



28727

### QOH: SoV Observation Form (HYGENIST)

This form should be completed by the Dental HYGENIST during each treatment visit



SEAL OR  
VARNISH

1. School ID:

2. Participant ID:

3. Initials:

4. Date of Birth (dd/mm/yyyy):  /  /

5. Gender: Male   
Female

6. Visit: Baseline  6 month  12 month  18 month  24 month  30 month

7. Adverse outcomes observed:  
*Tick one box in each row*

	Yes	No
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Gagging	<input type="checkbox"/>	<input type="checkbox"/>
Crying	<input type="checkbox"/>	<input type="checkbox"/>
Excessive arm movements	<input type="checkbox"/>	<input type="checkbox"/>
Excessive leg movements	<input type="checkbox"/>	<input type="checkbox"/>
Other signs of distress (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

8. Date form completed (dd/mm/yyyy):  /  /

9. Completed by: (please sign)

<b>SEWTU USE ONLY</b>			
SoV QOH obs scale hygenist (v1.0 29Jul2011)			
Date received by SEWTU:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Received by (Initials):	<input type="text"/>
Date entered onto database:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Entered by (Initials):	<input type="text"/>