



## World Health Organization

### Oral Health Assessment Form for Children (by tooth surface), 2013

(1)	Leave blank	(4)	(5)	Year	Month	Day	(10)	(11)	Identification No.	(14)	Orig/Dupl	(15)	(16)	Examiner	(17)
	<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"/>
<b>General information:</b>				<b>Sex</b> 1=M, 2=F		<b>Date of birth</b>				<b>Age in years</b>					
(Name) _____				<input type="text"/>		<input type="text"/>				<input type="text"/>					
				(18)		(19)				(24)					
				(25)						(26)					
<b>Ethnic group</b> (27) <input type="text"/>				<b>Other group</b> (29) <input type="text"/>		<b>Years in school</b> (31) <input type="text"/>				<b>Occupation</b> (33) <input type="text"/>					
				(28)		(30)				(32)					
				(33)						(33)					
<b>Community</b> (geographical location) (34) <input type="text"/>				<b>Location</b> Urban (1) Periurban (2) Rural (3) <input type="text"/>											
				(35)						(36)					
<b>Other data</b> _____ (37) <input type="text"/>				<b>Other data</b> _____ (39) <input type="text"/>											
				(38)						(40)					
<b>Other data</b> _____ (41) <input type="text"/>				<b>Extra-oral examination</b> _____ (43) <input type="text"/>											
				(42)						(44)					

  

Dentition status by tooth surface															
	17	16	55	54	53	52	51	61	62	63	64	65	26	27	
Occ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(45–52)
Mes	<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"/>	(53–66)
Buc	<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"/>	(67–80)
Dis	<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"/>	(81–94)
Oral	<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"/>	(95–108)
	47	46	85	84	83	82	81	71	72	73	74	75	36	37	
Occ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input checked="" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(109–116)
Mes	<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"/>	(117–130)
Buc	<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"/>	(131–144)
Dis	<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"/>	(145–158)
Oral	<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"/>	(159–172)

  

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 another reason	
F	6 = Fissure sealant	
G	7 = Fix dental prosthesis/crown, abutment, veneer	
—	8 = Unerupted	
—	9 = Not recorded	



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## Oral Health Assessment Form

### for Children, 2013

<b>Periodontal status</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             17 16 15 14 13 12 11 21 22 23 24 25 26 27              (173) <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"/> (186)              (187) <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"/> (200)           </div> <div style="text-align: center;">             55 54 53 52 51 61 62 63 64 65              85 84 83 82 81 71 72 73 74 75              47 46 45 44 43 42 41 31 32 33 34 35 36 37           </div> </div>		<b>Enamel fluorosis</b> <input type="text"/> (201)  <b>Severity</b> 0 = Normal 1 = Questionable 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 8 = Excluded (crown, restoration, "bracket") 9 = Not recorded (unerupted tooth)	
<b>Gingival bleeding</b> <b>Score</b> (0) = Absence of condition (9) = Tooth excluded (1) = Presence of condition (X) = Tooth not present			
<b>Dental erosion</b>  <b>Severity</b> (202) <input type="text"/>  0 = No sign of erosion 1 = Enamel lesion 2 = Dentinal lesion 3 = Pulp involvement  <b>No. of teeth</b> (203) <input type="text"/> <input type="text"/> (204)	<b>Dental trauma</b>  <b>Status</b> (205) <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  <b>No. of teeth</b> (206) <input type="text"/> <input type="text"/> (207)	<b>Oral mucosal lesions</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Condition</b>            (208) <input type="text"/>            (209) <input type="text"/>            (210) <input type="text"/>             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         </div> <div style="width: 45%;"> <b>Location</b>            (211) <input type="text"/>            (212) <input type="text"/>            (213) <input type="text"/>             0 = Vermillion border            1 = Commissures            2 = Lips            3 = Sulci            4 = Buccal mucosa            5 = Floor of mouth            6 = Tongue            7 = Hard/soft palate            8 = Alveolar ridges/gingiva            9 = Not recorded         </div> </div>	<b>Intervention URGENCY</b> <input type="text"/> (214)  0 = No curative treatment needed 1 = Preventive or routine treatment needed 2 = Prompt treatment (including scaling) needed 3 = Immediate (urgent) treatment due to pain or infection of dental and/or oral origin 4 = Referred for comprehensive evaluation or medical treatment (systemic condition)