

Oral Health Assessment Tool (OHAT) for Dental Screening
 modified from Kayser-Jones et al. (1995) by Chalmers (2004)

Patient: _____ **Completed by:** _____ **Date:** ____/____/____

Scores: The final score is the sum of scores from the eight categories and can range from 0 (very healthy) to 16 (very unhealthy). While the cumulative score is important in assessing oral health, the score of each item should be considered individually. Symptoms that are underlined require immediate attention.
 *If any category has a score of 1 or 2, please arrange for the patient to be examined by a dentist.

Category	0 = healthy	1 = changes *	2 = unhealthy *	Category scores
Lips	Smooth, pink, moist	Dry, chapped, or <u>red at corners</u>	Swelling or lump, <u>white/red/ulcerated patch</u> ; <u>bleeding/ulcerated at corners</u>	
Tongue	Normal, moist, roughness, pink	Patchy, fissured, red, coated	Patch that is <u>red and/or white, ulcerated, swollen</u>	
Gums and tissues	Pink, moist, smooth, no bleeding	Dry, shiny, rough, red, swollen, one <u>ulcer/sore spot under dentures</u>	<u>Swollen, bleeding gums, ulcers, white/red patches, generalized redness or ulcers under dentures</u>	
Saliva	Moist tissues, watery and free-flowing saliva	Dry, sticky tissues, little saliva present	<u>Tissues parched and red</u> , very little/no saliva present, saliva very thick	
Natural teeth Yes/No	No decayed or broken teeth/roots	<u>1-3 decayed or broken teeth/ roots</u> or teeth very worn down	<u>4 or more decayed or broken teeth/roots</u> , or fewer than 4 teeth, or very worn down teeth	
Dentures Yes/No	No broken areas or teeth, dentures regularly worn	1 broken area/ tooth or dentures only worn for 1-2 hrs daily, or loose dentures	<u>More than 1 broken area/tooth, denture missing or not worn, needs denture adhesive</u>	
Oral cleanliness	Clean, no food particles or tartar in mouth or on dentures	Food particles/ tartar/ plaque in 1-2 areas of the mouth or on small area of dentures or bad breath	Food particles/tartar/plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath)	
Dental pain	No behavioral, verbal, or physical signs of dental pain	Verbal &/or behavioral signs of pain such as <u>pulling at face, chewing lips</u> , not eating, aggression	Physical signs such as <u>facial swelling, sinus on gum, broken teeth, large ulcers</u> , and <u>verbal and/or behavioral signs such as pulling at face, chewing lips, not eating, aggression</u>	

<input type="checkbox"/> Arrange for patient to be examined by a dentist. <input type="checkbox"/> Patient or family/guardian refuses dental treatment. <input type="checkbox"/> Review this patient's oral health again on (date): ____/____/____	TOTAL SCORE: 16
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