

**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 months ..... 3  
 i.) \_\_\_\_\_  
**(SPECIFY TIME)**

f. Prior history of lesion?

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

Lesion # |\_|\_|

a. Lesion Code |\_|

i. \_\_\_\_\_  
**(SPECIFY -for code S)**

b. Location Number(s)

i. |\_|\_|

ii. |\_|\_|

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**(SPECIFY TIME)**

f. Prior history of lesion?

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 NO ..... 2  
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