

WOMEN'S INTERAGENCY HIV STUDY  
**ORAL PROTOCOL: ORAL MUCOSAL TISSUE EXAM**  
**FORM OP4**

ID LABEL HERE --->                      VISIT #:                      VERSION DATE:                      FORM COMPLETED BY:                      DATE OF PROCEDURE  
 |\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|                      \_\_\_ \_\_\_                      **10/01/98**                      \_\_\_ \_\_\_ \_\_\_                      \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**SECTION A: LYMPH NODE EXAMINATION**

**A1.** Lymphadenopathy (presence of palpable lymph nodes)

Yes .....1  
 No .....2 **(IF NO, SKIP TO SECTION B)**

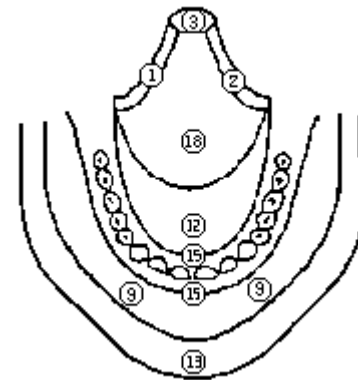
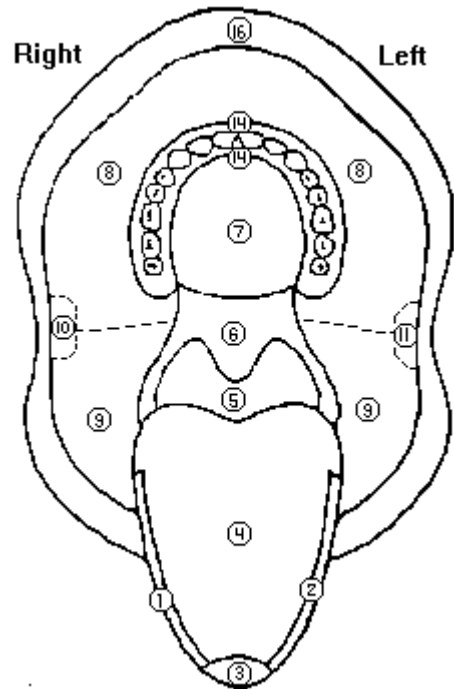
A2. Region	Right						Left					
	Size >1cm		Hard		Tenderness		Size >1cm		Hard		Tenderness	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
a. Postauricular	1	0	1	0	1	0	1	0	1	0	1	0
b. Preauricular	1	0	1	0	1	0	1	0	1	0	1	0
c. Submadibular	1	0	1	0	1	0	1	0	1	0	1	0
d. Submental	1	0	1	0	1	0	1	0	1	0	1	0
e. Occipital	1	0	1	0	1	0	1	0	1	0	1	0
f. Posterior Cervical	1	0	1	0	1	0	1	0	1	0	1	0
g. Superclavicular	1	0	1	0	1	0	1	0	1	0	1	0
h. Anterior Cervical	1	0	1	0	1	0	1	0	1	0	1	0

Referral Reminder: Consider referral for any lymph node that is hard or >1 cm in diameter. Note this action on OP16.

**Lesion Codes:**

- A) Angular Cheilitis (BRInc)
- B) Pseudomembranous Candidiasis (BRInc)
- C) Erythematous Candidiasis (BRInc & OPL)
  
- D) Leukoplakia
- E) Hairy Leukoplakia
  
- F) Herpes Labialis
- G) Herpetic Ulcer Intraoral (HSV culture)
  
- H) Aphthous Ulcer Major (>1 cm) (HSV culture)
- J) Aphthous Ulcer Minor (<1 cm)
  
- K) Denture Stomatitis
- M) Denture Ulcer
  
- N) Other Ulcer (HSV culture)
  
- P) Oral Papilloma/Wart
- Q) Kaposi's Sarcoma
  
- R) Abscess
  
- S) Other (SPECIFY IN SPACE PROVIDED IN SECTION B)

**Location Codes**



17 Generalized

B1. Total # of lesions         **(IF ZERO, SKIP TO SECTION C)**

WIHS ID#

[ ]

**START OP04S1**

**Lesion #1**

a. Lesion Code [ ]

i. \_\_\_\_\_  
(SPECIFY -for code S)

b. Location Number(s)

i. [ ][ ]

ii. [ ][ ]

iii. [ ][ ]

c. Sample(s) collected? (Codes A,B,C - BRInc)  
(Code C – BRInc & OPL)  
(Codes G,H,N – HSV)

YES ..... 1  
NO ..... 2

d. Pain?

YES ..... 1  
NO ..... 2  
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown .....<-8> (f)  
Less than 2 weeks..... 1 (f)  
Two weeks to 3 months.....2 (f)  
Greater than 3 months .....3  
i.) \_\_\_\_\_  
(SPECIFY TIME)

f. Prior history of lesion?

YES ..... 1  
NO ..... 2  
UNKNOWN.....<-8>

**Lesion #2**

a. Lesion Code [ ]

i. \_\_\_\_\_  
(SPECIFY -for code S)

b. Location Number(s)

i. [ ][ ]

ii. [ ][ ]

iii. [ ][ ]

c. Sample(s) collected? (Codes A,B,C - BRInc)  
(Code C – BRInc & OPL)  
(Codes G,H,N – HSV)

YES..... 1  
NO ..... 2

d. Pain?

YES..... 1  
NO ..... 2  
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown .....<-8> (f)  
Less than 2 weeks..... 1 (f)  
Two weeks to 3 months.....2 (f)  
Greater than 3 months .....3  
i.) \_\_\_\_\_  
(SPECIFY TIME)

f. Prior history of lesion?

YES..... 1  
NO ..... 2  
UNKNOWN.....<-8>

**PROMPT: IF NO OTHER LESIONS,  
SKIP TO SECTION C**

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WIHS ID#

\_\_\_\_\_

**Lesion #3**

a. Lesion Code \_\_\_\_\_

i. \_\_\_\_\_  
**(SPECIFY-for code S)**

b. Location Number(s)

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

c. Sample(s) collected? (Codes A,B,C - BRInc)  
(Code C – BRInc & OPL)  
(Codes G,H,N – HSV)

YES ..... 1  
NO ..... 2

d. Pain?

YES ..... 1  
NO ..... 2  
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown .....<-8> (f)  
Less than 2 weeks..... 1 (f)  
Two weeks to 3 months.....2 (f)  
Greater than 3 months .....3  
i.) \_\_\_\_\_

**(SPECIFY TIME)**

f. Prior history of lesion?

YES ..... 1  
NO ..... 2  
UNKNOWN.....<-8>

**PROMPT: IF NO OTHER LESIONS,  
SKIP TO SECTION C**

**Lesion #4**

a. Lesion Code \_\_\_\_\_

i. \_\_\_\_\_  
**(SPECIFY-for code S)**

b. Location Number(s)

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

c. Sample(s) collected? (Codes A,B,C - BRInc)  
(Code C – BRInc & OPL)  
(Codes G,H,N – HSV)

YES..... 1  
NO ..... 2

d. Pain?

YES..... 1  
NO ..... 2  
UNKNOWN .....<-8>

e. Duration of lesion?

Unknown .....<-8> (f)  
Less than 2 weeks.....1 (f)  
Two weeks to 3 months.....2 (f)  
Greater than 3 months .....3  
i.) \_\_\_\_\_

**(SPECIFY TIME)**

f. Prior history of lesion?

YES..... 1  
NO ..... 2  
UNKNOWN .....<-8>

**PROMPT: IF NO OTHER LESIONS,  
SKIP TO SECTION C**

**END OP04S1**

WIHS ID#

### SECTION C: SALIVARY GLAND EXAMINATION

#### C1. PAROTID:

		I. ENLARGEMENT	II. TENDERNESS	III. SALIVA EXPRESSION ABSENT
a) <b>Left</b>	YES	1	1	1
	NO	0	0	0

		I. ENLARGEMENT	II. TENDERNESS	III. SALIVA EXPRESSION ABSENT
b) <b>Right</b>	YES	1	1	1
	NO	0	0	0

#### C2. SUBMANDIBULAR SUBLINGUAL:

		I. ENLARGEMENT	II. TENDERNESS	III. SALIVA EXPRESSION ABSENT
a) <b>Left</b>	YES	1	1	1
	NO	0	0	0

		I. ENLARGEMENT	II. TENDERNESS	III. SALIVA EXPRESSION ABSENT
b) <b>Right</b>	YES	1	1	1
	NO	0	0	0