

Firstname	Lastname	HAS ID _____
------------------	-----------------	---------------------

Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	<input type="radio"/> Athlete <input type="radio"/> Unified partner	Sport
Delegation		SO Program	
Cell phone number	Number is <input type="radio"/> Athlete's <input type="radio"/> Parent's / Guardian's		
Providing a phone number is optional. It may be used to call or send reminders if follow up is recommended after screening.			

Screener's name

Dental History

Fill out this section for each athlete even if edentulous

Special Olympics
Special Smiles[®]



1. Do you have a local dentist?

Yes No

2. If yes, how often do you visit?

- More than twice a year
- Twice a year
- Once a year
- Less than once a year
- Only when I have a toothache

3. How often do you clean your mouth?

- Once or more a day
- 2 to 6 times per week
- Once per week
- Less than once per week
- Not sure

4. Pain inside mouth

- Yes No
- Teeth
- Other

5. Athlete refused/could not screen

Teeth Screening

6. Edentulous

- Yes (->skip to CAMBRA, otherwise end)
- No (answer all questions 7 thru 18)

7. Untreated decay

(All teeth, lesion greater than 0.5 mm)

- Yes No
- Anterior(s)
- Premolar(s)
- Molar(s)

8. Filled teeth

(All teeth, no 3rds, Anterior crowns not consider filled)

- Yes No

9. Missing teeth

(Permanent, Anteriors and Molars Only, no 3rds)

- Yes No
- Molar(s)

10. Sealant(s)

(Permanent 1st, 2nd Molars Only)

- Yes No

11a. Injury

(Permanent Centrals and Incisors Only)

- Yes No

11b. Injury Treated Yes No

12. Fluorosis (Permanent Maxillary Anterior Buccal surface Only)

- Yes No

13. Gingival signs

(Permanent Mandibular Anterior Buccal)

- Yes No

14. Treatment urgency

- Maintenance
- Non-urgent
- Urgent

15. Mouth guard recommended

- Yes No

16. Fluoride Varnish recommended

- Yes No

Mouth Guard

17. Delivered

- Yes No

Fluoride Varnish

18. Applied

- Yes No

Firstname	Lastname	HAS ID _____
-----------	----------	--------------

***Note: The following CAMBRA station is meant for World Games**

Caries Risk Assessment (CAMBRA) Station

- 19. Daily Medications Yes No (If NO, skip to *ORAL)
- 20. Medications for Blood Pressure Yes No Not Sure
- 21. Medications for Seizures Yes No Not Sure
- 22. Medications for Mood Control Yes No Not Sure
- 23. Medications for Gastric Reflux (GERD) Yes No Not Sure

ORAL

- 24. Mouth Feel Dry Yes No
- 25. Mouth Breathe at Rest Yes No Not Sure
- 26. Cavity Within 2 Years Yes No Not Sure
- 27. Saliva (thick, ropey , bubbly) Yes No
- 28. Saliva pH (numeric 1 – 9) NA
- 29. ATP (Facial 6 Surface) (numeric 1 – 9999) NA