

WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL - FORM OP6
TOOTH COUNT

ID LABEL HERE --->

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VISIT #:

___ ___

VERSION DATE:

10/01/98

FORM COMPLETED BY:

___ ___ ___

DATE OF PROCEDURE

___ ___ / ___ ___ / ___ ___

1. Is participant edentulous?

YES..... 1 **(SKIP TO FORM OP15 -DO NOT COMPLETE FORMS OP7 - OP14)**

NO 2

2. Tooth count:

a. Upper

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b. Lower

_	_
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3. Number of occluding pairs:

_	_
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4. Does patient present with ≥ 10 natural teeth?

YES..... 1

NO 2 **(CODE AS "5" AT 5)**

5. Random quadrant(s) selected (one upper and one lower:)

UPPER LEFT 1

UPPER RIGHT 2

LOWER LEFT 3

LOWER RIGHT 4

Less than 10 natural teeth..... 5