



World Health Organization

Oral Health Assessment Form for Children, 2013

Leave blank	Year	Month	Day	Identification No.	Orig/Dupl	Examiner
(1) <input type="text"/>	(4) <input type="text"/>	(5) <input type="text"/>	(10) <input type="text"/>	(11) <input type="text"/>	(14) <input type="text"/>	(15) <input type="text"/>
General information:				Sex 1=M, 2=F	Date of birth	Age in years
(Name) _____				<input type="text"/>	<input type="text"/>	<input type="text"/>
Ethnic group (27) <input type="text"/>		Other group (29) <input type="text"/>		Years in school (31) <input type="text"/>	Occupation (33) <input type="text"/>	
Community (geographical location) (34) <input type="text"/>				Location Urban (1) Periurban (2) Rural (3) <input type="text"/>		
Other data (37) <input type="text"/>				Other data (39) <input type="text"/>		
Other data (41) <input type="text"/>				Extra-oral examination (43) <input type="text"/>		

Dentition status <table style="width: 100%; text-align: center;"> <tr> <td></td><td>17</td><td>16</td><td>55</td><td>54</td><td>53</td><td>52</td><td>51</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td> </tr> <tr> <td>Crown (45)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>Crown (59)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td></td><td>47</td><td>46</td><td>85</td><td>84</td><td>83</td><td>82</td><td>81</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>36</td><td>37</td> </tr> </table>		17	16	55	54	53	52	51	61	62	63	64	65						15	14	13	12	11	21	22	23	24	25	26	27	Crown (45)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Crown (59)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		47	46	85	84	83	82	81	71	72	73	74	75	36	37	Primary teeth Permanent teeth Status A 0 = Sound B 1 = Caries C 2 = Filled w/caries D 3 = Filled, no caries E 4 = Missing due to caries — 5 = Missing for any other reason F 6 = Fissure sealant G 7 = Fixed dental prosthesis/crown, abutment, veneer — 8 = Unerrupted — 9 = Not recorded
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Gingival bleeding Scores 0 = Absence of condition 1 = Presence of condition 9 = Tooth excluded X = Tooth not present	Dental erosion Severity (102) <input type="text"/> 0 = No sign of erosion 1 = Enamel lesion 2 = Dentinal lesion 3 = Pulp involvement No. of teeth (103) <input type="text"/> (104) <input type="text"/>	Dental trauma Status (105) <input type="text"/> 0 = No sign of injury 1 = Treated injury 2 = Enamel fracture only 3 = Enamel and dentine fracture 4 = Pulp involvement 5 = Missing tooth due to trauma 6 = Other damage 9 = Excluded tooth No. of teeth (106) <input type="text"/> (107) <input type="text"/>	Oral mucosal lesions <table style="width: 100%;"> <tr> <td>Condition</td> <td>Location</td> </tr> <tr> <td>(108) <input type="text"/></td> <td>(111) <input type="text"/></td> </tr> <tr> <td>(109) <input type="text"/></td> <td>(112) <input type="text"/></td> </tr> <tr> <td>(110) <input type="text"/></td> <td>(113) <input type="text"/></td> </tr> </table> 0 = No abnormal condition 1 = Ulceration (aphthous, herpetic, traumatic) 2 = Acute necrotizing ulcerative gingivitis (ANUG) 3 = Candidiasis 4 = Abscess 8 = Other condition 9 = Not recorded 0 = Vermillion border 1 = Commissures 2 = Lips 3 = Sulci 4 = Buccal mucosa 5 = Floor of mouth 6 = Tongue 7 = Hard and/or soft palate 8 = Alveolar ridges/gingiva 9 = Not recorded	Condition	Location	(108) <input type="text"/>	(111) <input type="text"/>	(109) <input type="text"/>	(112) <input type="text"/>	(110) <input type="text"/>	(113) <input type="text"/>	Intervention urgency <input type="text"/> (114) 0 = No treatment needed 1 = Preventive or routine treatment needed 2 = Prompt treatment (including scaling) needed 3 = Immediate (urgent) treatment needed due to pain or infection of dental and/or oral origin 4 = Referred for comprehensive evaluation or medical/dental treatment (systemic condition)
Condition	Location											
(108) <input type="text"/>	(111) <input type="text"/>											
(109) <input type="text"/>	(112) <input type="text"/>											
(110) <input type="text"/>	(113) <input type="text"/>											

