IHS BASIC SCREENING SURVEY 2010: DATA COLLECTION FORM FOR CHILDREN 0-5 YEARS OF AGE

ALL BOXES MUST HAVE AN ENTRY - DO NOT SKIP ANY BOX

Site Information	
Screen Date:	
Clinic Name:	Name of IHS Service Unit or Tribe/Clinic Name
IHS Area:	1=Aberdeen 4=Bemidji 7=Nashville 10=Phoenix 2=Alaska 5=Billings 8=Navajo 11=Portland 3=Albuquerque 6=California 9=Oklahoma 12=Tucson
Type of Screening Site:	1=Medical / well-child clinic 2=Early Head Start 5=Kindergarten 3=Head Start 6=WIC 4=Other preschool (not EHS/HS) 7=Community events
Child Information	
Date of Birth:	Verify that year of birth is correct and matches child's age
Gender:	1=Male 2=Female
Race:	1=American Indian / Alaska Native 2=Other
Total # of Primary Teeth Present:	Count the #of teeth with an entire incisal / occlusal surface showing including teeth that are just root tips. Do not include teeth that have been extracted or teeth just starting to erupt.
# Max. Ants with Caries History:	Count the number of maxillary anterior teeth (canine to canine) with untreated decay, fillings/crowns, or extracted because of decay. Do not include teeth that have exfoliated naturally.
# Primary Molars with Sealants:	Count all primary molar teeth with sealants regardless of whether or not they also have untreated decay or treated decay
dmft (primary teeth only-do not include permanent teeth)	
# Teeth with Untreated Decay:	Number of teeth with a cavitated carious lesion. If a tooth has a filling and untreated decay, count as untreated decay. Root tips are untreated decay.
# Teeth with Fillings/Crowns:	Count only those teeth with fillings/crowns and no untreated decay. Teeth with just sealants and no other restorations are included in the sealant section.
# Extracted Teeth:	Count the number of teeth that have been extracted due to caries. Do not count teeth that have exfoliated naturally.
Treatment Urgency:	0=No obvious problems 1=Early care needed 2=Urgent care needed (pain or infection)
COMMENTS:	
IMPORTANT: Do not "double count" teeth in the 3 dmft boxes. Untreated decay supersedes fillings/crowns.	

Always use legible block numbers: 1 2 3 4 5 6 7 8 9 0

Mail completed forms to: Kathy Phipps, 255 Bradley Avenue, Morro Bay, CA 93442 **For further information contact:** Kathy Phipps, 805-776-3393, krp123@charter.net Tim Ricks, 615-467-1508, tim.ricks@ihs.gov