

Department of Health and Senior Services  
Show Me Your Smile 2004 Survey



Screen Date: ..... 

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School Code: ..... 

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Screener's Initials: ..... 

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ID Number: ..... 

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Age: ..... 

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Grade: ..... 

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Gender: ..... 

M	F
<input type="checkbox"/>	<input type="checkbox"/>

**Race/Ethnicity:**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian               | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Multi-racial                  | <input type="checkbox"/> Black, Hispanic Origin    |
| <input type="checkbox"/> Black, not of Hispanic Origin | <input type="checkbox"/> White, Hispanic Origin    |
| <input type="checkbox"/> White, not of Hispanic Origin | <input type="checkbox"/> Other                     |

**UNTREATED CARIES**

**Primary Teeth:**

- No untreated caries       Untreated caries

**Permanent Teeth:**

- No untreated caries       Untreated caries

**ANY CARIES EXPERIENCE** (decayed, missing, filled):

**Primary Teeth:**

- No caries experience       Caries experience

**Permanence Teeth:**

- No caries experience       Caries experience

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**Presence of Dental Sealants:**

- No untreated caries       Untreated caries

**Treatment Urgency:**

- No obvious problem       Early Dental Care       Urgent Care

**Comments:** (please write inside the rectangle below)

