

QUESTIONNAIRE

1. Does the participant have a history of any of the following medical conditions requiring antibiotic prophylaxis for dental treatment:

	YES	NO	DON'T KNOW
a. Artificial heart valves?	1	2	<-8>
b. Surgically constructed heart-lung artificial channel or passage?	1	2	<-8>
c. Heart malformations since birth?	1	2	<-8>
d. Rheumatic or heart valve disease?	1	2	<-8>
e. Enlarged heart?	1	2	<-8>
f. Mitral valve prolapse (MVP)with a leaky valve?	1	2	<-8>
g. Heart valve surgery?	1	2	<-8>
h. Existing catheter in your bloodstream?	1	2	<-8>
i. Previous infective endocarditis?	1	2	<-8>
j. Localized narrowing of the heart valve since birth?	1	2	<-8>
k. Kidney dialysis with an A-V shunt?	1	2	<-8>

2. Are prophylactic antibiotics indicated?

YES 1
NO 2 **(5)**

3. Is participant currently on an antibiotic regimen equivalent to that required for dental prophylaxis?

YES 1 **(5)**
NO 2

4. a. Are prophylactic antibiotics being administered specifically for this oral examination?

WIHS ID #

YES 1 **(4b)**
NO 2

_____ **(5)**
SPECIFY REASON

b.	What is being administered?	YES	NO
i.	Amoxicillin 2.0g orally one hour before procedure?	1	2
ii.	Clindamycin 600 mg orally one hour before procedure?	1	2
iii.	Other?	1	2

5. Any change(s) in any medications since the last WIHS visit (ie. the core WIHS visit which occurred within the last 2 weeks)?

YES 1
NO 2 **(6)**

a. What change(s)? _____

6. Any treatments for oral lesions identified at the last WIHS visit (i.e. the core visit which occurred in the last 2 weeks)?

YES 1
NO 2 **(7)**

a. What treatments? _____

7. Any hospitalizations, clinic or doctor's office visit since last WIHS visit (ie. the core WIHS visit which occurred within the last 2 weeks)?

YES 1
NO 2 **(8)**

a. What for? _____

8. Where does participant usually go for dental care?

a. Dental Care Provider: _____

Address: _____

b. When was your last dental visit? _____

c. What did you see the dentist for? _____