



Study #021

Plate #060

Seq #003

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

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

Baseline Oral and Salivary Assessment Form  
Page 1 of 4

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

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

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

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

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



Study #021

Plate #061

Seq #003

Participant ID #   -     -

Visit Date        
 day month year

**Baseline Oral and Salivary Assessment Form**  
**Page 2 of 4**

9. Right submandibular gland enlargement .....  *yes*  *no* → **Go to item 10**

9a. Texture  Soft  Firm  Hard

9b. Character  Nodular  Diffuse  Fluctuant

10. Left submandibular gland enlargement .....  *yes*  *no* → **Go to item 11**

10a. Texture  Soft  Firm  Hard

10b. Character  Nodular  Diffuse  Fluctuant

**Salivary Gland Tenderness Upon Palpation**

	<i>yes</i>	<i>no</i>
11. Right parotid tenderness .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Left parotid tenderness .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Right submandibular tenderness .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Left submandibular tenderness .....	<input type="checkbox"/>	<input type="checkbox"/>

**Salivary Expressed From Ducts**

**Mark all that apply for questions 15-18.**

	<i>clear</i>	<i>cloudy</i>	<i>thickened</i>	<i>none</i>
15. Right parotid duct .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Left parotid duct .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Right submandibular duct .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Left submandibular duct .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Study #021

Plate #062

Seq #003

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

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

Baseline Oral and Salivary Assessment Form

Page 3 of 4

Oral Mucosa Examination

- 19. Dorsal tongue: yes no
  - 19a. Papillary atrophy .....
  - 19b. Erythema .....
  - 19c. Fissured .....
- 20. Oral mucosal erythema (including dorsal tongue) .....   → **Go to item 21**
  - 20a.  Localized (1 anatomical site)       Generalized (>1 anatomical site)
- 21. Clinical diagnosis of oral candidiasis .....   → **Go to item 22**
  - 21a. **Mark all that apply.**
    - Pseudomembranous candidiasis       Erythematous candidiasis       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: ..... [ ][ ]
- 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: .....   → **Go to item 28** yes no
  - 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  
Page 4 of 4

Stimulated parotid flow rate (5-minute collection)

If no, complete subsequent specimen collection date:

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

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

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

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

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

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**

33a. Cup placement Right Left None     
33b. Cup retention     
33c. Patient cooperation

Labial Salivary Biopsy

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

34a. Please indicate reason biopsy was not performed:  
 Lip biopsy procedure has been scheduled to a later date  
 Slides available from a lip biopsy performed in the past 3 years → **Go to Staff Initials**

34b. Date biopsy performed: [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]  
day month year

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

36. Specimen frozen

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