

ORAL PROTOCOL - ORAL MUCOSAL TISSUE EXAM

FORM OP4

A1. ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_| A2. VISIT #: _____ A3. VERSION DATE: **03/01/95**

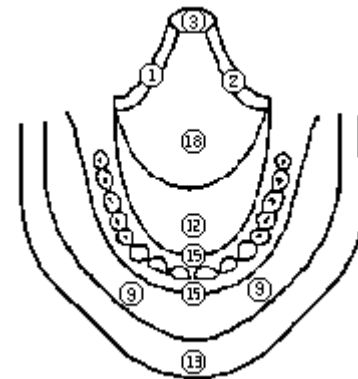
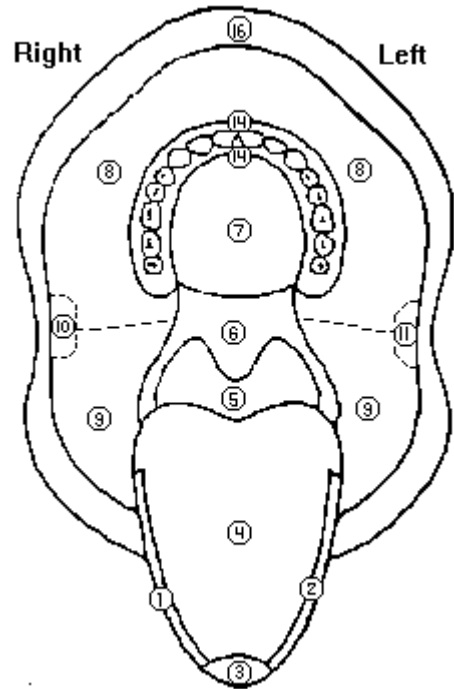
A4. FORM COMPLETED BY: _____ A5. DATE OF PROCEDURE
 _____ / _____ / _____

Lesion Codes:

- A) Angular Cheilitis **
- B) Pseudomembranous Candidiasis **
- C) Erythematous Candidiasis **
- D) Leukoplakia
- E) Hairy Leukoplakia
- F) Herpes Labialis **
- G) Herpetic Ulcer Intraoral **
- H) Aphthous Ulcer Major (>1 cm)
- J) Aphthous Ulcer Minor (<1 cm)
- K) Denture Stomatitis
- M) Denture Ulcer
- N) Other Ulcer
- P) Oral Papilloma/Wart
- Q) Kaposi's Sarcoma
- R) Other (SPECIFY IN SPACE PROVIDED IN SECTION B)

**** Collect specimens from candidal and herpetic lesions**

Location Codes



17 Generalized

B1. Total # of lesions |_|_| (IF ZERO, SKIP TO SECTION C)

WIHS ID#

[]

Lesion #1

a. Lesion Code []
i. _____
(SPECIFY -for code R)

b. Location Number(s)

- i. [][]
- ii. [][]
- iii. [][]

c. Smear collected? (Lesion codes A,B,C,F,G)

YES 1
NO 2

d. Pain?

YES 1
NO 2
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown<-8> (f)
Two weeks or less 1 (f)
Two weeks to 3 months..... 2 (f)
Greater than 3 months 3
i.) _____
(SPECIFY TIME)

f. Prior history of lesion?

YES 1
NO 2
UNKNOWN.....<-8>

Lesion #2

a. Lesion Code []

i. _____
(SPECIFY -for code R)

b. Location Number(s)

- i. [][]
- ii. [][]
- iii. [][]

c. Smear collected? (Lesion codes A,B,C,F,G)

YES..... 1
NO 2

d. Pain?

YES..... 1
NO 2
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown<-8> (f)
Two weeks or less 1 (f)
Two weeks to 3 months..... 2 (f)
Greater than 3 months 3
i.) _____
(SPECIFY TIME)

f. Prior history of lesion?

YES..... 1
NO 2
UNKNOWN.....<-8>

**PROMPT: IF NO OTHER LESIONS,
SKIP TO SECTION C**

**PROMPT: IF NO OTHER LESIONS,
SKIP TO SECTION C**

WIHS ID#

[]

Lesion #3

a. Lesion Code []
i. _____
(SPECIFY-for code R)

b. Location Number(s)

- i. [][]
- ii. [][]
- iii. [][]

c. Smear collected? (Lesion codes A,B,C,F,G)

YES 1
NO 2

d. Pain?

YES 1
NO 2
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown<-8> (f)
Two weeks or less 1 (f)
Two weeks to 3 months..... 2 (f)
Greater than 3 months 3
i.) _____
(SPECIFY TIME)

f. Prior history of lesion?

YES 1
NO 2
UNKNOWN.....<-8>

**PROMPT: IF NO OTHER LESIONS,
SKIP TO SECTION C**

Lesion #4

a. Lesion Code []

i. _____
(SPECIFY-for code R)

b. Location Number(s)

- i. [][]
- ii. [][]
- iii. [][]

c. Smear collected? (Lesion codes A,B,C,F,G)

YES..... 1
NO 2

d. Pain?

YES..... 1
NO 2
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown<-8> (f)
Two weeks or less 1 (f)
Two weeks to 3 months..... 2 (f)
Greater than 3 months 3
i.) _____
(SPECIFY TIME)

f. Prior history of lesion?

YES..... 1
NO 2
UNKNOWN.....<-8>

**PROMPT: IF NO OTHER LESIONS,
SKIP TO SECTION C**

WIHS ID#

SECTION C: SALIVARY GLAND EXAMINATION

C1. PAROTID:

		I. ENLARGEMENT	II. TENDERNESS	III. SALIVA EXPRESSION ABSENT
a) Left	YES	1	1	1
	NO	0	0	0

		I. ENLARGEMENT	II. TENDERNESS	III. SALIVA EXPRESSION ABSENT
b) Right	YES	1	1	1
	NO	0	0	0

C2. SUBMANDIBULAR SUBLINGUAL:

		I. ENLARGEMENT	II. TENDERNESS	III. SALIVA EXPRESSION ABSENT
a) Left	YES	1	1	1
	NO	0	0	0

		I. ENLARGEMENT	II. TENDERNESS	III. SALIVA EXPRESSION ABSENT
b) Right	YES	1	1	1
	NO	0	0	0