



World Health Organization

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

(1)	Leave blank	(4)	Year	Month	Day	(10)	Identification No.	(14)	Orig/Dupl	(15)	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"/>
General information:						Sex 1=M, 2=F	Date of birth			Age in years		
(Name) _____						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 by tooth surface												Permanent teeth Status 0 = Healthy 1 = Caries 2 = Filled w/caries 3 = Filled no/caries 4 = Missing due to caries 5 = Missing for another reason 6 = Fissure sealant 7 = Fixed partial denture, crown, abutment, veneer, implant 8 = Unerupted 9 = Not recorded						
	18	17	16	15	14	13	12	11	21	22	23		24	25	26	27	28	
Occ	<input type="text"/>	<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"/>	<input type="text"/>	(45–54)
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"/>	<input type="text"/>	<input type="text"/>	(55–70)
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"/>	<input type="text"/>	<input type="text"/>	(71–86)
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"/>	<input type="text"/>	<input type="text"/>	(87–102)
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"/>	<input type="text"/>	<input type="text"/>	(103–118)
	48	47	46	45	44	43	42	41	31	32	33		34	35	36	37	38	
Occ	<input type="text"/>	<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"/>	<input type="text"/>	(119–128)
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"/>	<input type="text"/>	<input type="text"/>	(129–144)
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"/>	<input type="text"/>	<input type="text"/>	(145–160)
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"/>	<input type="text"/>	<input type="text"/>	(161–176)
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"/>	<input type="text"/>	<input type="text"/>	(177–192)

Periodontal status (CPI Modified)												Gingival bleeding Score 0 = Absence of condition 1 = Presence of condition 9 = Tooth excluded X = Tooth not present Pocket Score 0 = Absence of condition 1 = Pocket 4–5 mm 2 = Pocket 6 mm or more 9 = Tooth excluded X = Tooth not present						
	18	17	16	15	14	13	12	11	21	22	23		24	25	26	27	28	
Bleeding (193)	<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"/>	<input type="text"/>	<input type="text"/>	(208)
Pocket (209)	<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"/>	<input type="text"/>	<input type="text"/>	(224)
Bleeding (225)	<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"/>	<input type="text"/>	<input type="text"/>	(240)
Pocket (241)	<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"/>	<input type="text"/>	<input type="text"/>	(256)
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		



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Loss of attachment Severity 0 = 0–3 mm 1 = 4–5 mm Cemento-enamel junction (CEJ) within black band 2 = 6–8 mm CEJ between upper limit of black band and 8.5 mm ring 3 = 9–11 mm CEJ between 8.5 mm and 11.5 mm ring 4 = 12 mm or more CEJ beyond 11.5 mm ring X = Excluded sextant 9 = Not recorded * Not recorded under 15 years of age		Index teeth <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">17/16 (257)</div> <div style="text-align: center;">11 (260)</div> <div style="text-align: center;">26/27 (259)</div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">47/46 (260)</div> <div style="text-align: center;">31 (261)</div> <div style="text-align: center;">36/37 (262)</div> </div>		Enamel fluorosis <input style="width: 30px; height: 20px;" type="text"/> (263) Severity 0 = Normal 1 = Questionable 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 8 = Excluded (crown, restoration, "bracket") 9 = Not recorded (unerupted tooth)	
Dental erosion Severity <input style="width: 30px; height: 20px;" type="text"/> (264) 0 = No sign of erosion 1 = Enamel lesion 2 = Dentine lesion 3 = Pulp involvement Number of teeth affected (265) <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> (266)		Dental trauma Status <input style="width: 30px; height: 20px;" type="text"/> (267) 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 Number of teeth affected (268) <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> (269)			
Oral mucosal lesions <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 30px; height: 20px;" type="text"/> (270) <input style="width: 30px; height: 20px;" type="text"/> (271) <input style="width: 30px; height: 20px;" type="text"/> (272) </div> <div style="width: 45%;"> <input style="width: 30px; height: 20px;" type="text"/> (273) <input style="width: 30px; height: 20px;" type="text"/> (274) <input style="width: 30px; height: 20px;" type="text"/> (275) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Condition 0 = No abnormal condition 1 = Malignant tumour (oral cancer) 2 = Leukoplakia 3 = Lichen planus 4 = Ulceration (aphthous, herpetic, traumatic) 5 = Acute necrotizing ulcerative gingivitis (ANUG) 6 = Candidiasis 7 = Abscess 8 = Other condition (specify if possible) 9 = Not recorded </div> <div style="width: 45%;"> Location 0 = Vermillion border 1 = Commissures 2 = Lips 3 = Sulci 4 = Buccal mucosa 5 = Floor of the mouth 6 = Tongue 7 = Hard and/or soft palate 8 = Alveolar ridges/gingiva 9 = Not recorded </div> </div>			Denture(s) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Upper <input style="width: 30px; height: 20px;" type="text"/> (276) </div> <div style="text-align: center;"> Lower <input style="width: 30px; height: 20px;" type="text"/> (277) </div> </div> Status 0 = No denture 1 = Partial denture 2 = Complete denture 9 = Not recorded		
Intervention urgency <input style="width: 30px; height: 20px;" type="text"/> (278) 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 treatment (systemic condition)					