



ORAL HEALTH SURVEY FORM

The 8th National Oral Health Survey, Thailand 2017Date...../...../2560 Examiner Duplication Identification number --ตำบล.....อำเภอ.....จังหวัด..... Location type น้ำหนัก.....กก. ส่วนสูง.....ซม. อายุ(เดือน) เพศ ศาสนา การศึกษา

แบบสัมภาษณ์: ให้ถามเด็กทีละคนก่อนการตรวจฟัน

1. เข้านี้ ก่อนมาศูนย์/โรงเรียน หนูได้แปรงฟันหรือเปล่า ¹ แปรง ² ไม่ได้แปรง ³ ไม่ตอบ/ตอบไม่ได้
2. เข้านี้ หนูแปรงฟันเองหรือใครแปรงให้ (ตอบได้ > 1 ข้อ) ¹ แปรงเอง ² แม่/ผู้ปกครองแปรงให้ ³ ไม่ตอบ/ตอบไม่ได้
3. หนูอยู่ที่บ้าน กินนมอะไร ¹ หวาน ² เปรี๊ยะ ³ จืด ⁴ ไม่กิน ⁵ ไม่ตอบ/ตอบไม่ได้
4. หนวยังดูดนมจากขวดหรือไม่ ¹ ใช่ ² ไม่ใช่ ³ ไม่ตอบ/ตอบไม่ได้
5. หนูเคยปวดฟันมากจนเคี้ยวข้าว/ขนมไม่ได้ตามปกติหรือไม่ (ถามเฉพาะ 5 ปี) ¹ เคย ² ไม่เคย ³ ไม่ตอบ/ตอบไม่ได้

DENTITION STATUS AND TREATMENT NEED

	55	54	53	52	51	61	62	63	64	65		
	16	15	14	13	12	11	21	22	23	24	25	26
Crown												
Treatment												

	85	84	83	82	81	71	72	73	74	75		
	46	45	44	43	42	41	31	32	33	34	35	36
Crown												
Treatment												

Primary Permanent TOOTH STATUS

A	0	Sound
H	K	White opacity with rough surface
N	P	Showing of enamel breakdown or dentine shadows
B	1	Visible cavity extending into dentine
C	2	Filled, with decay
D	3	Filled no decay, stainless steel crown (SSC)
E	4	Missing, as a result of caries
-	5	Missing, any other reason
F	6	Fissure sealant
G	7	Bridge abutment, special crown or veneer
-	8	Unerupted tooth
T	T	Trauma (fracture)
-	9	Not recorded

TREATMENT

0 = None
P = Preventive, caries arresting care
F = Fissure sealant
R = Preventive resin restoration
1 = One surface fillings
2 = Two or more surface fillings
3 = Crown for any reason
4 = Pulp care and restoration
5 = Extraction
6 = Need for other care (Specify).....
9 = Not recorded

PLAQUE INDEX

- 0 = No plaque
 1 = Plaque covering < 1/3 of the tooth surface
 2 = Plaque covering 1/3-2/3 of the tooth surface
 3 = Plaque covering > 2/3 of the tooth surface
 9 = Not recorded

55B	51B	65B
85B	71B	75B

OTHER CONDITIONS



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Date...../...../2560 Examiner Duplication Identification number --

GENERAL INFORMATION Age Gender Religion Education Location type
Status

DENTITION STATUS AND TREATMENT NEED

			55	54	53	52	51	61	62	63	64	65				
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Crown	8															8
Treatment	9															9

				85	84	83	82	81	71	72	73	74	75			
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Crown	8															8
Treatment	9															9

Primary	Permanent	TOOTH STATUS	TREATMENT
A	0	Sound	0 = None
H	K	White opacity with rough surface	P = Preventive, caries arresting care
N	P	Showing of enamel breakdown or dentine shadows	F = Fissure sealant
B	1	Visible cavity extending into dentine	R = Preventive resin restoration
C	2	Filled, with decay	1 = One surface fillings
D	3	Filled, no decay	2 = Two or more surface fillings
E	4	Missing, as a result of caries	3 = Crown for any reason
-	5	Missing, any other reason	4 = Pulp care and restoration
F	6	Fissure sealant	5 = Extraction
G	7	Bridge abutment, special crown or veneer	6 = Need for other care (Specify).....
-	8	Unerupted tooth	9 = Not recorded
T	T	Trauma (fracture)	
-	9	Not recorded	

DENTAL FLUOROSIS

- 0 = Normal
- 1 = Questionable
- 2 = Very mild
- 3 = Mild
- 4 = Moderate
- 5 = Severe
- 9 = Not recorded

GINGIVAL BLEEDING SCORES (MODIFIED)

- 0 = Absent of condition
- 1 = Bleeding
- 2 = Calculus
- 5 = Calculus with bleeding
- 9 = Not recorded

	16	11	26
	46	31	36

OTHER CONDITIONS



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DENTITION STATUS AND TREATMENT NEED

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18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Crown															
Treatment															

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48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Crown															
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OTHER CONDITIONS



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GENERAL INFORMATION Age Gender Religion Location type

Capacity of old adults: (1 = Stable 2 = Declining 3 = Loss)

DENTITION STATUS AND TREATMENT NEED

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

GINGIVAL BLEEDING SCORES (MODIFIED) AND POCKET SCORES (MODIFIED)

GINGIVAL BLEEDING SCORES

- 0 = Healthy
- 1 = Bleeding
- 2 = Calculus
- 5 = Calculus with bleeding
- 9 = Not recorded

POCKET SCORES

- 0 = Absence of condition
- 1 = Pocket 4-5 mm.
- 2 = Pocket 6 mm. or more
- 9 = Not recorded

	17/16	11	26/27	
B				B
P				P
B				B
P				P
	47/46	31	36/37	

PROSTHETIC STATUS

- 0 = No prosthesis **Upper** **Lower**
- 1 = Bridge
- 2 = More than one bridge
- 3 = Partial denture
- 4 = Both bridge(s) and partial denture(s)
- 5 = Full removable denture
- 6 = Coping with complete denture
- 9 = Not recorded

PROSTHETIC NEED

- 0 = No prosthesis needed **Upper** **Lower**
- 1 = Need for one-unit prosthesis
- 2 = Need for multi-unit prosthesis
- 3 = Need for full prosthesis (replacement of all teeth)
- 4 = Need to repair denture
- 9 = Not recorded

Posterior occlusal pair

 Right Left

ORAL LESIONS

Clinical condition	Location								Code for location	
<input type="checkbox"/> Normal	V	C	L	S	B	F	T	P	G	V = Vermillion border
<input type="checkbox"/> White lesion	V	C	L	S	B	F	T	P	G	C = Commissures
<input type="checkbox"/> Red lesion	V	C	L	S	B	F	T	P	G	L = Lips / vermillion
<input type="checkbox"/> Red & White lesion	V	C	L	S	B	F	T	P	G	S = Sulci / vestibule
<input type="checkbox"/> Ulceration	V	C	L	S	B	F	T	P	G	B = Buccal mucosa
<input type="checkbox"/> Nodule / mass	V	C	L	S	B	F	T	P	G	F = Floor of mouth
										T = Tongue
										P = Hard and / or soft palate
										G = Alveolar ridges / gingiva

TOOTH WEAR

Occlusal:
 Number of teeth affected

Incisal:
 Number of teeth affected

Cervical area:
 Number of teeth affected

OTHER CONDITIONS



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ORAL DRYNESS CONDITION

Symptom: เมื่อทานอาหารที่แห้ง ท่านต้องดื่มน้ำตามทันทีบ่อยครั้งเพื่อช่วยกลืนหรือไม่ Yes No
 ท่านมีอาการลิ้นแห้งติดกับเพดานปากบ่อยครั้งจนรู้สึกได้หรือไม่ Yes No
 ท่านรู้สึกว่ามีช่องปากท่านแห้งหรือไม่ Yes No

Sign : Mouth mirror sticks to buccal mucosa or tongue Yes No

DENTITION STATUS AND TREATMENT NEED

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Crown																
Root																
Treatment																
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Crown																
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GINGIVAL BLEEDING SCORES (MODIFIED) AND POCKET SCORES (MODIFIED)

GINGIVAL BLEEDING SCORES
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POCKET SCORES
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	17/16	11	26/27	
B				B
P				P
B				B
P				P
	47/46	31	36/37	

PROSTHETIC STATUS

0 = No prosthesis **Upper**
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Posterior occlusal pair

Right	Left

ORAL LESIONS

Clinical condition	Location									Code for location	
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<input type="checkbox"/> White lesion	V	C	L	S	B	F	T	P	G	V = Vermillion border	
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<input type="checkbox"/> Red & White lesion	V	C	L	S	B	F	T	P	G	L = Lips / vermillion	
<input type="checkbox"/> Ulceration	V	C	L	S	B	F	T	P	G	S = Sulci / vestibule	
<input type="checkbox"/> Nodule / mass	V	C	L	S	B	F	T	P	G	B = Buccal mucosa	
	V	C	L	S	B	F	T	P	G	F = Floor of mouth	
	V	C	L	S	B	F	T	P	G	T = Tongue	
	V	C	L	S	B	F	T	P	G	P = Hard and / or soft palate	
	V	C	L	S	B	F	T	P	G	G = Alveolar ridges / gingiva	

TOOTH WEAR

Occlusal:
 Number of teeth affected

Incisal:
 Number of teeth affected

Cervical area:
 Number of teeth affected

OTHER CONDITIONS