



Study #021
DFstudy60

Plate #060
DFplate60

Seq #003
DFseq60

Participant ID # - -
id_060

Visit Date
day month year
v_date060

Baseline Oral and Salivary Assessment Form
Page 1 of 4

bo1 1. Has the participant had anything to eat or drink for 90 min. before procedure?

Unstimulated whole salivary flow rate (5-minute collection):

bo2 2. Time performed (24-hr clock) :

bo3 3. Specimen collected today? → **bo3_dt**
If no, complete subsequent specimen collection date:
day month year

bo4 4. Post-collection vial weight: g

bo5 5. Pre-collection vial weight: g

bo6 6. Number of grams collected (subtract item 5 from item 4): g or ml/5 min

Salivary Gland Enlargement

bo7 7. Right parotid gland enlargement → **Go to item 8**

bo7a 7a. Texture Soft Firm Hard

bo7b 7b. Character Nodular Diffuse Fluctuant

bo8 8. Left parotid gland enlargement → **Go to item 9**

bo8a 8a. Texture Soft Firm Hard

bo8b 8b. Character Nodular Diffuse Fluctuant



Study #021
DFstudy61

Plate #061
DFplate61

Seq #003
DFseq61

Participant ID # - -
id_061

Visit Date
day month year
v_date061

Baseline Oral and Salivary Assessment Form
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bo9 9. Right submandibular gland enlargement 1 2 3 **no** 2 → **Go to item 10**

bo9a 9a. Texture 1 Soft 2 Firm 3 Hard

bo9b 9b. Character 1 Nodular 2 Diffuse 3 Fluctuant

bo10 10. Left submandibular gland enlargement 1 2 3 **yes** 1 2 → **Go to item 11**

bo10a 10a. Texture 1 Soft 2 Firm 3 Hard

bo10b 10b. Character 1 Nodular 2 Diffuse 3 Fluctuant

Salivary Gland Tenderness Upon Palpation

bo11 11. Right parotid tenderness **yes** **no**

bo12 12. Left parotid tenderness

bo13 13. Right submandibular tenderness

bo14 14. Left submandibular tenderness

Salivary Expressed From Ducts

Mark all that apply for questions 15-18.

clear *cloudy* *thickened* *none*

bo15 15. Right parotid duct **cle** **clo** **th** **no**

bo16 16. Left parotid duct

bo17 17. Right submandibular duct

bo18 18. Left submandibular duct



Study #021

Plate #062

Seq #003

Participant ID # [][] - [][][][] - [][]

Visit Date [][] [][] [][]
day month year

Baseline Oral and Salivary Assessment Form

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Oral Mucosa Examination

19. Dorsal tongue: yes no

bo19a 19a. Papillary atrophy

bo19b 19b. Erythema

bo19c 19c. Fissured

bo20 20. Oral mucosal erythema (including dorsal tongue) → Go to item 21

bo20a 20a. Localized (1 anatomical site) Generalized (>1 anatomical site)

bo21 21. Clinical diagnosis of oral candidiasis → Go to item 22

bo21a 21a. Mark all that apply.

ps Pseudomembranous candidiasis er Erythematous candidiasis an Angular cheilitis

bo22 22. Oral mucosal telangiectasia (on labial, buccal or lingual mucosa)?

bo23 23. Does saliva pool in the floor of the mouth during examination?

Dental Assessment

bo24 24. Number of teeth present: [][]

bo25 25. Number of teeth with incisal caries: [][]

bo26 26. Number of teeth with cervical or root caries (including recurrent caries): [][]

bo27 27. Does the patient currently wear a removable partial or complete denture: → Go to item 28

bo27a 27a. Mark one

Upper arch only Lower arch only Both arches



Study #021

Plate #063

Seq #003

Participant ID # [][] - [][][][] - [][]

Visit Date [][] [][] [][]
day month year

Baseline Oral and Salivary Assessment Form
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Stimulated parotid flow rate (5-minute collection)

If no, complete subsequent specimen collection date:

bo28 28. Specimen collected today? yes no → [][] [][] [][]
bo28_dt day month year

bo29_r bo29_l 29. Post-collection vial weight: Right Parotid Left Parotid
[][] [][][][] g [][] [][][][] g

bo30_r bo30_l 30. Pre-collection vial weight: [][] [][][][] g [][] [][][][] g

bo31_r bo31_l 31. Number of grams collected (subtract item 30 from ... item 29): [][] [][][][] g [][] [][][][] g

bo32_r bo32_l 32. Actual duration of collection (enter 00:00 if unable to determine accurate flow rate): [][] [][] : [][] [][] min sec [][] [][] : [][] [][] min sec

bo33 33. Did technical problems occur that impacted the accuracy of the stimulated parotid salivary flow rate? **Mark all that apply for 33a - 33c.** yes no → **Go to item 34**

bo33a_no bo33b_no bo33c_no 33a. Cup placement Right Left None
[][] [][] [][] [][] [][] [][] [][] [][]

Labial Salivary Biopsy

bo34 34. Biopsy performed today yes no → [][] [][] [][]
day month year
→ **Go to item 35**

34a. Please indicate reason biopsy was not performed today:

- bo34a Lip biopsy procedure has been scheduled to a later date
- bo34b Slides available from a lip biopsy performed in the past 3 years → **Go to Staff initials**

bo35 35. Specimen in formalin (for H & E) yes no

bo36 36. Specimen frozen yes no

bo37 37. Number of glands collected: [][]