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| **Date of data collection** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | |
| **Week number** | |  |  | | --- | --- | |  |  | |
| **Completed by (initials)** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Completed by (role) (Tick one option)** | Care-home manager ☐  Care-home staff ☐  Trial Manager ☐  Other ☐ |
| **During the last week, has the resident experienced episodes of sensitive teeth when eating or drinking anything cold, hot or sweet?** | Yes ☐  No ☐ |
| **During the last week, has the resident experienced episodes of toothache or severe discomfort with their teeth/mouth.** | Yes ☐  No ☐ |
| **During the last week, has the resident experienced an abscess or swelling in the mouth?** | Yes ☐  No ☐ |
| **During the last week, has the resident had to receive any unscheduled emergency care because of oral health problems?** | Yes ☐  No ☐  If yes, type: *(Tick all that apply).* Please complete an AE/SAE form as appropriate.  Dentist visit to the care-home Yes ☐ No ☐  Resident taken to the dentist Yes ☐ No ☐  Doctor visit to the care-home Yes ☐ No ☐  Resident taken to the doctor Yes ☐ No ☐  Resident taken to accident & emergency Yes ☐ No ☐  Resident taken to the dental hospital Yes ☐ No ☐  Other: Yes ☐ No ☐  If yes, detail. **Please provide as much detail as possible.** |
| **During the last week, has the resident received (non-emergency) treatment from a dentist?** | Yes ☐  No ☐  type: *(Tick all that apply)*  Dentist visit to the care-home Yes ☐ No ☐  Resident taken to the dentist Yes ☐ No ☐  Other: Yes ☐ No ☐  If yes, detail. **Please provide as much detail as possible.** |