

WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL: ORAL MUCOSAL TISSUE EXAM
FORM OP4

ID LABEL HERE ---> VISIT #: VERSION DATE: FORM COMPLETED BY: DATE OF PROCEDURE
 |_| - |_|_| - |_|_|_|_| - |_| ___ ___ **04/01/00** ___ ___ ___ ___ ___ / ___ ___ / ___ ___

SECTION A: LYMPH NODE EXAMINATION

A1. Lymphadenopathy (presence of palpable lymph nodes)

Yes1
 No2 **(IF NO, SKIP TO SECTION B)**

A2. PROMPT: IF NODE BEING EXAMINED IS NOT PRESENT, SKIP TO ASSESSMENT OF NEXT NODE.

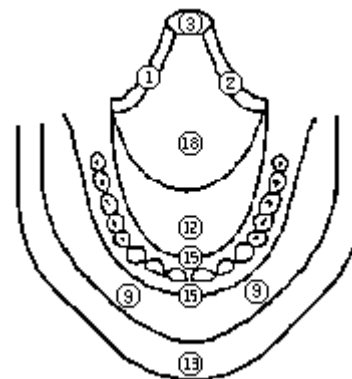
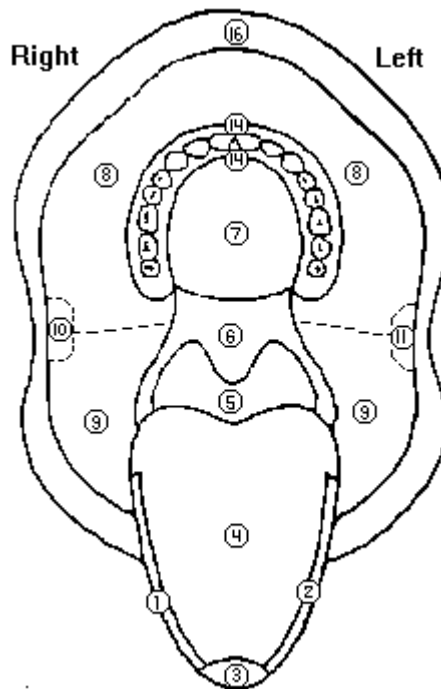
Region	Right								Left							
	Node Present		Size > 1 cm		Hard		Tenderness		Node Present		Size > 1 cm		Hard		Tenderness	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
a. Postauricular	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
b. Preauricular	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
c. Submandibular	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
d. Submental	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
e. Occipital	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
f. Posterior Cervical	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
g. Superclavicular	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
h. Anterior Cervical	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0

Referral Reminder: Consider referral for any lymph node that is hard or >1 cm in diameter. Note this action on OP16.

Lesion Codes:

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

Location Codes



17 Generalized

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

WIHS ID#

[]

START OP04S1

Lesion #1

a. Lesion Code []

i. _____
(SPECIFY -for code S)

b. Location Number(s)

i. [][]

ii. [][]

iii. [][]

c. Sample(s) collected? (Codes A,B,C – BBI)
(Code C – BBI & OPL)
(Codes G,H,N – HSV)
YES 1
NO 2

d. Pain?
YES 1
NO 2
UNKNOWN.....<-8>

e. Duration of lesion?
Unknown<-8> (f)
Less than 2 weeks..... 1 (f)
Two weeks to 3 months.....2 (f)
Greater than 3 months3
i.) _____
(SPECIFY TIME)

f. Prior history of lesion?
YES 1
NO 2
UNKNOWN.....<-8>

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

Lesion #2

a. Lesion Code []

i. _____
(SPECIFY -for code S)

b. Location Number(s)

i. [][]

ii. [][]

iii. [][]

c. Sample(s) collected? (Codes A,B,C – BBI)
(Code C – BBI & OPL)
(Codes G,H,N – HSV)
YES..... 1
NO 2

d. Pain?
YES..... 1
NO 2
UNKNOWN.....<-8>

e. Duration of lesion?
Unknown<-8> (f)
Less than 2 weeks..... 1 (f)
Two weeks to 3 months.....2 (f)
Greater than 3 months3
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#

[]

Lesion #3

a. Lesion Code []

i. _____
(SPECIFY-for code S)

b. Location Number(s)

i. [][]

ii. [][]

iii. [][]

c. Sample(s) collected? (Codes A,B,C – BBI)
(Code C – BBI & OPL)
(Codes G,H,N – HSV)

YES 1
NO 2

d. Pain?

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

e. Duration of lesion?

Unknown<-8> (f)
Less than 2 weeks..... 1 (f)
Two weeks to 3 months.....2 (f)
Greater than 3 months3
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 S)

b. Location Number(s)

i. [][]

ii. [][]

iii. [][]

c. Sample(s) collected? (Codes A,B,C – BBI)
(Code C – BBI & OPL)
(Codes G,H,N – HSV)

YES..... 1
NO 2

d. Pain?

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

e. Duration of lesion?

Unknown<-8> (f)
Less than 2 weeks.....1 (f)
Two weeks to 3 months.....2 (f)
Greater than 3 months3
i.) _____
(SPECIFY TIME)

f. Prior history of lesion?

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

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

END OP04S1

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