Name _____ / /

HYPOSALIVATION with XEROSTOMIA SCREENING TOOL

Points

SOURCE BY DENTAL HYGIENE ASSESSMENT

CONTRIBUTORY HISTORY	☐ None	☐ Present (10 pts each); *indicate related history below*	

DIRECT RELATIONSHIP			DIRECT RELATIONSHIP
	☐ Autoimmune Disorder: Sjögren's Syndrome or Other	☐ Diet Disorder: Anorexia, Bulimia, and/or Dehydration	
	☐ Cancer Therapy: Recent Chemo and/or H&N Radiation	☐ Infection: Hepatitis, HIV, Tuberculosis, or Other	
	☐ Diabetes (either type)	☐ Mental Condition or Dementia	
	☐ Dialysis	☐ Thyroid Disease: Hypo/Hyperthyroidism	
	☐ _____	☐ _____	

LONG-TERM DAILY INTAKE	☐ None	☐ One (5 pts); *check type below*	☐ Two or More (10 pts total); *check type below*	

MORE THAN ONE MONTH				MORE THAN ONE MONTH
	☐ Alcohol (any form)	☐ Antihypertensive	☐ Garlic, Ginkgo, or Other	
	☐ Antidepressant	☐ Antipsychotic	☐ Non-Steroidal Antiinflammatory	
	☐ Antidiarrheal	☐ Bronchodilator	☐ Painkiller, Sedative, or Tranquilizer	
	☐ Antihistamine or Decongestant	☐ Caffeine (any form)	☐ Tobacco (any form)	
	☐ _____	☐ Diuretic	☐ _____	

ORAL SYMPTOMS BY DENTAL HYGIENE ASSESSMENT

Feeling Constantly Thirsty?	☐ None	☐ Slight (1 pt)	☐ Moderate (2 pts)	☐ Severe (3 pts)	
Difficulty Chewing Food?	☐ None	☐ Slight (1 pt)	☐ Moderate (2 pts)	☐ Severe (3 pts)	
Difficulty Swallowing Food?	☐ None	☐ Slight (1 pt)	☐ Moderate (2 pts)	☐ Severe (3 pts)	
Saliva Amount?	☐ Regular	☐ Low (1 pt)	☐ Very Low (2 pts)		
Dryness Amount?	☐ Regular	☐ High (1 pt)	☐ Very High (2 pts)		
Dryness Frequency?	☐ None	☐ Occasional (1 pt)	☐ Constant (2 pts)		
Dryness Duration?	☐ None	☐ Short-term (1 pt)	☐ Long-term (2 pts)		
Mouth Changes? *Select below*	☐ None	☐ One (1 pt)	☐ Two (2 pts)	☐ Three or More (3 pts)	

ASK					ASK
	☐ Bad or Stale Breath?	☐ Denture Poor Hold?	☐ Soreness in Mouth?	☐ Taste Sensation Loss?	
	☐ Burning Mouth?	☐ Spicy Food Sensitivity?	☐ Stickiness of Tongue?	☐ Tooth Sensitivity?	

Additional Eye, Nose, Throat, Skin, Genital Dryness?	☐ None	☐ Yes (1 pt)	

ORAL SIGNS BY DENTAL HYGIENE DIAGNOSIS

Tissue Changes? *If noted, circle specific signs* (1 pt each group)	☐ None	☐ Atrophy/ Redness	☐ Cheilitis/ Fissured	☐ Glossitis/ Stickiness	☐ Ulcers/ Debris	
Oral Diseases? (1 pt each)	☐ None	☐ Caries	☐ Fungal	☐ Halitosis	☐ Periodontal	
Saliva/Gland Changes? (1 pt each)	☐ None	☐ Enlarged	☐ No Pooling	☐ Stone(s)	☐ Thick/White	
Failure To Express? *Indicate gland(s)* (1 pt each)		☐ None	☐ Parotid	☐ Sublingual/Submandibular		

RISK LEVEL BY DENTAL HYGIENE EVALUATION *(tally points and circle level)* **TOTAL**

LOW RISK	MODERATE RISK	HIGH RISK
From 1 to 10 points	**From 11 to 20 points**	**Greater than 20 points**

DENTAL HYGIENE PLANNING AND IMPLEMENTATION

☐ Document in patient record;
☐ Correlate with other oral disease risk tools;
☐ Recommend palliative management;
☐ Monitor by evaluation over next 6-month period.
	☐ Document in patient record;
	☐ Correlate with other oral disease risk tools;
	☐ Recommend palliative management;
	☐ Perform diagnostic salivary tests to evaluate for high risk:
	  ☐ If negative, monitor by evaluation over next 3-month period;
	  ☐ If positive, consider high risk and proceed with planning.
		☐ Document in patient record;
		☐ Correlate with other oral disease risk tools;
		☐ Recommend palliative management;
		☐ Perform diagnostic salivary tests for baseline;
		☐ Refer to oral surgeon and/or physician for further testing if from unknown source or for prescribing medication(s), and follow-up evaluation/treatment.