

Brief Oral Health Status Examination (BOHSE)

Project _____

Subject ID _____

Category	Measurement	0	1	2
Lymph Nodes	Observe and feel nodes	<input type="checkbox"/> No enlargement	<input type="checkbox"/> Enlarged, not tender	<input type="checkbox"/> Enlarged and tender
Lips	Observe, feel tissue and ask patient, family or staff (e.g. primary caregiver)	<input type="checkbox"/> Smooth, pink and moist	<input type="checkbox"/> Dry, chapped or red at corners	<input type="checkbox"/> White or red patch; bleeding or ulcer for 2 weeks
Tongue	Observe, feel tissue and ask patient, family or staff (e.g. primary caregiver)	<input type="checkbox"/> Normal roughness, pink and moist	<input type="checkbox"/> Coated, smooth, patchy, severely fissured or some redness	<input type="checkbox"/> Red, smooth, white or red patch; ulcer for 2 weeks
Tissue inside cheek, floor and roof of mouth	Observe, feel tissue and ask patient, family or staff (e.g. primary caregiver)	<input type="checkbox"/> Pink and moist	<input type="checkbox"/> Dry, shiny, rough red, or swollen	<input type="checkbox"/> White or red patch, bleeding, hardness; ulcer for 2 weeks
Gums between teeth and/or under artificial teeth	Gently press gums with tip of tongue blade	<input type="checkbox"/> Pink, small indentations; firm, smooth and pink under artificial teeth	<input type="checkbox"/> Redness at border around 1-6 teeth; one red area or sore spot under artificial teeth	<input type="checkbox"/> Swollen or bleeding gums, redness at border around 7 or more teeth, loose teeth; generalized redness or sores under artificial teeth
Saliva (effect on tissue)	Touch tongue blade to center of tongue and floor of mouth	<input type="checkbox"/> Tissue moist, saliva free flowing and watery	<input type="checkbox"/> Tissues dry and sticky	<input type="checkbox"/> Tissues parched and red, no saliva
Condition of natural teeth	Observe and count number of decayed or broken teeth	<input type="checkbox"/> No decayed or broken teeth/roots	<input type="checkbox"/> 1-3 decayed or broken teeth/roots	<input type="checkbox"/> 4 or more decayed or broken teeth/roots; fewer than 4 teeth in either jaw
Condition of artificial teeth	Observe and ask patient, family or staff (e.g. primary caregiver)	<input type="checkbox"/> Unbroken teeth, worn most of the time	<input type="checkbox"/> 1 broken/missing tooth, or worn for eating or cosmetics only	<input type="checkbox"/> More than 1 broken or missing tooth, or either denture missing or never worn
Pairs of teeth in chewing position (natural or artificial)	Observe and count pairs of teeth in chewing position	<input type="checkbox"/> 12 or more pairs in chewing position	<input type="checkbox"/> 8-11 pairs of teeth in chewing position	<input type="checkbox"/> 0-7 pairs of teeth in chewing position
Oral cleanliness	Observe appearance of teeth or dentures	<input type="checkbox"/> Clean, no food particles/tartar in the mouth or on artificial dentures	<input type="checkbox"/> Food particles/tartar in one or two places in the mouth or on artificial teeth	<input type="checkbox"/> Food particles/ tartar in most places in the mouth or on artificial teeth

Total Score: _____

Upper dentures labeled: Yes ___ No ___ None___ Lower dentures labeled: Yes ___ No ___ None ___

Is your mouth comfortable? Yes _____ No _____ If no, explain: _____

Number of Remaining Natural Teeth _____

Additional comments: