Oral Health Assessment:

Patient Name: ___________________________ Date: _______________________

Study Number: __________________________

Total # remaining teeth: _______

Dental Status: Decayed Missing Filled Surfaces (Number):

Decayed Surfaces: ___
Missing Teeth: ___
Filled Surfaces: ___

ICDAS-II Criteria:

Visual Examination:

<table>
<thead>
<tr>
<th>Code</th>
<th>Surfaces</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>Sound tooth surface: no evidence of caries after prolonged drying</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>First visual change: opacity or discoloration (white or brown) after prolonged air drying or hardly seen on a wet surface</td>
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<tr>
<td>2</td>
<td></td>
<td>Distinct visual change: opacity or discoloration distinctly visible when wet, still visible after drying</td>
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<tr>
<td>3</td>
<td></td>
<td>Localized enamel breakdown due to caries with no visible dentine or underlying shadow; opacity or discoloration when wet and after air drying</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Underlying dark shadow from dentine +/- localized enamel breakdown</td>
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<tr>
<td>5</td>
<td></td>
<td>Distinct cavity with visible dentine; visual evidence of demineralization and dentine Exposed</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Extensive distinct cavity with visible dentine and more than half of the surface Involved</td>
</tr>
</tbody>
</table>

Tactile Examination: (use of periodontal probe, not explorer)

Enamel: # surfaces: 0:____ 1:____

0 = smooth to probing; superficial defects accepted if open and the borders are smooth to probing; roughness accepted if due to staining/mineralized debris/calculus

1 = rough due to caries and not due to staining/partly mineralized debris/calculus/anatomy

Dentin: # surfaces: 0:____ 1:____
0 = Dentin is hard to probing
1 = rough/soft to probing and/or an irregular breakdown detected with ball-ended probe

Salivary Examination:

Normal (mucosa wet): Y N
Saliva pool in floor of mouth: Y N
Reduced/thickened saliva secretions: Y N
Dry, no clinical mucosal wetting: Y N

Gingival and Periodontal status:

Visible plaque: 0=none, 1=visible plaque <1/2 of tooth; 2 visible plaque >½ of tooth

Sextent:

R Maxilla: ___ Maxillary Anterior ___ L Maxilla ___
R Mandible ___ Mandibular Anterior ___ L Mandible ___

Gingival erythema: no=0, yes=1

Sextent:

R Maxilla: ___ Maxillary Anterior ___ L Maxilla ___
R Mandible ___ Mandibular Anterior ___ L Mandible ___

Gingival bleeding: (0,1): Bleeding: no=0, yes=1

Sextent:

R Maxilla: ___ Maxillary Anterior ___ L Maxilla ___
R Mandible ___ Mandibular Anterior ___ L Mandible ___

Attachment loss: 0=none visible, 1=CEJ exposed, 2=root exposed

Sextent:

R Maxilla: ___ Maxillary Anterior ___ L Maxilla ___
R Mandible ___ Mandibular Anterior ___ L Mandible ___
Exam:

Dentures (if present):

- Retention (good, not good)
- Stability of prosthesis with eating (good, not good)
- Need for denture adhesive (yes, no)
- Ease of insertion (good, difficult, impossible)
- Sores associated with denture (yes, no)
- Denture stomatitis
- Unable to use

Oral health findings:

- Dental sensitivity
- Caries (DMF)
- Abscess
- Gingivitis
- Periodontitis
- Candidiasis (pseudmembranous, erythematous): Presence___ Absence___
- Mucosal lesion (specify)
- Taste change Mild/Moderate/Cannot taste
- Hyposalivation
- Trismus
Oral health findings requiring treatment:

- Denture adjustment/reline/repair/new denture
- Dental cleaning – prophylaxis/Scaling/root planing
- Periodontal surgery (nature of surgery and sites?)
- Dental restoration
- Endodontics (tooth #?)
- Dental extraction (tooth #?)
- Mucosal lesion (specify)
- Infection (bacterial, viral, fungal)
- Pain (dental, mucosal)
- Trismus
- Saliva

Treatment/referral need (for each condition):

- Emergent
- Urgent
- routine