

WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL: FORM OP13 GINGIVAL BLEEDING SCORE

ID LABEL HERE
 | | - | | | - | | | | - | |
 VISIT #: — —
 VERSION DATE: **03/01/95**

FORM COMPLETED BY: — — —
 DATE OF PROCEDURE
 — — / — — / — —

A. RANDOM HALF MOUTH SELECTED
 UPPER LEFT1
 UPPER RIGHT2
 LOWER LEFT3
 LOWER RIGHT.....4
 Less than 10 natural teeth5

| | M2 | | | | M1 | | | | P2 | | | | P1 | | | | CA | | | | LA | | | | CE | | | |
|-----------------------|----------|-----------|----------|----------|----------|-----------|----------|----------|----------|-----------|----------|----------|----------|-----------|----------|----------|----------|-----------|----------|----------|----------|-----------|----------|----------|----------|-----------|----------|----------|
| | (a) | (b) | (c) | (d) | (a) | (b) | (c) | (d) | (a) | (b) | (c) | (d) | (a) | (b) | (c) | (d) | (a) | (b) | (c) | (d) | (a) | (b) | (c) | (d) | (a) | (b) | (c) | (d) |
| B. UPPER LEFT | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L |
| | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| C. UPPER RIGHT | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L |
| | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| D. LOWER LEFT | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L |
| | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| E. LOWER RIGHT | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L | D | MB | M | L |
| | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |