

## C01: Caries Follow-up Assessment Form

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

1. School ID

### Section 1: Participants Details

2. Participant ID

3. Initials

4. Date of Birth

5. Gender  Male  Female

6. Date of Treatment

7. Follow-up visit 12month  24month  36month

**UPPER RIGHT**

**UPPER LEFT**

UPPER RIGHT						UPPER LEFT					
6	E/5	D/4	C/3	B/2	A/1	A/1	B/2	C/3	D/4	E/5	6
D						D					D
O						O					O
M						M					M
B						B					B
L						L					L
D						D					D
O						O					O
M						M					M
B						B					B
L						L					L
6	E/5	D/4	C/3	B/2	A/1	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><b>8. Hypoplasia status (tick one)</b></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><b>9. Hypoplasia status (tick one)</b></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><b>10. Hypoplasia status (tick one)</b></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><b>11. Hypoplasia status (tick one)</b></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: