

WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL - FORM OP6
TOOTH COUNT

ID LABEL HERE --->

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VISIT #:

VERSION DATE:
10/01/98

FORM COMPLETED BY:

DATE OF PROCEDURE

____ / ____ / ____

1. Is participant edentulous?

- YES..... 1 **(SKIP TO FORM OP15 -DO NOT COMPLETE FORMS OP7 - OP14)**
NO 2

2. Tooth count:

- a. Upper |_|_|
- b. Lower |_|_|

3. Number of occluding pairs: |_|_|

4. Does patient present with ≥ 10 natural teeth?

- YES..... 1
NO 2 **(CODE AS "5" AT 5)**

5. Random quadrant(s) selected (one upper and one lower:)

- UPPER LEFT 1
UPPER RIGHT 2
LOWER LEFT 3
LOWER RIGHT 4
Less than 10 natural teeth 5