Scottish Adult Oral Health Survey

Section A

Details to be completed by the dentist at a new or recall examination appointment for patients meeting criteria defined within the Scottish Adult Oral Health Survey guidance notes.

A1. Examination Date:	

A2. Practice Postcode:	

A3. GDC number:	

A4. Select which type of service you are providing for the patient at this appointment:	
General Dental Practice	
Public Dental Service	
Out of Hours Emergency Dental Service	

Section B

Patient details to be asked and recorded by the dentist for the patient who will be examined during this appointment. Please note: only patients aged 45 or over are eligible for this survey.

B1. Surname:	

B2. Forename:	

B3: Sex:	

B4. Date of Birth:	

B5: Postcode:	

Section C

Questions to be asked by dentist and answers recorded as indicated.

C1. Have you ever smoked?					
Never smoked		Current smoker		Previous smoker	

C2. Have you ever used chewing tobacco, paan, gutkha supari or betel quid?					
Yes		No		Unsure	

C3. How often have you consumed 6 or more units of alcohol (if female), or 8 or more units of alcohol (if male) on a single occasion in the last year?									
Never		Less than monthly		Monthly		Weekly		Daily or almost daily	

C4. Which of the following options best describes how you feel about visiting the dentist?									
Not anxious		Slightly anxious		Fairly anxious		Very anxious		Extremely anxious	

C5. When did you last see a dentist before today?									
Within the last 6months		6 months to 1 year ago		1 to 2 years ago		More than 2 years ago		Never been to dentist	

Section D

To be completed following intraoral examination (see guidance notes).

D1. Charting of Permanent Teeth Present

Indicate whether each permanent tooth is present and sound (S), decayed (D), missing (M) or filled (F). If decayed and filled please chart as decayed.

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

D2. How many natural teeth does the patient have? (include crowned teeth and bridge abutments but not pontics)	

D3. How many crowns does the patient have? (excluding bridges)	

D4. How many bridges does the patient have?	

D5. How many veneers does the patient have?	

D6. How many dental implants does the patient have?	

D7. Does the patient wear a denture?	
Yes	
No	

D8. If the answer to question 12 was ‘yes' what type of denture? (select all which apply)	
F/-	
-/F	
F/F	
P/-	
-/P	
P/P	

D9. Plaque Score

Indicate plaque score from 0 to 3 for each sextant (see guidance notes).

18-14	13-23	24-28
48-44	43-33	34-38

D10. Basic Periodontal Examination (BPE)

Indicate BPE score from 0 to 4 including * for each sextant (see guidance notes).

D11. Soft Tissue Examination		
Record if soft tissue lesion present by intraoral site. If lesion present record 'Best Guess' diagnosis.		
Intraoral Site	Lesion Present Y/N	If a lesion is present what is your 'Best Guess' diagnosis
Lips		
Buccal Mucosa		
Alveolus		
Tongue		
Floor of Mouth		
Palate		
Fauces		

D12. NHS Treatment Prescribed			
List the SDR items by 4 digit code (e.g. 1401) prescribed in the current course of treatment for this patient.			

D13. Private Treatment Prescribed	
Please select private treatment items prescribed in the current course of treatment for this patient, select those which apply.	
Examination	
Preventive Care	
Periodontal Treatment	
Conservative Treatment	
Surgical Treatment	
Dentures	
Orthodontic Treatment	
Other Treatment	

Section E

Please note this question is optional. Question to be asked by the dentist:

E1 Which of the categories best describes your ethnicity?	
White Scottish	
White English	
White Welsh	
White Northern Irish	
White British	
White Irish	
White Gypsy/ Traveller	
White Polish	
Any other white ethnic group	
Any mixed or multiple ethnic group	
Pakistani, Pakistani Scottish or Pakistani British	
Indian, Indian Scottish or Indian British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Chinese, Chinese Scottish or Chinese British	
Other Asian, Asian Scottish, Asian British	
African, African Scottish or African British	
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	
Other African, Caribbean or Black	
Arab, Arab Scottish or Arab British	
Other ethnic group	
Refused/ Not provided by the patient	
Not known	