

Project GOH! Oral Exam Data Collection Form

Examiner Initials Exam Date //

Participant Master ID (building number + 3 digits sequence number)

Participant ID _____ (2 letters of initial + 2 digits birth month + 2 digits birth day)

Assessment Time Point: __ T0 __ T1 __ T2 __ T3

1. Please describe the participant's denture use below

0 = does not have and is edentulous in the dental arch (upper or lower)

1 = has denture or partial, and wears at night

2 = has denture or partial, and wears for eating only

3 = has denture or partial, and wears for esthetics only

Put a number in each of the boxes below corresponding to the clinical exam.

Upper Denture / overdenture Upper Removable Partial denture

Lower Denture/ overdenture Lower Removable Partial Denture

[Examiner: Please remove the participant's partials or dentures and place in safe area or denture cup.]

2. ____ Check here if soft tissue exam is completed

3. ____ Check here if referral for dental care within 24 hours.

4. Please **first** mark all missing teeth or root tips by clicking on the correspondent tooth number, **then** fill out Gingival Index in each box representing a surface of a tooth.

[Examiner: please call off tooth number and direction to the recorder]

- 0 = No signs of inflammation
- 1 = Mild inflammation – redness, enlargement due to edema, no bleeding provoked by drawing a probe circumferentially within the gingival sulcus
- 2 = Moderate inflammation – erythema, enlargement, and bleeding provoked by drawing a probe circumferentially within the gingival sulcus
- 3 = Severe inflammation or ulceration – tendency to bleed spontaneously

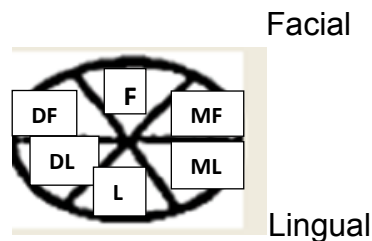
1	2	3	4	5	16	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	L

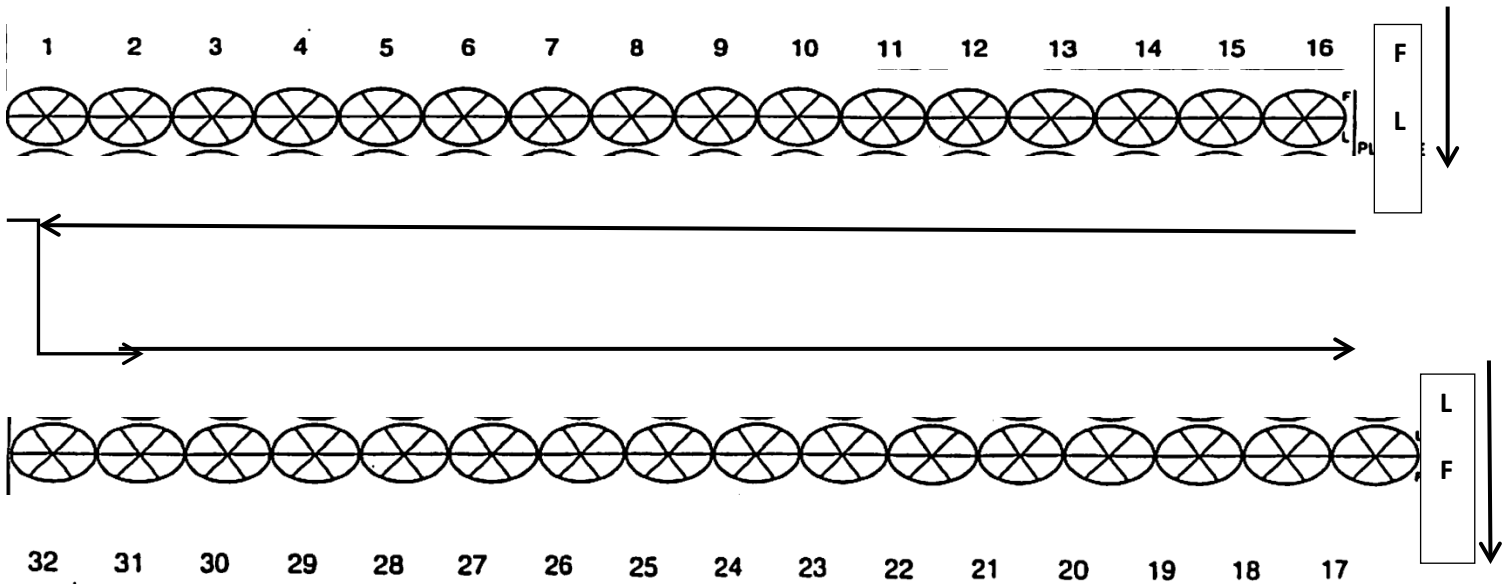
32	31	30	29	28	17	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	L
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F

5. Plaque Score:

[Examiner: Apply Vaseline to lips. Use disclosing solution per instructions in the pre-filled applicators.]

Plaque is scored as present or absent on 6 surfaces (MF, F, DF, ML, L, DL) located in the dentogingival junction of each tooth by clicking the correspondent surface in the diagram below





[Examiner:

Wipe the patient's mouth and let them rinse with water to remove the red dye if they choose to.]

[Disposal of garbage:

Place the disposable perio probe/ explorer in the sharps container. All other materials wrap up in the dental bib and place in the garbage bag supplied. Wipe hard surfaces with disinfectant wipes. Thank the participant and dismiss from chair. Complete the next page of the exam.]

6. Distribution of Oral Hygiene Aids

Please check the box for the oral hygiene aids you think would be most appropriate for the participant.

[Examiner: Do not discuss with the participant. Do not give oral hygiene instruction. Just check the box next to your recommendations. Oral hygiene aids will be distributed by other research staff.]

Toothbrush Dental Floss Denture Brush Denture Cup

Adaptive Tubing for patients with grip problems such as arthritis

Tooth brushing Brochure English

Tooth brushing Brochure Spanish

Dental Flossing Brochure English

Dental Flossing Brochure Spanish

Denture Brochure English

Denture Brochure Spanish