

**ORAL PROTOCOL - FORM OP9
PAPILLARY ASSESSMENT SCORE**

A1. ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_|_| A2. VISIT #: _____ A3. VERSION DATE: **03/01/95**
 A4. FORM COMPLETED BY: _____ A5. DATE OF PROCEDURE _____
 _____ / _____ / _____

Instructions: Circle the score (0–5) for each interdental papilla. Scores are to be recorded under the column labeled by the most mesial tooth bounding the interdental space. **Circle multiple scores as appropriate or circle code Y if the area cannot be assessed.**
Note: Take subgingival plaque samples from distal sites of teeth with codes 3 or 5 (the shaded items).

UPPER ARCH:

	Left							Right					
	B1.	B2.	B3.	B4.	B5.	B6.	B7.	B8.	B9.	B10.	B11.	B12.	B13.
	M1	P2	P1	CA	LA	CE	Midline	CE	LA	CA	P1	P2	M1
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	0	0	0	0	0	0	0	0	0	0	0	0	0
a.)	1	1	1	1	1	1	1	1	1	1	1	1	1
b.)	2	2	2	2	2	2	2	2	2	2	2	2	2
c.)	3	3	3	3	3	3	3	3	3	3	3	3	3
d.)	4	4	4	4	4	4	4	4	4	4	4	4	4
e.)	5	5	5	5	5	5	5	5	5	5	5	5	5

LOWER ARCH:

	Left							Right					
	B14.	B15.	B16.	B17.	B18.	B19.	B20.	B21.	B22.	B23.	B24.	B25.	B26.
	M1	P2	P1	CA	LA	CE	Midline	CE	LA	CA	P1	P2	M1
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	0	0	0	0	0	0	0	0	0	0	0	0	0
a.)	1	1	1	1	1	1	1	1	1	1	1	1	1
b.)	2	2	2	2	2	2	2	2	2	2	2	2	2
c.)	3	3	3	3	3	3	3	3	3	3	3	3	3
d.)	4	4	4	4	4	4	4	4	4	4	4	4	4
e.)	5	5	5	5	5	5	5	5	5	5	5	5	5