



HEALTHY SMILES SCREENING RECORD
 (6 MONTHS THROUGH 20 YEARS)
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF FAMILY HEALTH
 SFN 59148 (Revised 9-2010)

Date of Screening (MM/DD/YY)		Screening Site Code (Assigned by State)		Name of Screener	
Child's Identification Code (Created by Screening Agency)			Child's Birth Date (MM/DD/YY)		Child's Age (In Years)
Gender 1=Male 2=Female	Enter Code	Race (Please circle one category only) 1=White 2=Black or African American 3=American Indian or Alaska Native 4=Asian 5=Multi-Racial 6=Other (please specify below) 7=Declined to answer	Enter Code	Ethnicity 1=Hispanic/Latino 2=Not Hispanic/Latino 3=Declined to answer	Enter Code

PRESCHOOL CHILD SCREENING (6 MONTHS THROUGH 5 YEARS)

Child has Special Needs (Emotional or Physical) 1= No 2= Yes	Enter Code	Previous Dental Visits (With or Without Treatment) 1= No 2= Yes	Enter Code
Untreated Decay Primary and/or permanent teeth. Loss of tooth structure at surface, brown coloration at walls of carious lesion 1= No untreated decay 2= Untreated decay present 3= Rampant decay (seven or more untreated areas)	Enter Code	Caries Experience (Treated Decay) Silver or white fillings, temporary restorations, crowns or missing teeth due to decay 1= No sign of previous decay 2= Yes. Filled teeth or restored teeth 3= Rampant caries (decay) (seven or more treated areas)	Enter Code
Early Childhood Caries (Decay) (ECC) (Six upper front teeth only) 1= No ECC No upper anterior teeth with decay, fillings or missing teeth due to decay 2= ECC Upper anterior teeth decayed, filled, crowned, retained root tips or missing teeth due to decay	Enter Code	Treatment Urgency 1= No obvious problem Treatment: Next regular checkup 2= Early dental care (decay without pain or swelling) Treatment: Refer to dentist to be seen within next several weeks 3= Urgent care (pain, infection, large decay, abscess or drainage) Treatment: Refer to dentist to be seen within 24 hours	Enter Code

SCHOOL-AGE CHILD SCREENING (6 YEARS THROUGH 20 YEARS)

Child has Special Needs (Emotional or Physical) 1= No 2= Yes	Enter Code	Previous Dental Visit(s): (With or Without Treatment) 1= No 2= Yes	Enter Code
Untreated Decay Primary and/or permanent teeth. Loss of tooth structure at surface, brown coloration at walls of carious lesion 1= No untreated decay 2= Untreated decay present 3= Rampant decay (seven or more untreated areas)	Enter Code	Caries Experience (Treated Decay) Silver or white fillings, temporary restorations, crowns, or missing teeth due to decay 1= No sign of previous decay 2= Yes. Filled teeth or restored teeth 3= Rampant caries (decay) (seven or more treated areas)	Enter Code
Sealants on Permanent Molars (If surface is smooth by toothpick exploration, sealant may be present) 1= No sealants present 2= Sealants present	Enter Code	Treatment Urgency 1= No obvious problem Treatment: Next regular checkup 2= Early dental care (decay without pain or swelling) Treatment: Refer to dentist to be seen within next several weeks 3= Urgent care (pain, infection, large decay, abscess or drainage) Treatment: Refer to dentist to be seen within 24 hours	Enter Code

FLUORIDE APPLICATION (6 MONTHS THROUGH 20 YEARS)

Fluoride Varnish Application 1= No 2= Yes	Enter Code
--	-------------------

GUIDANCE FOR COMPLETION OF THE SCREENING RECORD

SCREENING DATE: Date the child is seen for an oral screening.

Please use a separate screening record for each child and at each individual screening date.

SCREENING SITE CODE: Initially, your agency or office must contact the ND Department of Health's Oral Health Program for the assignment of an official screening site code. This screening site code will become your permanent number and will be used on all future screening reports by your office. Please contact the Oral Health Program at 701.328.2356 or 800.472.2286, option 1 to receive this code.

SCREENER'S NAME: Healthcare provider that is performing the screening.

CHILD'S IDENTIFICATION CODE: You may create your own method of assigning an identifying code to each child, or a roster method assigning a number to each child.

CHILD'S BIRTH DATE: Include month/date/year in a six digit sequence (MM/DD/YY)

CHILD'S AGE: Age in years only. Do not include months.

GENDER:

1= Male

2= Female

RACE: Please review the consent form for the parent/guardian response to the child's race. If no race category has been selected, mark option "7=Declined to Answer."

1= White

2= Black or African American

3= American Indian or Alaska Native

4= Asian

5= Multi-racial

6= Other (please specify) _____

7= Declined to Answer

ETHNICITY: Please review the consent form for the parent/guardian response to the child's ethnicity. If no ethnicity category has been selected, mark option "3=Declined to Answer."

1= Hispanic or Latino

2= Not Hispanic or Latino

3= Declined to Answer

PRESCHOOL CHILD SCREENING (6 MONTHS THROUGH 5 YEARS)

Child has Special Needs: Special needs may be emotional, behavioral or physical and may include fear of dental surroundings or strangers; high gag reflex; swallowing; doesn't like to lay back; accessibility; and emotional, physical or developmental disabilities.

1= No

2= Yes

Previous Dental Visit(s): Include any previous dental visits (with or without treatment).

1= No

2= Yes

Untreated Decay: Include primary and permanent teeth.

- 1= No untreated caries
- 2= Untreated decay present. Loss of tooth structure at enamel surface. Brown discoloration at walls of the carious lesion and decay is visually present beyond the enamel surface
- 3= Rampant decay (seven or more untreated areas)

Caries Experience (Treated Decay):

- 1= No sign of previous caries (decay)
- 2= Yes. Filled or restored teeth. Filling material may be permanent or temporary (silver or white) temporary restorations, crowns, or missing teeth due to decay
- 3= Rampant caries (decay) (seven or more treated areas)

Early Childhood Caries (ECC) (Decay):

Assessment includes the six upper front teeth only

- 1= No ECC
No upper anterior teeth with caries, fillings or missing teeth due to decay
- 2= ECC Present
Upper anterior teeth decayed, filled, crowned, retained root tips or missing teeth due to decay

Treatment Urgency:

- 1= No obvious problem
Treatment: Next regular checkup
- 2= Early dental care (decay w/o pain or swelling)
Treatment: Refer to dentist to be seen within next several weeks
- 3= Urgent care (pain, infection, large decay, abscess or drainage)
Treatment: Refer to dentist to be seen within 24 hours

SCHOOL-AGE CHILD SCREENING (6 YEARS THROUGH 20 YEARS)

All areas are identical to Preschool Screening (6 Months through 5 Years), with the exception of sealants on permanent molars listed below.

Sealants on Permanent Molars:

- 1= No sealants present
- 2= Sealants already present. If tooth surface is smooth by toothpick exploration, sealant may be present

FLUORIDE APPLICATION (6 MONTHS THROUGH 20 YEARS)

Fluoride Varnish Application Today: If the child was unable to receive a fluoride application due to severe tooth decay or refusal to cooperate with the screener, please select "No." If the child received a fluoride varnish application during the screening, select "Yes."

- 1= No
- 2= Yes