Dental practice	
Patient ID Completed by PM	
IMD Completed by PM	
Eligibility criteria Completed by PM	**Date: ……** **NHS adult patient (> 18 yoa) on the recall list ☐** **Dentate (or partially dentate) ☐** **Asymptomatic at 'check-up' ☐** **No active dental decay in last two years ☐** **No restorations due to dental caries in last two years ☐** **BPE ≤ 2 ☐** **No Past Medical History that increases risk to dental caries ☐** **Seen ≥ 6 months ago ☐** **HAVE YOU TICKED ALL THE BOXES?**
Demographic data Completed by PM	**Gender: Male ☐ Female ☐** **Age: ……** **Exempt from dental charges: Non-exempt ☐ Exempt ☐** **Which of the following occupations best describes the nature of employment?** **☐ Professional and managerial (e.g., Teacher, Doctor, Manager, Solicitor)** **☐ Clerical and sales (e.g., Administration, Salesperson)** **☐ Skilled blue-collar (e.g., Electrician, Plumber, Craftsman/woman)** **☐ Semi-skilled and unskilled (e.g., Factory worker, Labourer)** **☐ Prefer not to say** **Choose ONE option that best describes your ethnic group or background** **White** **☐ English / Welsh / Scottish / Northern Irish / British 2. Irish** **☐ Gypsy or Irish Traveller** **☐ Any other White background, please describe……** **Mixed / Multiple ethnic groups** **☐ White and Black Caribbean** **☐ White and Black African** **☐ White and Asian** **☐ Any other Mixed / Multiple ethnic background, please describe……** **Asian / Asian British** **☐ Indian** **☐ Pakistani** **☐ Bangladeshi** **☐ Chinese** **☐ Any other Asian background, please describe……** **Black / African / Caribbean / Black British** **☐ African** **☐ Caribbean** **☐ Any other Black / African / Caribbean background, please describe……** **Other ethnic group** **☐ Arab** **☐ Any other ethnic group, please describe……**

Baseline data Completed by epidemiologist	**DENTAL MEASURES** **CONFIRM** **No active dental decay in last two years ☐** **BPE ≤ 2 ☐** **Date: ……** **Number of teeth remaining (excluding implants): ……** **Number of sites*: ……** **Number of sites* with BoP: ……** **Number of sites* with plaque: ……** ***Six sites per tooth** **ORAL HEALTH IMPACT PROFILE (as a separate form)** **1. Have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures? Yes ☐ No ☐** **If yes, HOW OFTEN have you had the problem during the last three months?** Very often ☐ Fairly often ☐ Occasionally ☐ Hardly ever ☐ Never ☐ Don't know ☐ **2. Have you felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures? Yes ☐ No ☐** **If yes, HOW OFTEN have you had the problem during the last three months?** Very often ☐ Fairly often ☐ Occasionally ☐ Hardly ever ☐ Never ☐ Don't know ☐ **3. Have you had painful aching in your mouth? Yes ☐ No ☐** **If yes, HOW OFTEN have you had the problem during the last three months?** Very often ☐ Fairly often ☐ Occasionally ☐ Hardly ever ☐ Never ☐ Don't know ☐ **4. Have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures? Yes ☐ No ☐** **If yes, HOW OFTEN have you had the problem during the last three months?** Very often ☐ Fairly often ☐ Occasionally ☐ Hardly ever ☐ Never ☐ Don't know ☐

5. Have you been self conscious because of your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

6. Have you felt tense because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

7. Has your diet been unsatisfactory because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

8. Have you had to interrupt meals because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

9. Have you found it difficult to relax because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

10. Have you been a bit embarrassed because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

11. Have you been a bit irritable with other people because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

12. Have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

13. Have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

14. Have you been totally unable to function because of problems with your teeth, mouth or dentures? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

OHIP ADDITIONAL QUESTIONS
15. Have you had difficulty chewing any foods because of problems with your teeth, mouth, dentures or jaw? Yes ☐ No ☐

If yes, HOW OFTEN have you had the problem during the last three months?

Very often ☐
Fairly often ☐
Occasionally ☐
Hardly ever ☐
Never ☐
Don't know ☐

	16. Have you felt uncomfortable about the appearance of your teeth, mouth, dentures or jaws? **Yes ☐ No ☐** **If yes, HOW OFTEN have you had the problem during the last three months?** Very often ☐ Fairly often ☐ Occasionally ☐ Hardly ever ☐ Never ☐ Don't know ☐ **17. Have you felt that there has been less flavour in your food because of problems with your teeth, mouth, dentures or jaws?** **Yes ☐ No ☐** **If yes, HOW OFTEN have you had the problem during the last three months?** Very often ☐ Fairly often ☐ Occasionally ☐ Hardly ever ☐ Never ☐ Don't know ☐ **DENTAL ANXIETY** **On a scale of 1 to 10 (10 is very anxious), how anxious are you about your check-up if you are seen by your dentist? ……** **On a scale of 1 to 10 (10 is very anxious), how anxious are you about your check-up if you are seen by the H-T? ……**

First check-up visit after epidemiologist	**DATE: ……** **TIME IN: ……** **AT THIS VISIT: Check-up ☐** **Please detail any other clinical activity/advice provided:** **TIME OUT: ……** **FOR THOSE ALLOCATED TO THE H-T ARM** **Did you need any additional input from your dentist? Yes ☐ No ☐ If yes, please detail why:** **If yes, please detail the length of time this took: ……** **If treatment plan not agreed (H-T takes precedence), detail here:** **Does the patient need to be seen by a dentist (treatment required beyond Scope of Practice for the H-T)?** **Yes ☐ No ☐** **If yes, please detail the treatment undertaken by the dentist:**
Investigator's signature	