**ATTACHMENT: DATA COLLECTION FORM PART A**

**CLINICAL DENTAL SCREENING FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Examiner Initials: | | Date (MM/DD/YYYY): | |
| School Code: | | Grade: | |
| Student Pseudo ID: | Sex:   Female  Male | | Age (Years): |
|  |  |  |  |

**Caries and Sealant Status of Permanent First and Second Molars**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tooth** | Tooth Number | Sound | Sealed | Untreated cavitated decay | Restoration including crown | Missing | Unerupted or cannot be assessed |
| UR2M | 2 |  |  |  |  |  |  |
| UR1M | 3 |  |  |  |  |  |  |
| UL1M | 14 |  |  |  |  |  |  |
| UL2M | 15 |  |  |  |  |  |  |
| LL2M | 18 |  |  |  |  |  |  |
| LL1M | 19 |  |  |  |  |  |  |
| LR1M | 30 |  |  |  |  |  |  |
| LR2M | 31 |  |  |  |  |  |  |

**Fluorosis Status of Upper Anterior Teeth**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tooth** | Tooth Number | Normal/Questionable | Very Mild | Mild | Moderate | Severe | Missing, unerupted, restoration/crown or other reason cannot be assessed |
| URC | 6 |  |  |  |  |  |  |
| URLI | 7 |  |  |  |  |  |  |
| URCI | 8 |  |  |  |  |  |  |
| ULCI | 9 |  |  |  |  |  |  |
| ULLI | 10 |  |  |  |  |  |  |
| ULC | 11 |  |  |  |  |  |  |

**Treatment Urgency:**

Routine

Early

Urgent

**Notes**

UR2M: Upper right second permanent molar. UR1M: Upper right first permanent molar. UL1M: Upper left first permanent molar. UL2M: Upper left second permanent molar. LL2M: Lower left second permanent molar. LL1M: Lower left first permanent molar. LR1M: Lower right first permanent molar. LR2M: Lower right second permanent molar.

URC: Upper right cuspid. URLC: Upper right lateral incisor. URCI: Upper right central incisor. ULCI: Upper left central incisor. ULLI: Upper left lateral incisor. ULC: Upper left cuspid.