

**National Dental Epidemiology Programme, oral health survey of adults aged 65 years and older living in care homes, 2024 to 2025.**

**Examination data recording sheet**

|                   |  |                      |                      |                      |                      |                      |                      |                              |                      |                      |                            |                      |                      |                      |
|-------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------------|----------------------|----------------------|----------------------------|----------------------|----------------------|----------------------|
| Unique ID number: | <b>Lower-tier local authority code</b> |                      |                      |                      |                      |                      |                      | <b>Number of participant</b> |                      |                      | <b>Care Home postcode:</b> |                      |                      |                      |
|                   | <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>         | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**1. Denture examination.** Please ask the resident if they own dentures and if you can look at them. If worn, ask the participant to remove them. Undertake an extraoral visual assessment of the dentures whether worn or not and record below.

|       | <b>Denture present</b><br>0 - no denture<br>1 - partial<br>2 - full | <b>Denture base material</b><br>1 - metal<br>2 - acrylic | <b>Status</b><br>0 - intact<br>1 - needs repair<br>2 - needs replacement | <b>Denture cleanliness</b><br>0 - clean<br>1 - dirty with soft debris<br>2 - dirty with hard debris (calculus, with or without soft debris) | <b>Denture marked with name</b><br>0 - no<br>1 - yes | <b>Dentures worn?</b><br>0 - never<br>1 - sometimes (for eating/socialising)<br>2 - all the time |
|-------|---|--|--|---|--|--|
| Upper |   |  |  |   |  |  |
| Lower |   |  |  |   |  |  |

**2. Hard tissue examination.** Please carry out intraoral clinical examination

|   |                                   | <b>Right</b> |   |   |   |   |   |   |   | <b>UPPER</b> |   |   |   |   |   |   |   | <b>Left</b> |  |  |  |  |  |  |  |
|---|-----------------------------------|--------------|---|---|---|---|---|---|---|--------------|---|---|---|---|---|---|---|-------------|--|--|--|--|--|--|--|
|   |                                   | 8            | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1            | 2 | 3 | 4 | 5 | 6 | 7 | 8 |             |  |  |  |  |  |  |  |
| 1 | Visible plaque <small>B/L</small> |              |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |             |  |  |  |  |  |  |  |
| 2 | Tooth present                     |              |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |             |  |  |  |  |  |  |  |
| 3 | Coronal caries                    |              |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |             |  |  |  |  |  |  |  |
| 4 | Root caries                       |              |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |             |  |  |  |  |  |  |  |

|   |                                   | <b>Right</b> |   |   |   |   |   |   |   | <b>LOWER</b> |   |   |   |   |   |   |   | <b>Left</b> |  |  |  |  |  |  |  |
|---|-----------------------------------|--------------|---|---|---|---|---|---|---|--------------|---|---|---|---|---|---|---|-------------|--|--|--|--|--|--|--|
|   |                                   | 8            | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1            | 2 | 3 | 4 | 5 | 6 | 7 | 8 |             |  |  |  |  |  |  |  |
| 1 | Visible plaque <small>B/L</small> |              |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |             |  |  |  |  |  |  |  |
| 2 | Tooth present                     |              |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |             |  |  |  |  |  |  |  |
| 3 | Coronal caries                    |              |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |             |  |  |  |  |  |  |  |
| 4 | Root caries                       |              |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |             |  |  |  |  |  |  |  |

|   |   |
|---|---|
| Line 1 codes visible plaque: (dirtiest tooth per sextant)                   | 0 = No debris present   |
|   | 1 = Soft debris covering not more than one third of the exposed tooth surface                           |
|   | 2 = Soft debris covering more than one third, but not more than two thirds of the exposed tooth surface |
|   | 3 = Soft debris covering more than two thirds of the exposed tooth surface                              |
|   | 9 = Assessment cannot be made   |
| Line 2 codes tooth present:   | U = Natural tooth present unrestored  |
|   | F = Natural tooth present restored  |
|   | M = Tooth missing, no replacement   |
|   | R = Tooth replaced (bridge pontic, implant pontic, implant, denture)                                    |
|   | X = Retained root (restored or unrestored)  |
| Line 3 and 4 codes active coronal and root caries (NOT including arrested): | 0 = No active caries present or unexposed root  |
|   | 1 = Active caries present   |

3. PUFA?  0 = No teeth PUFA signs 1 = 1 tooth PUFA signs 2 = 2 or more teeth PUFA signs

4. Soft tissue intraoral examination.

Is there any soft tissue pathology in the mouth?  0 = No  
 1 = Yes  
 2 = Suspicious lesion requiring urgent referral

**NOTE: For any soft tissue pathology causing concern, please make an urgent referral in line with local arrangements.**

Clinical examination completion status  1 = No examination possible – participant withdrew agreement to take part  
 2 = No examination possible – participant unable to co-operate  
 3 = No examination possible – suitable examining position not attained  
 4 = Full examination completed  
 5 = Partial examination completed – participant withdrew agreement to take part  
 6 = Partial examination completed – participant could not co-operate

5. Assessment of treatment requirements

Items of treatment this participant requires in the opinion of the examiner. TICK ALL THAT APPLY:

|   |  |
|---|--|
| No treatment indicated (NT)   |  |
| Examination with or without further diagnostic tests (Exam)                                       |  |
| Prevention advice – oral health, diet, additional fluoride (PA)                                   |  |
| Removal of calculus (RC)  |  |
| Minor restoration – simple direct fillings (MinR)   |  |
| Major restoration – crowns, bridges, veneers, inlays, with or without endodontic treatment (MajR) |  |
| Extraction(s) or other minor surgery (ExtMinS)  |  |
| Minor prosthetic care – repair (MinPC)  |  |
| Major prosthetic care – provision of one or more new partial or complete dentures (MajPC)         |  |
| Soft tissue pathology - treatment or referral (STP)   |  |
| Other treatment: (OT)   |  |

Degree of urgency for dental care:

|         |  |
|---------|--|
| Urgent  |  |
| Routine |  |

*Based on examination, mobility, compliance and the judgement of epidemiology examiner, do not ask participant or carer as may raise expectations.*

Setting for the provision of treatment which would best meet the needs of the participant. TICK ONE:

|  |  |
|--|--|
| Attendance in general dental care setting (GDS)  |  |
| Attendance in community dental care setting (CDS) eg: for compliance or mobility reasons |  |
| Wholly as a domiciliary care case as the participant cannot leave the care home (DC)     |  |

Notes: