



Study #021

Plate #360

Seq #005

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

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

Follow-up Oral and Salivary Assessment Form
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fo1 1. Has the participant had anything to eat or drink for 90 min. before procedure? yes no
[1] [2]

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

fo2 2. Time performed (24-hr clock) [][]^{hr} : [][]^{min}

fo3 3. Specimen collected today? yes no
[1] [2] → [][] [][] [][]
day month year

If no, complete subsequent specimen collection date:
fo3_dt

fo4 4. Post-collection vial weight: [][] [][][][] g

fo5 5. Pre-collection vial weight: [][] [][][][] g

fo6 6. Number of grams collected (subtract item 5 from item 4): [][] [][][][] g or ml/5 min

Salivary Gland Enlargement

fo7 7. Right parotid gland enlargement yes no
[1] [2] → **Go to item 8**

fo7a 7a. Texture [1] Soft [2] Firm [3] Hard

fo7b 7b. Character [1] Nodular [2] Diffuse [3] Fluctuant

fo8 8. Left parotid gland enlargement yes no
[1] [2] → **Go to item 9**

fo8a 8a. Texture [1] Soft [2] Firm [3] Hard

fo8b 8b. Character [1] Nodular [2] Diffuse [3] Fluctuant



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fo9 9. Right submandibular gland enlargement **Go to item 10**

fo9a 9a. Texture Soft Firm Hard

fo9b 9b. Character Nodular Diffuse Fluctuant

fo10 10. Left submandibular gland enlargement **Go to item 11**

fo10a 10a. Texture Soft Firm Hard

fo10b 10b. Character Nodular Diffuse Fluctuant

Salivary Gland Tenderness Upon Palpation

fo11 11. Right parotid tenderness **yes no**

fo12 12. Left parotid tenderness

fo13 13. Right submandibular tenderness

fo14 14. Left submandibular tenderness

Salivary Expressed From Ducts

Mark all that apply for questions 15-18.

	<i>clear</i>	<i>cloudy</i>	<i>thickened</i>	<i>none</i>
fo15 15. Right parotid duct	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
	fo15_cle	fo15_clo	fo15_th	fo15_no
fo16 16. Left parotid duct	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
	fo16_cle	fo16_clo	fo16_th	fo16_no
fo17 17. Right submandibular duct	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
	fo17_cle	fo17_clo	fo17_th	fo17_no
fo18 18. Left submandibular duct	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
	fo18_cle	fo18_clo	fo18_th	fo18_no



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Oral Mucosa Examination

19. Dorsal tongue: yes no
- fo19a 19a. Papillary atrophy 1 2
- fo19b 19b. Erythema 1 2
- fo19c 19c. Fissured 1 2
- fo20 20. Oral mucosal erythema (including dorsal tongue) 1 2 → **Go to item 21**
- fo20a 20a. 1 Localized (1 anatomical site) 2 Generalized (>1 anatomical site)
- fo21 21. Clinical diagnosis of oral candidiasis yes no
 1 2 → **Go to item 22**
- 21a. **Mark all that apply.**
- 1 Pseudomembranous candidiasis 1 Erythematous candidiasis 1 Angular cheilitis
fo21a_ps fo21a_er fo21a_an
- fo22 22. Oral mucosal telangiectasia (on labial, buccal or lingual mucosa)? yes no
 1 2
- fo23 23. Does saliva pool in the floor of the mouth during examination? yes no
 1 2

Dental Assessment

- fo24 24. Number of teeth present:
- fo25 25. Number of teeth with incisal caries:
- fo26 26. Number of teeth with cervical or root caries (including recurrent caries):
- fo27 27. Does the patient currently wear a removable partial or complete denture: yes no
 1 2 → **Go to item 28**
- fo27a 27a. **Mark one**
- 1 Upper arch only 2 Lower arch only 3 Both arches



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Stimulated parotid flow rate (5-minute collection)

fo28 28. Specimen collected today? yes no → fo28_dt
day month year

29. Post-collection vial weight: fo29_r . g *Right Parotid* . g *Left Parotid* fo29_l

30. Pre-collection vial weight: fo30_r . g . g fo30_l

31. Number of grams collected (subtract item 30 from... item 29): fo31_r . g . g fo31_l

32. Actual duration of collection (enter 00:00 if unable to determine accurate flow rate): fo32_r : *min sec* : *min sec* fo32_l

fo33 33. Did technical problems occur that impacted the accuracy of the stimulated parotid salivary flow rate? **Mark all that apply for questions 33a - 33c.** yes no → **Go to item 34**

33a. Cup placement Right Left None
fo33a_ri fo33a_le fo33a_no
33b. Cup retention Right Left None
fo33b_ri fo33b_le fo33b_no
33c. Patient cooperation Right Left None
fo33c_ri fo33c_le fo33c_no

Labial Salivary Biopsy

fo34 34. Biopsy performed today yes no → **Go to item 35**

fo34a 34a. Date biopsy performed:
day month year N/A fo34a_na → **Go to Staff Initials**

fo35 35. Specimen in formalin (for H & E) yes no

fo36 36. Specimen frozen yes no

fo37 37. Number of glands collected: