

Oral Health Assessment Tool (OHAT) - Modified

Mouth Care Without a Battle[©]

Person Assessed: _____ Assessed by: _____ Date: _____

*For each category, circle the one best description. Then, in the column marked score, write the points for the assessment. Add the points in the bottom row. Problems **underlined and in bold** are indications for immediate referral to a dentist, as they may represent a serious condition. For nursing home residents, problems in **bold** may require documentation on the MDS 3.0 and may trigger the Dental Care CAA, regardless of the total score.*

Category	0 = Healthy	1 = Minor Problems	2 = Major Problems	Score*
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	<u>New or growing lump, ulcer, or lesion; white, red, and/or ulcerated patch; bleeding and/or ulcer at corners</u>	
Gums, palate, and insides of cheeks	Pink, moist, smooth, no bleeding	Dry, shiny, rough, red, and/or swollen area; <u>one small ulcer, lesion, and/or sore spot under dentures</u>	<u>Swollen, tender area around a tooth or tooth root (suspected abscess); swollen and/or bleeding ulcer; white, red and/or ulcerated patch; small pimple-like area with pus; widespread redness under dentures</u>	
Natural teeth	No decay or broken or worn down teeth	1-3 decayed or broken and/or very worn down teeth	<u>One or more very loose teeth; 4 or more decayed or broken or very worn down teeth; fewer than 4 teeth</u>	
Dentures	No broken areas; teeth, dentures are regularly worn, and dentures are labeled with name	<u>1 broken area or tooth; denture loose, but adhesive not needed; denture uncleanable; denture not labeled with name;</u> dentures only worn for 1-2 hrs daily	<u>More than 1 broken area or tooth; denture so loose adhesive needed;</u> denture missing or not worn	
Quality of tooth hygiene	Clean and no food particles or tartar in mouth or on dentures	Food particles, tartar, and/or plaque in 1-2 areas of the mouth or on small area of dentures; bad breath (halitosis)	Food particles, tartar, and/or plaque in most areas of the mouth or on most of dentures; severe bad breath (halitosis)	
Tooth pain	No behavioral, verbal, or physical signs of dental pain	<u>Nonspecific verbal and/or behavioral signs of pain such as pulling at face, chewing lips, or not eating; unexplained aggression</u>	<u>Physical signs of pain (swelling of cheek or gum, broken teeth, ulcers); verbal and/or behavioral signs of pain specific to the mouth</u>	
Saliva / dry mouth	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present; person complains of dry mouth	Tissues parched and red; very little/no saliva present; saliva is thick	
Tongue	Normal, moist, roughness, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, and/or swollen	
Total Score				