

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:

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

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 > 1/2 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 ___

*Ekstrand KR, Martignon S, Ricketts DJN, Qvist V. Detection and activity assessment of primary coronal caries lesions: a methodologic study. Operative Dent 2007;32-3, 225-35.

International Caries Detection and Assessment system (ICDAS): (Ekstrand KR, Martignon S, Ricketts DJM, Qvist V. Detection and activity assessment of primary coronal caries lesions: a methodologic study. Operative Dent 2007;32-3:225-35; Ismail AI, Sohn W, Tellez M, Amaya A, Sen A et al. The international caries detection and assessment system (OCDAS): an integrated system for measuring dental caries. Comm Dent Oral Epidemiol 2007;35:170-8; Nyvad B, Machiulskiene V, Baelum V. Construct and predictive validity of clinical caries diagnostic criteria assessing lesion activity. J Dent Res 2003;82:117-22)

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