

**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                   |\_|\_|\_|
- b. Lower                   |\_|\_|\_|

3. Number of occluding pairs:           |\_|\_|\_|

4. Does patient present with  $\geq 10$  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