Baseline Oral and Salivary Assessment Form (BO1)

Participant ID # n n n n n n
Visit Date d d m m y y

Baseline Oral and Salivary Assessment Form
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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):

2. Time performed (24-hr clock) 
   yes  no
   n n : n n
3. Specimen collected today? 
   yes  no
   1  2
4. Post-collection vial weight: 
   g
5. Pre-collection vial weight: 
   g
6. Number of grams collected (subtract item 5 from item 4): 
   g or ml/5 min

Salivary Gland Enlargement

7. Right parotid gland enlargement 
   yes  no
   1  2
   Go to item 8

   7a. Texture
       1 Soft
       2 Firm
       3 Hard
   7b. Character
       1 Nodular
       2 Diffuse
       3 Fluctuant

8. Left parotid gland enlargement 
   yes  no
   1  2
   Go to item 9

   8a. Texture
       1 Soft
       2 Firm
       3 Hard
   8b. Character
       1 Nodular
       2 Diffuse
       3 Fluctuant

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9. Right submandibular gland enlargement ............................................. 1
   9a. Texture  1 Soft  2 Firm  3 Hard
   9b. Character  1 Nodular  2 Diffuse  3 Fluctuant

10. Left submandibular gland enlargement ............................................. 1
   10a. Texture  1 Soft  2 Firm  3 Hard
   10b. Character  1 Nodular  2 Diffuse  3 Fluctuant

Salivary Gland Tenderness Upon Palpation

11. Right parotid tenderness ......................................................................
12. Left parotid tenderness .......................................................................%
13. Right submandibular tenderness ..........................................................
14. Left submandibular tenderness ............................................................

Salivary Expressed From Ducts
Mark all that apply for questions 15-18.
clear  cloudy  thickened  none
15. Right parotid duct ..............................................................................
16. Left parotid duct ...............................................................................%
17. Right submandibular duct .................................................................
18. Left submandibular duct ...................................................................
Oral Mucosa Examination

19. Dorsal tongue:
   - bo19a Papillary atrophy
   - bo19b Erythema
   - bo19c Fissured

20. Oral mucosal erythema (including dorsal tongue)

21. Clinical diagnosis of oral candidiasis
   - bo21a Mark all that apply:
     - ps Pseudomembranous candidiasis
     - er Erythematous candidiasis
     - an Angular cheilitis

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

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

Dental Assessment

24. Number of teeth present:

25. Number of teeth with incisal caries:

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

27. Does the patient currently wear a removable partial or complete denture:
   - bo27a Mark one
     - Upper arch only
     - Lower arch only
     - Both arches
Participant ID # □□□□ □□□□ □□

Visit Date □□□□ □□□□ □□

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Stimulated parotid flow rate (5-minute collection)

28. Specimen collected today? □ no □

29. Post-collection vial weight:
Right Parotid □□□□ g □□□□ g
Left Parotid □□□□ g □□□□ g

30. Pre-collection vial weight:
Right Parotid □□□□ g □□□□ g
Left Parotid □□□□ g □□□□ g

31. Number of grams collected (subtract item 30 from item 29):
Right Parotid □□□□ g □□□□ g
Left Parotid □□□□ g □□□□ g

32. Actual duration of collection (enter 00:00 if unable to determine accurate flow rate):
Right Parotid □□ : □□ sec □□ : □□ sec
Left Parotid □□ : □□ sec □□ : □□ sec

33. Did technical problems occur that impacted the accuracy of the stimulated parotid salivary flow rate? Mark all that apply for 33a - 33c.

33a. Cup placement □ Right □ Left □ None

33b. Cup retention □ Right □ Left □ None

33c. Patient cooperation □ Right □ Left □ None

Labial Salivary Biopsy

34. Biopsy performed today □ no □

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

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

36. Specimen frozen □ no □

37. Number of glands collected: □□□□□□□

Date biopsy performed □□□□ □□□□ □□

Bo28 dt □ yes □ no □

Bo29_r
Bo29_l
Bo30_r
Bo30_l
Bo31_r
Bo31_l
Bo32_r
Bo32_l
Bo33a_no
Bo33b_no
Bo33c_no

Go to Staff initials

Bo35
Bo36
Bo37