

WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL: ORAL MUCOSAL TISSUE EXAM ADDENDUM
FORM OP04a

ID LABEL HERE --->

- - -

VISIT#:

___ ___

VERSION DATE:

10/01/98

FORM COMPLETED BY:

___ ___ ___

Lesion #

a. Lesion Code

i. _____
(SPECIFY -for code S)

b. Location Number(s)

- i.
- ii.
- iii.

c. Smear collected? (Lesion codes A,B,C,F,G)

YES 1
 NO 2

d. Pain?

YES 1
 NO 2
 UNKNOWN <-8>

e. Duration of lesion?

Unknown <-8> **(f)**
 Two weeks or less 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>

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(SPECIFY -for code S)

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