



Keeping my Mouth Healthy- Checklist





Please answer each question on the form by ticking the appropriate box or by writing your answer in the space provided.

Name:

Address:

Date of Birth:

Name and position of person completing form:

Date form completed:

1. Have you got a dentist?



Yes



Not sure



No

If you have then tell us his or her name and address

My Dentist:

My GP:



Address and telephone:

Address and telephone:



Date and time of your last appointment :

2. Do you clean your teeth twice a day?



Yes



Not sure



No

3. Do you brush your own teeth?



Yes



Not sure



No

Please tell us about the support you need with brushing your teeth:

4. Do you use any special equipment to brush your teeth?



Yes



Not sure



No

Please tell us about your special equipment:



5. Do your gums bleed when you brush your teeth?



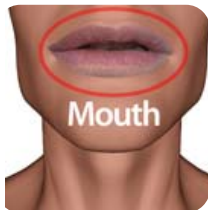
Yes



Not sure



No



6. Please tick the statement that describe your mouth:

I have loose teeth

I often have a dry mouth

I have gums that bleed

I wear dentures

7. This is how I go out and about:



I always use a wheelchair.

I use a wheelchair but can get out by myself.

I need some physical support

I am fully mobile

8. When I go to the dentist:



I can go by myself and cooperate with the dentist

I go with someone who supports me.

I need a lot of preparation work but then I cooperate with the dentist.

I find it difficult to cooperate with the dentist

9. Please tell us what makes it difficult to go to the dentist:



10. Please tell us what makes it easier for you to go to the dentist:



11. Please tell us what you eat between meals?



12. Anything else you would like to tell us about keeping your mouth healthy:



About you:



Male



Female

Question 4 How would you describe your ethnicity?
(Please tick the box which applies to you)

White

- British
- Irish
- Any other White background

Black or Black British

- Black Caribbean
- Black African
- Any other Black background

Asian or Asian British

- Indian/British Indian
- Pakistani/British Pakistani
- Bangladeshi/British Bangladeshi
- East African Asian
- Sri Lankan
- Tamil
- Iranian
- Any other Asian background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Black and Asian
- Black and Chinese
- Chinese and White
- Any other Mixed background

Arab or Arab British

- Arab
- North African
- Moroccan
- Any other

Other Ethnic Group

- Chinese
- Vietnamese
- Japanese
- Filipino
- Kurdish
- Other



The Oral Health Promoter will now tell you how important your plan for keeping your mouth healthy is:



No prevention needed



Minimal prevention needed.



Major prevention needed

Findings



Date for dental check/ dental check completed



Has a 'Health Action Plan for Keeping my mouth healthy' been given to the service users?



Yes



No

Date and Signature of Oral Health Promoter