## Oral Health Assessment Tool

Resident: ____________________________  Completed by: ____________________________  Date: ____________________________

- ☐ is independent
- ☐ needs reminding
- ☐ needs supervision
- ☐ needs full assistance

### Lips
- ☐ Smooth, pink, moist
- ☐ Dry, chapped or red at corners
- ☐ Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners *
- ☐ Yes
- ☐ No

### Tongue
- ☐ Normal moist, roughness, pink
- ☐ Patchy, fissured, red, coated
- ☐ Patch that is red and/or white/ulcerated, swollen *
- ☐ Yes
- ☐ No

### Gums and Oral Tissue
- ☐ Moist, pink, smooth, no bleeding
- ☐ Dry, shiny, rough, red, swollen, sore, one ulcer/sore spot, sore under dentures
- ☐ Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures *
- ☐ Yes
- ☐ No

### Saliva
- ☐ Moist tissues watery and free flowing
- ☐ Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth
- ☐ Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth *
- ☐ Yes
- ☐ No

### Natural Teeth
- ☐ No decayed or broken teeth or roots
- ☐ 1-3 decayed or broken teeth/roots, or teeth very worn down
- ☐ 4 or more decayed or broken teeth/roots or fewer than 4 teeth, or very worn down teeth *
- ☐ Yes
- ☐ No

### Dentures
- ☐ No broken areas or teeth, worn regularly and named
- ☐ 1 broken area or tooth, or worn 1-2 hours per day only or not named
- ☐ 1 or more broken areas or teeth, denture missing/not worn, need adhesive, or not named *
- ☐ Yes
- ☐ No

### Oral Cleanliness
- ☐ Clean and no food particles or tartar in mouth or on dentures
- ☐ Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures
- ☐ Food particles, tartar, plaque most areas of mouth, or on most of dentures *
- ☐ Yes
- ☐ No

### Dental Pain
- ☐ No behavioural, verbal or physical signs of dental pain
- ☐ Verbal/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour.
- ☐ Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal/or behavioural signs (pulling at face, not eating, changed behaviour) *
- ☐ Yes
- ☐ No

* Unhealthy signs usually indicate referral to a dentist is necessary

Assessor Comments

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