

Department of Health and Senior Services
Show Me Your Smile 2004 Survey



Screen Date:

		/			/		
--	--	---	--	--	---	--	--

School Code:

--	--	--	--

Screener's Initials:

--	--	--

ID Number:

--	--	--	--	--	--	--	--

Age:

--	--	--

Grade:

--	--

Gender:

M	F
<input type="checkbox"/>	<input type="checkbox"/>

Race/Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Multi-racial | <input type="checkbox"/> Black, Hispanic Origin |
| <input type="checkbox"/> Black, not of Hispanic Origin | <input type="checkbox"/> White, Hispanic Origin |
| <input type="checkbox"/> White, not of Hispanic Origin | <input type="checkbox"/> Other |

UNTREATED CARIES

Primary Teeth:

- No untreated caries Untreated caries

Permanent Teeth:

- No untreated caries Untreated caries

ANY CARIES EXPERIENCE (decayed, missing, filled):

Primary Teeth:

- No caries experience Caries experience

Permanence Teeth:

- No caries experience Caries experience

Presence of Dental Sealants:

- No untreated caries Untreated caries

Treatment Urgency:

- No obvious problem Early Dental Care Urgent Care

Comments: (please write inside the rectangle below)

