

Study number:

DENTAL HEALTH

A1 ID Number _____

A2 Name _____

A3 Date of Birth / /
dd/mm/yy

A4 Hospital Number _____

A5 Today's date / /

Place for Cleft identification sticker
if available

History of dental health care

(confirm with parents at data collection day)

B1 When was your last visit to a dentist?

- ₁ Less than 6 months ago
₂ 6 – 12 months
₃ More than a year ago
₄ Never
₅ Do not know

B2A Regular dental care provider:

- ₁ General dental practitioner
₂ Community dental service
₃ Hospital
₄ B2B Other, please specify _____
₅ Not enrolled

B3A Has the child ever been seen by a Consultant/Specialist in Paediatric Dentistry?

- ₁ Yes, for treatment
₂ Yes, for assessment only
₃ No
₄ Do not know

B3B If yes, who did they see? _____

B3C At which hospital / specialist _____

B4 Is the child currently under the care of a Consultant/Specialist in Paediatric Dentistry?

- ₁ Yes, for treatment
₂ Yes, for assessment only
₃ No

B5 Has your child experienced toothache?

Yes ₁ No ₂

B6 Had your child received dietary advice relating to their teeth?

Yes ₁ No ₂

(advise about sugar in food and drinks related to teeth /advice about a bottle

Study number:

CLEFT CARE UK 2010-2012

History of fluoride ingestion

(confirm with parents at data collection day)

B7A Has the child ever lived in an area supplied with fluoridated drinking water?

₁ Yes

B7B If yes, please give approximately dates _____

₂ No

₃ Don't know

B8A Have fluoride tablets or drops ever been prescribed?

₁ Yes

₂ No

₃ Don't know

B8B If yes, age started years

B8C Age finished years

B9A What toothpaste is the child using currently

₁ Children's (500ppm-1000ppm)

₂ Adult (1000ppm 1450ppm)

₃ Other eg nonfluoride

₄ Don't know

B9B Toothpaste name if know: _____

B10 Has your child ever had fluoride varnish applied by a dentist?

₁ Yes

₂ No

Study number:

CLEFT CARE UK 2010-2012

C - Dental Collection Sheet (5 year olds)

C1 - Caries Experience

Upper

Lower

		e1	d1	c1	s1	b1	a1	a2	b2	s2	c2	d2	e2						e1	d1	c1	b1	a1	a2	b2	c2	d2	e2					
D																																D	
O																																	O
M																																	M
B																																	B
L																																	L

Codes: 0=Tooth present caries free, 1= Hard arrested caries, 2= Decayed, 3= Pulpal involvement, 4= Filled and decayed, 5=filled, 6=extracted due to caries, 8= missing or exfoliated, T=trauma, \$=fissure sealed.

C2 - Enamel Defects

UR UL

(circle teeth included)

	s	b	a	a	b	s
1						
2						

Codes: : 0= normal 2= Demaracated or Diffuse Opacity, 3= Hypoplasia, 4= Abnormal Shape or Size

C10 - Unable to examine Yes ₁ No ₂

C3 - DMFT/dmft _____ **C4- Care index ft/dmft** _____ **C5 - DDE score** _____

C6 - Oral Hygiene _____ **Codes:** 0= Non visible deposits, 1= Visible deposits<1/3, 2= Visible deposits>1/3

C7 - Tooth Tissue Loss YES _____ NO _____

C8 - Attention Needed Yes ₁ No ₂ **C9 - Sepsis** Yes ₁ No ₂

Study number:

D1A Is there a mandibular displacement on closure?

- ₁ Yes
- ₂ No

D1B If yes,

- ₁ Forward displacement
- ₂ Lateral displacement

D1C left ₁ right ₂

D2A Is there a fistula(e) present?

- ₁ Yes
- ₂ No

D2B If Yes, does the fistula cause problems?

- ₁ Yes
- ₂ No

D2C If yes, describe problem

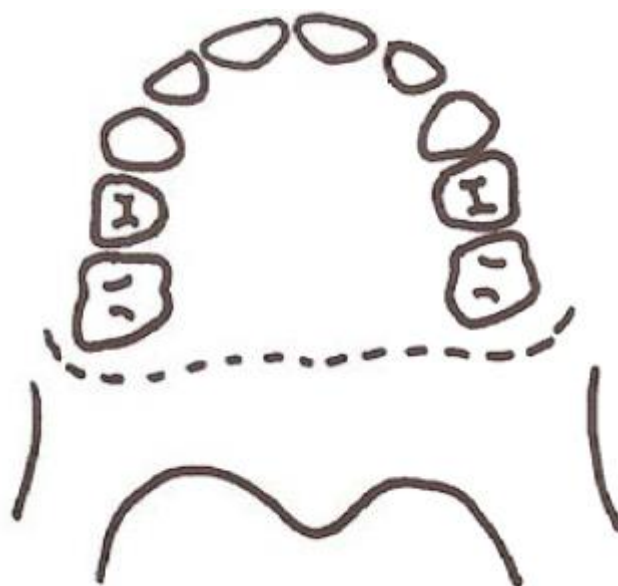
- ₁ Food impacted in fistula
- ₂ Liquids escape through fistula
- ₃ Increased nasal discharge

D2D Other problem: _____

Give details of site and size of fistula(e)

	Site(s)*A	Maximum width (mm) B
D3 Uvula		
D4 Soft palate		
D5 Soft/hard palate		
D6 Hard palate		
D7 Labial sulcus		
D8 Buccal sulcus		

* Please draw site and shape of fistula (e) on diagram below



Study number:

Thank you for filling this in – please state your

E1 Name: _____

E2 Designation: _____

E3 Email: _____

E4 Contact number: _____

E5 BASCD calibrated **Yes** **No**

E6 Any additional information that you think would be helpful is most welcome.
