

F00: SoV Study Eligibility Form

This form should be completed by the Dental Nurse at the screening examination

1. School ID

Section 1: Participants Details

2. Participant ID 3. Initials 4. Date of Birth

5. Gender Male Female

6. Date of Eligibility Assessment

7. Does the child meet the inclusion criteria?

Yes No

a.	Is the child in Year 2, (aged 6-7 years), attending a school participating in the current Cardiff & Vale UHB Designed to Smile Programme?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Has the person with parental responsibility provided written informed consent for the child	<input type="checkbox"/>	<input type="checkbox"/>

8. Does the child meet any of the exclusion criteria?

a.	Does the child have a medical history that precludes inclusion (i.e. those with a history of hospitalisation for asthma, or severe allergies, or allergy to Elastoplast) ?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Does the child have any known sensitivity to colophony (kolophonium), or any of the product ingredients (e.g. methylacrylate in PFS)?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is the child currently participating in another clinical trial involving an investigational medicinal product ?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Does the child have ulcerative gingivitis or stomatitis ?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Does the child have any facial or oral infections e.g. cold sores ?	<input type="checkbox"/>	<input type="checkbox"/>
f.	Does the child have any abnormality of the lips, face or soft tissues of the mouth that would cause discomfort in the provision of PFS/FV ?	<input type="checkbox"/>	<input type="checkbox"/>
g.	Does the child show obvious signs of systemic illness (e.g. colds, 'flu, chicken pox etc) ?	<input type="checkbox"/>	<input type="checkbox"/>

The child must meet ALL of the inclusion criteria and NONE of the exclusion criteria to be recruited into the study

9. Is the child eligible for participation? Yes -> The first permanent molar eligibility (Page 2) should now be completed

No -> The child may still participate in the fissure sealant programme if eligible and parent has given consent

PLEASE COMPLETE ITEMS 19, 20 AND 21 ON PAGE 4

First Permanent Molar Eligibility

UPPER RIGHT		UPPER LEFT	
	Yes No		Yes No
10. Suitable for sealant or varnish	<input type="checkbox"/> <input type="checkbox"/>	11. Suitable for sealant or varnish	<input type="checkbox"/> <input type="checkbox"/>
If not suitable state reason (tick one)		If not suitable state reason (tick one)	
a. Tooth unerupted	<input type="checkbox"/>	a. Tooth unerupted	<input type="checkbox"/>
b. Exclude tooth due to caries into dentine	<input type="checkbox"/>	b. Exclude tooth due to caries into dentine	<input type="checkbox"/>
c. Exclude tooth due to extraction	<input type="checkbox"/>	c. Exclude tooth due to extraction	<input type="checkbox"/>
d. Exclude tooth due to filling	<input type="checkbox"/>	d. Exclude tooth due to filling	<input type="checkbox"/>
e. Exclude tooth due to sealant	<input type="checkbox"/>	e. Exclude tooth due to sealant	<input type="checkbox"/>
f. Exclude tooth due to hypoplasia	<input type="checkbox"/>	f. Exclude tooth due to hypoplasia	<input type="checkbox"/>
UPPER RIGHT		UPPER LEFT	
	Yes No		Yes No
12. Suitable for sealant or varnish	<input type="checkbox"/> <input type="checkbox"/>	13. Suitable for sealant or varnish	<input type="checkbox"/> <input type="checkbox"/>
If not suitable state reason (tick one)		If not suitable state reason (tick one)	
a. Tooth unerupted	<input type="checkbox"/>	a. Tooth unerupted	<input type="checkbox"/>
b. Exclude tooth due to caries into dentine	<input type="checkbox"/>	b. Exclude tooth due to caries into dentine	<input type="checkbox"/>
c. Exclude tooth due to extraction	<input type="checkbox"/>	c. Exclude tooth due to extraction	<input type="checkbox"/>
d. Exclude tooth due to filling	<input type="checkbox"/>	d. Exclude tooth due to filling	<input type="checkbox"/>
e. Exclude tooth due to sealant	<input type="checkbox"/>	e. Exclude tooth due to sealant	<input type="checkbox"/>
f. Exclude tooth due to hypoplasia	<input type="checkbox"/>	f. Exclude tooth due to hypoplasia	<input type="checkbox"/>
LOWER RIGHT		LOWER LEFT	

14. Is the Child eligible for Seal or Varnish study (at least one tooth suitable)?

YES -> the ICDAS Caries Assessment chart (Page 3) should now be completed

NO -> (the child may still participate in the fissure sealant programme if eligible and parent has consented for this)

PLEASE COMPLETE ITEMS 19, 20 AND 21 ON PAGE 4

UPPER RIGHT

UPPER LEFT

UPPER RIGHT						UPPER LEFT					
6	E/5	D/4	C/3	B/2	A/1	A/1	B/2	C/3	D/4	E/5	6
D						D					D
O						O					O
M						M					M
B						B					B
L						L					L
D						D					D
O						O					O
M						M					M
B						B					B
L						L					L
6	E/5	D/4	C/3	B/2	A/1	A/1	B/2	C/3	D/4	E/5	6

LOWER RIGHT

LOWER LEFT

Corrections : _____

(Please number all corrections) _____

Now complete the Hypoplasia record (Page 4) for the first permanent molars only

First Permanent Molar Hypoplasia Record

UPPER RIGHT	UPPER LEFT
<p>15. Hypoplasia status (tick one)</p> <p>no hypoplasia <input type="checkbox"/></p> <p>demarked opacity <input type="checkbox"/></p> <p>post eruptive breakdown (excluded) <input type="checkbox"/></p> <p>tooth missing/unerupted <input type="checkbox"/></p>	<p>16. Hypoplasia status (tick one)</p> <p>no hypoplasia <input type="checkbox"/></p> <p>demarked opacity <input type="checkbox"/></p> <p>post eruptive breakdown (excluded) <input type="checkbox"/></p> <p>tooth missing/unerupted <input type="checkbox"/></p>
<p>17. Hypoplasia status (tick one)</p> <p>no hypoplasia <input type="checkbox"/></p> <p>demarked opacity <input type="checkbox"/></p> <p>post eruptive breakdown (excluded) <input type="checkbox"/></p> <p>tooth missing/unerupted <input type="checkbox"/></p>	<p>18. Hypoplasia status (tick one)</p> <p>no hypoplasia <input type="checkbox"/></p> <p>demarked opacity <input type="checkbox"/></p> <p>post eruptive breakdown (excluded) <input type="checkbox"/></p> <p>tooth missing/unerupted <input type="checkbox"/></p>
LOWER RIGHT	LOWER LEFT

19. Date form completed

20. Completed by (please sign)

21. Examining Dentist Initials

For SEWTU use only

Received: Received by: Entered into database:

Entered by: Randomisation Allocation: FS V