1. Has the participant had anything to eat or drink for 90 min. before procedure? 
   
   yes  
   no  

2. Time performed (24-hr clock)  

   hr:
   min:

   If no, complete subsequent specimen collection date:

   day:
   month:
   year:

3. Specimen collected today? 

   yes  
   no  

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  

   Go to item 8

7a. Texture  

   Soft  
   Firm  
   Hard

7b. Character  

   Nodular  
   Diffuse  
   Fluctuant

8. Left parotid gland enlargement  

   yes  
   no  

   Go to item 9

8a. Texture  

   Soft  
   Firm  
   Hard

8b. Character  

   Nodular  
   Diffuse  
   Fluctuant
9. Right submandibular gland enlargement .........................................................
   9a. Texture
   9b. Character

10. Left submandibular gland enlargement .........................................................
   10a. Texture
   10b. Character

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.

15. Right parotid duct .....................................................................................
16. Left parotid duct .....................................................................................
17. Right submandibular duct ......................................................................
18. Left submandibular duct ......................................................................
Oral Mucosa Examination

19. Dorsal tongue:
   a. Papillary atrophy ................................. yes no
   b. Erythema ........................................... yes no
   c. Fissured ........................................... yes no

20. Oral mucosal erythema (including dorsal tongue) ......................... yes no

21. Clinical diagnosis of oral candidiasis ......................................... yes no
   a. Mark all that apply.
      i. Pseudomembranous candidiasis
      ii. Erythematous candidiasis
      iii. Angular cheilitis

22. Oral mucosal telangiectasia (on labial, buccal or lingual mucosa)? ........ yes no

23. Does saliva pool in the floor of the mouth during examination? ........ yes no

Dental Assessment

24. Number of teeth present: ................................................. yes no

25. Number of teeth with incisal caries: .................................... yes no

26. Number of teeth with cervical or root caries (including recurrent caries): yes no

27. Does the patient currently wear a removable partial or complete denture? yes no
   a. Mark one
      i. Upper arch only
      ii. Lower arch only
      iii. Both arches
Follow-up Oral and Salivary Assessment Form

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Stimulated parotid flow rate (5-minute collection)

28. Specimen collected today? yes \(\rightarrow\) no

29. Post-collection vial weight: Right Parotid

30. Pre-collection vial weight: Left Parotid

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

32. Actual duration of collection (enter 00:00 if unable to determine accurate flow rate):

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

33a. Cup placement

33b. Cup retention

33c. Patient cooperation

Labial Salivary Biopsy

34. Biopsy performed today

34a. Date biopsy performed: day \(\rightarrow\) month \(\rightarrow\) year

35. Specimen in formalin (for H & E)

36. Specimen frozen

37. Number of glands collected: