

Canadian Oral Health Screening Tool for Seniors – Assessment record

Name of person screened: _____ Date of birth (YYYY/MM/DD): ____/____/____ Date of screening (YYYY/MM/DD): ____/____/____

Characteristic	0 = Normal condition	1 = Mild to moderate abnormal condition	2 = Severe abnormal condition
Lips	Pink color* and uniform texture, well-defined lip contour <input type="checkbox"/>	Red, dry and swollen <input type="checkbox"/>	Ulcer with or without bleeding <input type="checkbox"/>
Mucosa of cheeks and lips	Pink color* and uniform texture <input type="checkbox"/>	Localized redness or white patch(es). Single ulcer of less than 0.5 cm <input type="checkbox"/>	Generalized redness or white patch(es). Single ulcer larger than 0.5 cm or multiple ulcers <input type="checkbox"/>
Gums and palate	Pink color* and uniform texture <input type="checkbox"/>	Localized redness or swelling of the gums, palate or under the dental prosthesis <input type="checkbox"/>	Generalized redness or swelling of the gums, palate or under the dental prosthesis. Spontaneous bleeding. Ulcer(s) <input type="checkbox"/>
Tongue	Pink color* and uniform texture <input type="checkbox"/>	Circumscribed change in color, smooth surface, localized loss of texture uniformity, localized white patch(es). <input type="checkbox"/>	Generalized change in color or appearance, extensive loss of texture uniformity, generalized white patch(es). Ulcer(s) <input type="checkbox"/>
Saliva	Abundant saliva covering mucosa, tongue, and teeth. Shiny and moist oral tissues <input type="checkbox"/>	Thin film of saliva covering oral mucosa, tongue, and teeth. Shiny and moist oral tissues <input type="checkbox"/>	Visible lack of saliva or limited amount of saliva covering the mucosa, tongue, and teeth. Dull and dry-looking oral tissues <input type="checkbox"/>
Teeth <input type="checkbox"/> Present <input type="checkbox"/> Missing	No observable damage to the tooth structure. No dental mobility <input type="checkbox"/>	Surface cavity(ies), minor tooth fracture. Dental mobility without risk of tooth falling out <input type="checkbox"/>	Deep cavity(ies) with loss of tooth structure, teeth with major fracture or broken at the root, presence of sharp tooth edge. Dental mobility with risk of tooth falling out <input type="checkbox"/>
Dental Prosthesis Upper <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Missing Lower <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Missing	Structure undamaged. Adequate stability and retention. Denture's (partial or full) identification labeling is done <input type="checkbox"/>	Minor break: one artificial tooth broken, worn or missing; alteration of portion of the structure having little to no impact on the denture's (partial or full) function. Adequate stability and retention. Denture's (partial or full) not identified <input type="checkbox"/>	Major break: several artificial teeth broken, worn or missing; alteration of portion of the structure, affecting the denture's (partial or full). Inadequate stability and retention. Denture's (partial or full) not identified <input type="checkbox"/>
Implants	Absence of redness and swelling of the mucosa around the implant. Absence of dental plaque, calculus, or food debris <input type="checkbox"/>	Redness of mucosa around the implant. Localized dental plaque, calculus, and food debris <input type="checkbox"/>	Redness and swelling of the mucosa around the implant; mobility of the implant. Generalized dental plaque, calculus, and food debris on the implant <input type="checkbox"/>
Hygiene of teeth and dental prosthesis	Absence of dental plaque, calculus, and food debris <input type="checkbox"/>	Localized dental plaque, calculus, and food debris <input type="checkbox"/>	Generalized dental plaque, calculus, and food debris. Foul mouth odour <input type="checkbox"/>
Pain**	No sign of dental pain <input type="checkbox"/>	Occasional signs of mild to moderate intensity: screams, aggressiveness, moaning, tendency to touch or bite the painful area <input type="checkbox"/>	Frequent signs of severe intensity: screams, aggressiveness, moaning, tendency to touch or bite the painful area <input type="checkbox"/>

*Color may vary from one ethnic group to another. **Pain must be associated with an abnormal condition of the oral structures.***Professional with the competencies to manage care based on findings

Local intervention measures may be necessary. Refer to an authorized oral health professional *** or a physician. For more information, please consult the Intervention Guide.