



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? . . . . .  1  2

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

fo2 2. Time performed (24-hr clock) . . . . . [ ][ ]<sup>hr</sup> : [ ][ ]<sup>min</sup>

fo3 3. Specimen collected today? . . . . .  1  2 → If no, complete subsequent specimen collection date: [ ][ ] [ ][ ] [ ][ ]  
day month year

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 . . . . .  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 . . . . .  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 .....  1  2  3 **Go to item 10**

fo9a 9a. Texture  1 Soft  2 Firm  3 Hard

fo9b 9b. Character  1 Nodular  2 Diffuse  3 Fluctuant

fo10 10. Left submandibular gland enlargement .....  1  2  3 **Go to item 11**

fo10a 10a. Texture  1 Soft  2 Firm  3 Hard

fo10b 10b. Character  1 Nodular  2 Diffuse  3 Fluctuant

Salivary Gland Tenderness Upon Palpation

fo11 11. Right parotid tenderness .....  1  2

fo12 12. Left parotid tenderness .....  1  2

fo13 13. Right submandibular tenderness .....  1  2

fo14 14. Left submandibular tenderness .....  1  2

Salivary Expressed From Ducts

Mark all that apply for questions 15-18.

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



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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 ..... [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)? ..... [1] [2]

fo23 23. Does saliva pool in the floor of the mouth during examination? ..... [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: ..... [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)

If no, complete subsequent specimen collection date:

fo28 28. Specimen collected today? ..... yes [1] no [2] → [ ][ ] [ ][ ] [ ][ ] fo28\_dt  
day month year

29. Post-collection vial weight: ..... fo29\_r [ ][ ] [ ][ ][ ][ ] g Right Parotid [ ][ ] [ ][ ][ ][ ] g fo29\_l Left Parotid

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 [1] no [2] → Go to item 34

33a. Cup placement ..... Right [1] Left [1] None [1]  
fo33a\_ri fo33a\_le fo33a\_no  
33b. Cup retention ..... [1] [1] [1]  
fo33b\_ri fo33b\_le fo33b\_no  
33c. Patient cooperation ..... [1] [1] [1]  
fo33c\_ri fo33c\_le fo33c\_no

Labial Salivary Biopsy

fo34 34. Biopsy performed today ..... yes [1] no [2] → Go to item 35

fo34a 34a. Date biopsy performed: ..... [ ][ ] [ ][ ] [ ][ ] day month year  
N/A [1] fo34a\_na → Go to Staff Initials

fo35 35. Specimen in formalin (for H & E) ..... yes [1] no [2]

fo36 36. Specimen frozen ..... [1] [2]

fo37 37. Number of glands collected: ..... [ ][ ]