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SCREENING FORM
HEALTHY TEETH PROJECT

Study Code: _______________________

Screening Date: _______________________________

Basic School: KNUST/Okyerekrom

Gender: M / F  Age: ____________________________

SES: Father's job: ______________________________

Mother's job: _________________________________

Medical History: No special attention / ALERT
If ALERT Please provide details:

____________________________________________

____________________________________________

DMFT\(^1\): (count) _______

Potential study teeth: (count) _______

<table>
<thead>
<tr>
<th>Eligible Teeth</th>
<th>Tooth #</th>
<th>Surfaces Involved (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>M O D B L</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>M O D B L</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>M O D B L</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>M O D B L</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) DMFT=Count of decayed, missing or filled teeth