

C02: Caries Assessment Re-examination Form

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

1. School ID

Section 1: Participants Details

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

5. Gender Male Female

6. Date of Assessment

7. Visit: Baseline 12month 24month 36 month

UPPER RIGHT

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

UPPER LEFT

	A/1	B/2	C/3	D/4	E/5	6
D						
O						
M						
B						
L						
D						
O						
M						
B						
L						
	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 for the first permanent molars only

First Permanent Molar Hypoplasia Record

UPPER RIGHT	UPPER LEFT
<p>8.Hypoplasia status (tick one)</p> <p>normal (tooth in trial) <input type="checkbox"/></p> <p>demarked opacity (tooth in trial) <input type="checkbox"/></p> <p>post eruptive breakdown (excluded) <input type="checkbox"/></p> <p>tooth missing <input type="checkbox"/></p>	<p>9.Hypoplasia status (tick one)</p> <p>normal (tooth in trial) <input type="checkbox"/></p> <p>demarked opacity (tooth in trial) <input type="checkbox"/></p> <p>post eruptive breakdown (excluded) <input type="checkbox"/></p> <p>tooth missing <input type="checkbox"/></p>
<p>10.Hypoplasia status (tick one)</p> <p>normal (tooth in trial) <input type="checkbox"/></p> <p>demarked opacity (tooth in trial) <input type="checkbox"/></p> <p>post eruptive breakdown (excluded) <input type="checkbox"/></p> <p>tooth missing <input type="checkbox"/></p>	<p>11.Hypoplasia status (tick one)</p> <p>normal (tooth in trial) <input type="checkbox"/></p> <p>demarked opacity (tooth in trial) <input type="checkbox"/></p> <p>post eruptive breakdown (excluded) <input type="checkbox"/></p> <p>tooth missing <input type="checkbox"/></p>
LOWER RIGHT	LOWER LEFT

12. Date form completed

13. Completed by
(please sign)

14. Examining Dentist Initials

For SEWTU use only

Received:

Received by:

Entered into database:

Entered by: