES ..... 1 **(B5)**  
 NO..... 2

B4. a. Are prophylactic antibiotics being administered specifically for this oral examination?

WIHS ID #

YES ..... 1 **(B4b)**  
NO ..... 2

\_\_\_\_\_ **(B5)**  
**SPECIFY REASON WHY NOT**

b.	What is being administered?	<b>YES</b>	<b>NO</b>
i.	Amoxicillin 3.0g orally one hour before procedure then 1.5g six hours after initial dose?	1	2
ii.	Erythromycin stearate 1.0g orally 2 hours before procedure, then .5g six hours after initial dose?	1	2
iii.	Other? _____ _____	1	2

B5. Any change(s) in any medications since the last WIHS visit (ie. the core WIHS visit which occurred within the last 2 weeks)?

YES ..... 1  
NO ..... 2 **(B6)**

a. What change(s)? \_\_\_\_\_

B6. Any treatments for oral lesions identified at the last WIHS visit (i.e. the core visit which occurred in the last 2 weeks)?

YES ..... 1  
NO ..... 2 **(B7)**

a. What treatments? \_\_\_\_\_

B7. Any hospitalizations, clinic or doctor's office visit since last WIHS visit (ie. the core WIHS visit which occurred within the last 2 weeks)?

YES ..... 1  
NO ..... 2 **(B7)**

a. What for? \_\_\_\_\_

B8. Where does participant usually go for dental care?

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_