



World Health Organization Record Form for Oral Manifestations in HIV/AIDS, 2013

Country: _____	
Leave blank (1) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (4)	Year Month Day (5) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (10)
Identification No. (11) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (14)	Orig/Dupl (15) <input type="text"/> (16)
Examiner (17) <input type="text"/> <input type="text"/>	
General information:	
Sex 1=M, 2=F Date of birth Age in years	
_____ (Name) <input type="text"/> (18) (19) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (24) (25) <input type="text"/> <input type="text"/> (26)	
Ethnic group (27) <input type="text"/> <input type="text"/> (28)	Other group (29) <input type="text"/> <input type="text"/> (30)
Years in school (31) <input type="text"/> <input type="text"/> (32)	Occupation <input type="text"/> (33)
Community (geographical location) (34) <input type="text"/> <input type="text"/> (35)	Location Urban (1) Periurban (2) Rural (3) <input type="text"/> (36)
Other data _____ (37) <input type="text"/> <input type="text"/> (38)	Other data _____ (39) <input type="text"/> <input type="text"/> (40)
Other data _____ (41) <input type="text"/> <input type="text"/> (42)	Other data _____ (43) <input type="text"/> <input type="text"/> (44)
Extra-oral examination _____ (45) <input type="text"/> <input type="text"/> (46)	Extra-oral examination _____ (47) <input type="text"/> <input type="text"/> (48)
Weight in kg <input type="text"/> <input type="text"/> (49-50)	Fever <input type="text"/> (54)
Height in cm <input type="text"/> <input type="text"/> <input type="text"/> (51-53)	1 = Present 2 = Absent
Candidiasis 1 = Present 2 = Absent	
Erythematous <input type="text"/> (55)	Hyperplastic <input type="text"/> (56)
Pseudomembranous <input type="text"/> (57)	
Location of lesion 1 = Present 2 = Absent	
<input type="text"/> (58) Tongue	<input type="text"/> (59) Gingiva
<input type="text"/> (60) Lip/buccal mucosa	<input type="text"/> (61) Palate
<input type="text"/> (62) Pharynx	



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	1 = Present ✓ tick	2 = Absent ✓ tick	
Angular cheilitis	<input type="checkbox"/>	<input type="checkbox"/>	(63)
Oral hairy leukoplakia.....	<input type="checkbox"/>	<input type="checkbox"/>	(64)
Necrotizing ulcerative gingivitis (NUG).....	<input type="checkbox"/>	<input type="checkbox"/>	(65)
Necrotizing ulcerative periodontitis (NUP).....	<input type="checkbox"/>	<input type="checkbox"/>	(66)
Necrotizing stomatitis.....	<input type="checkbox"/>	<input type="checkbox"/>	(67)
Herpetic stomatitis/gingivitis and/or labial	<input type="checkbox"/>	<input type="checkbox"/>	(68)
Herpes zoster	<input type="checkbox"/>	<input type="checkbox"/>	(69)
Molluscum contagiosum	<input type="checkbox"/>	<input type="checkbox"/>	(70)
Cytomegalovirus.....	<input type="checkbox"/>	<input type="checkbox"/>	(71)
Warty-like lesions/human papillomavirus	<input type="checkbox"/>	<input type="checkbox"/>	(72)
Kaposi sarcoma.....	<input type="checkbox"/>	<input type="checkbox"/>	(73)
Aphthous ulcers.....	<input type="checkbox"/>	<input type="checkbox"/>	(74)
Other ulcerations.....	<input type="checkbox"/>	<input type="checkbox"/>	(75)
Dry mouth due to decreased salivary flow.....	<input type="checkbox"/>	<input type="checkbox"/>	(76)
Unilateral or bilateral swelling of major salivary glands	<input type="checkbox"/>	<input type="checkbox"/>	(77)
Other(s).....	<input type="checkbox"/>	<input type="checkbox"/>	(78)