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| **Date of data collection** |

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| **Week number** |

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| **Completed by (initials)** |

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| **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.** |