

# ATTACHMENT: DATA COLLECTION FORM PART A

## CLINICAL DENTAL SCREENING FORM

Examiner Initials:		Date (MM/DD/YYYY):	
School Code:		Grade:	
Student Pseudo ID:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UR1M	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UL1M	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UL2M	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LL2M	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LL1M	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LR1M	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LR2M	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
URLI	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
URCI	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ULCI	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ULLI	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ULC	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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.