**CHIEF COMPLAIN:**

1. Bleeding gums/swollen gums
   * 1. Yes-1
     2. No-0
2. Food enlodgement+pain
   * 1. Yes-1
     2. No-0
3. Pain during chewing
   * 1. Yes-1
     2. No-0
4. Tooth mobility
   * 1. Yes-1
     2. No-0
5. Bad odor

i)yes-1

ii)no-0

1. Others ( non-periodontal reasons)
   * 1. Yes-1
     2. No-0

MALE:1

FEMALE:2

**ORAL HABITS**

SMOKING-1

CHEWING TOBACCO AND OTHER HABITS ASSOCIATED WITH TOBACCO-2

ALCOHOL-3

smoking+ chewing tobacco+ alcohol= 4

smoking+ chewing tobacco= 5

smoking + alcohol= 6

chewing tobacco +alcohol=7

**TOOTH CLEANING HABITS:**

1. Brushing habits
   1. once-1
   2. twice-2
   3. doesn’t use brush or doesn’t brush his/her teeth=0

**TEETH PRESENT**

ALL 32 = 99

22-31 = 98

12-21 = 97

0-11 = 96

**TEETH ABSENT**

0-4 = 999

4-7 = 998

7-10 = 997

>10 = 996

**TEETH MOBILITY**

1. present / absent= 1/0
2. no. of mobile teeth

**PATHOLOGICAL MIGRATION**

1. Status
   1. Present-1
   2. Absent-0
2. Teeth- number of teeth that has undergone migration

**FURCATION INVOLVEMENT**

1. Status
   1. Present -1
   2. Absent-0
2. Teeth- number of teeth that has undergone furcation involvement

**TACTILE FREMITUS**

1. Status
   1. Present-1
   2. Absent-0

**GINGIVA**

1. Color
   1. Pale pink-1
2. Red inflamed -2
3. Bluish-3
4. Contour
5. Knife edged -1
6. Swollen or rolled out margin -2
7. Consistensy
8. Firm and resilient-1
9. Soft and edematous-2
10. Fibrotic=3
11. Surface texture
    * + 1. Stippling
12. Present -1
13. Absent-0

**MUCOGINGIVAL CONDITION**

1. STATUS
   * 1. PRESENT-1
     2. ABSENT-0

**Diabetes assessment** : present=1; absent = 0