

WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL: ORAL MUCOSAL TISSUE EXAM ADDENDUM
FORM OP4a

ID LABEL HERE --->

|_| - |_|_| - |_|_|_|_| - |_|

VISIT#:

___ ___

VERSION DATE:

10/01/98

FORM COMPLETED BY:

___ ___ ___

Lesion # |_|_|_|_|

a. Lesion Code |_|_|

i. _____
(SPECIFY -for code S)

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 months3
 i.) _____
(SPECIFY TIME)

f. Prior history of lesion?

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

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(SPECIFY -for code S)

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