

WHO ORAL HEALTH ASSESSMENT FORM (1997)

Country.....

Leave blank (1) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (4)	Year (5) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (8)	Month (9) <input type="text"/> <input type="text"/> (10)	Day (11) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (14)	Identification number <input type="text"/> (15)	Original/duplicate <input type="checkbox"/> (16)
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GENERAL INFORMATION		OTHER DATA (specify and provide codes) <input type="checkbox"/> (29)	
Name <input type="checkbox"/> (30)	
Date of birth (17) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (20)	Occupation <input type="checkbox"/> (25)	
Age in years (21) <input type="text"/> <input type="text"/> (22)	Geographical location (26) <input type="text"/> <input type="text"/> (27)	CONTRAINDICATION TO EXAMINATION	
Sex (M = 1, F = 2) <input type="checkbox"/> (23)	Location type: 1 = Urban 2 = Periurban 3 = Rural	Reason: <input type="checkbox"/> (31)	
Ethnic group <input type="checkbox"/> (24)	 0 = No 1 = Yes	

CLINICAL ASSESSMENT			
<p>EXTRA-ORAL EXAMINATION</p> <p>0 = Normal extra-oral appearance</p> <p>1 = Ulceration, sores, erosions, fissures (head, neck, limbs)</p> <p>2 = Ulceration, sores, erosions, fissures (nose, cheeks, chin)</p> <p>3 = Ulceration, sores, erosions, fissures (commissures) <input type="checkbox"/> (32)</p> <p>4 = Ulceration, sores, erosions, fissures (vermillion border)</p> <p>5 = Cancrum oris</p> <p>6 = Abnormalities of upper and lower lips</p> <p>7 = Enlarged lymph nodes (head, neck)</p> <p>8 = Other swellings of face and jaws</p> <p>9 = Not recorded</p>	<p>TEMPOROMANDIBULAR JOINT ASSESSMENT</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>SYMPTOMS</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Not recorded</p> <p><input type="checkbox"/> (33)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>SIGNS</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Not recorded</p> <p>Clicking <input type="checkbox"/> (34)</p> <p>Tenderness (on palpation) <input type="checkbox"/> (35)</p> <p>Reduced jaw mobility (< 30 mm opening) <input type="checkbox"/> (36)</p> </td> </tr> </table>	<p>SYMPTOMS</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Not recorded</p> <p><input type="checkbox"/> (33)</p>	<p>SIGNS</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Not recorded</p> <p>Clicking <input type="checkbox"/> (34)</p> <p>Tenderness (on palpation) <input type="checkbox"/> (35)</p> <p>Reduced jaw mobility (< 30 mm opening) <input type="checkbox"/> (36)</p>
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ORAL MUCOSA	
<p>CONDITION</p> <p>0 = No abnormal condition</p> <p>1 = Malignant tumour (oral cancer)</p> <p>2 = Leukoplakia</p> <p>3 = Lichen planus</p> <p>4 = Ulceration (aphthous, herpetic, traumatic)</p> <p>5 = Acute necrotizing gingivitis</p> <p>6 = Candidiasis</p> <p>7 = Abscess</p> <p>8 = Other condition (specify if possible)</p> <p>9 = Not recorded</p>	<p>LOCATION</p> <p>0 = Vermilion border</p> <p>1 = Commissures</p> <p>2 = Lips</p> <p>3 = Sulci</p> <p>4 = Buccal mucosa</p> <p>5 = Floor of mouth</p> <p>6 = Tongue</p> <p>7 = Hard and/or soft palate</p> <p>8 = Alveolar ridges/gingiva</p> <p>9 = Not recorded</p>

<p>ENAMEL OPACITIES/HYPOPLASIA</p> <p>Permanent teeth</p> <p>0 = Normal</p> <p>1 = Demarcated opacity</p> <p>2 = Diffuse opacity</p> <p>3 = Hypoplasia</p> <p>4 = Other defects</p> <p>5 = Demarcated and diffuse opacities</p> <p>6 = Demarcated opacity and hypoplasia</p> <p>7 = Diffuse opacity and hypoplasia</p> <p>8 = All three conditions</p> <p>9 = Not recorded</p>	<p>DENTAL FLUOROSIS</p> <p>0 = Normal</p> <p>1 = Questionable</p> <p>2 = Very mild</p> <p>3 = Mild</p> <p>4 = Moderate</p> <p>5 = Severe</p> <p>8 = Excluded</p> <p>9 = Not recorded</p>
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<p>COMMUNITY PERIODONTAL INDEX (CPI)</p> <p>0 = Healthy</p> <p>1 = Bleeding</p> <p>2 = Calculus</p> <p>3* = Pocket 4–5 mm (black band on probe partially visible)</p> <p>4* = Pocket 6 mm or more (black band on probe not visible)</p> <p>X = Excluded sextant</p> <p>9 = Not recorded</p>	<p>LOSS OF ATTACHMENT*</p> <p>0 = 0–3 mm</p> <p>1 = 4–5 mm (cementoenamel junction (CEJ) within black band)</p> <p>2 = 6–8 mm (CEJ between upper limit of black band and 8.5-mm ring)</p> <p>3 = 9–11 mm (CEJ between 8.5-mm and 11.5-mm rings)</p> <p>4 = 12 mm or more (CEJ beyond 11.5-mm ring)</p> <p>X = Excluded sextant</p> <p>9 = Not recorded</p>
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* Not recorded under 15 years of age

*Not recorded under 15 years of age

Identification number

DENTITION STATUS AND TREATMENT NEED

	55 54 53 52 51 61 62 63 64 65																			
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28				
Crown (66)																				(81)
Root (82)																				(97)
Treatment (98)																				(113)

	85 84 83 82 81 71 72 73 74 75																			
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38				
Crown (114)																				(129)
Root (130)																				(145)
Treatment (146)																				(161)

Primary teeth Crown	Permanent teeth Crown/Root		STATUS	TREATMENT
A	0	0	Sound	0 = None
B	1	1	Decayed	P = Preventive, caries-arresting care
C	2	2	Filled, with decay	F = Fissure sealant
D	3	3	Filled, no decay	1 = One surface filling
E	4	—	Missing, as a result of caries	2 = Two or more surface fillings
—	5	—	Missing, any other reason	3 = Crown for any reason
F	6	—	Fissure sealant	4 = Veneer or laminate
G	7	7	Bridge abutment, special crown or veneer/implant	5 = Pulp care and restoration
—	8	8	Unerupted tooth, (crown)/unexposed root	6 = Extraction
T	T	—	Trauma (fracture)	7 = Need for other care (specify).....
—	9	9	Not recorded	8 = Need for other care (specify).....
				9 = Not recorded

<p>PROSTHETIC STATUS</p> <p style="text-align: center;">Upper Lower <input type="text"/> (162) <input type="text"/> (163)</p> <p>0 = No prosthesis 1 = Bridge 2 = More than one bridge 3 = Partial denture 4 = Both bridge(s) and partial denture(s) 5 = Full removable denture 9 = Not recorded</p>	<p>PROSTHETIC NEED</p> <p style="text-align: center;">Upper Lower <input type="text"/> (164) <input type="text"/> (165)</p> <p>0 = No prosthesis needed 1 = Need for one-unit prosthesis 2 = Need for multi-unit prosthesis 3 = Need for a combination of one- and/or multi-unit prostheses 4 = Need for full prosthesis (replacement of all teeth) 9 = Not recorded</p>
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DENTOFACIAL ANOMALIES

DENTITION
 (166) (167) Missing incisor, canine and premolar teeth—maxillary and mandibular—enter number of teeth

SPACE

(168) Crowding in the incisal segments:
 0 = No crowding
 1 = One segment crowded
 2 = Two segments crowded

(169) Spacing in the incisal segments:
 0 = No spacing
 1 = One segment spaced
 2 = Two segments spaced

(170) Diastema in mm

(171) Largest anterior maxillary irregularity in mm

(172) Largest anterior mandibular irregularity in mm

OCCCLUSION

(173) Anterior maxillary overjet in mm

(174) Anterior mandibular overjet in mm

(175) Vertical anterior openbite in mm

(176) Antero-posterior molar relation:
 0 = Normal
 1 = Half cusp
 2 = Full cusp

<p>NEED FOR IMMEDIATE CARE AND REFERRAL</p> <p>Life-threatening condition <input type="text"/> (177) 0 = Absent Pain or infection <input type="text"/> (178) 1 = Present Other condition (specify)..... <input type="text"/> (179) 9 = Not recorded</p>	<p>Referral <input type="text"/> (180) 0 = No 1 = Yes 9 = Not recorded</p>
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NOTES