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:

   ______________________  ______________________

Address and telephone:

   ______________________  ______________________

My GP:

   ______________________

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

<table>
<thead>
<tr>
<th><strong>White</strong></th>
<th><strong>Black or Black British</strong></th>
<th><strong>Asian or Asian British</strong></th>
<th><strong>Mixed</strong></th>
<th><strong>Other Ethnic Group</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>British</td>
<td>Black Caribbean</td>
<td>Indian/British Indian</td>
<td>White and Black Caribbean</td>
<td>Chinese</td>
</tr>
<tr>
<td>Irish</td>
<td>Black African</td>
<td>Pakistani/British Pakistani</td>
<td>White and Black African</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>Any other White background</td>
<td>Any other African</td>
<td>Bangladeshi/British Bangladeshi</td>
<td>White and Asian</td>
<td>Japanese</td>
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<td></td>
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<td>East African Asian</td>
<td>Black and Asian</td>
<td>Filipino</td>
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<td>Sri Lankan</td>
<td>Black and Chinese</td>
<td>Kurdish</td>
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<td>Tamil</td>
<td>Chinese and White</td>
<td>Other</td>
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<td>Iranian</td>
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<td>Any other Asian background</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Arab or Arab British**
  - Arab
  - North African
  - Moroccan
  - Any other

- **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

- **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:

- **Green**: No prevention needed
- **Yellow**: Minimal prevention needed
- **Red**: Major prevention needed

### Findings

| Date and Signature of Oral Health Promoter |

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

- **Yes**
- **No**

| Date for dental check/ dental check completed |

Date and Signature of Oral Health Promoter