

Oral Health Assessment Tool for Dental Screening (modified by Chalmers (2004) for the Iowa Geriatric Education Center)

Client: _____ Completed by: _____			Date: ___/___/___	
Scores – <i>You can circle individual words as well as giving a score in each category and can write notes in the category scores column also</i>				
Category	0 = healthy	1 = changes *	2 = unhealthy *	Category scores
Lips	smooth, pink, moist	dry, chapped, or red at corners	swelling or lump, white/red/ulcerated patch; bleeding/ulcerated at corners	
Tongue	normal, moist roughness, pink,	patchy, fissured, red, coated	patch that is red &/or white, ulcerated, swollen	
Gums and tissues	pink, moist, smooth, no bleeding	dry, shiny, rough, red, swollen, one ulcer/sore spot under dentures	swollen, bleeding, ulcers, white/red patches, generalized redness under dentures	
Saliva	moist tissues, watery and free flowing saliva	dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth	
Natural teeth Yes/No	no decayed or broken teeth/roots	1-3 decayed or broken teeth/ roots or very worn down teeth	4 + decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth	
Dentures Yes/No	no broken areas or teeth, dentures regularly worn, and named	1 broken area/ tooth or dentures only worn for 1-2 hrs daily, or dentures not named, or loose	more than 1 broken area/tooth, denture missing or not worn, loose and needs denture adhesive, or not named	
Oral cleanliness	clean and no food particles or tartar in mouth or dentures	food particles/ tartar/ plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath)	food particles/tartar/plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath)	
Dental pain	no behavioral, verbal, or physical signs of dental pain	are verbal &/or behavioral signs of pain such as pulling at face, chewing lips, not eating, aggression	are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioral signs (pulling at face, not eating, aggression)	
<input type="checkbox"/> * Refer person to have a dental examination by a dentist <input type="checkbox"/> Person and/or family/guardian refuses dental treatment <input type="checkbox"/> Complete Oral Hygiene Care Plan and start oral hygiene care interventions for person <input type="checkbox"/> Review this person's oral health again on Date: ___/___/___				TOTAL SCORE: 16