



42428

### QON: SoV Observation Form (NURSE)

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



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. Time taken to perform the application:

*Please list the number of minutes and seconds from when the child was seated for the procedure until the child was able to leave the dental chair.*

Minutes

Seconds

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

10. Completed by: (please sign)

**SEWTU USE ONLY**

SoV QON obs scale nurse (v1.0 29Jul2011)

Date received by SEWTU:

Received by (initials):

Date entered onto database:

Entered by (initials):