Name | **Date**

HYPOSALIVATION SCREENING TOOL

Complete To Determine Risk for Reduced Saliva Levels *

Tally Points

HYPOSALIVATION SOURCE BY DENTAL HYGIENE ASSESSMENT

☑ **CAUSATIVE DISEASE?**	☐ None (0 pts)	☐ Present (10 pts); indicate disease(s)	

- ☐ Affective Disorder
- ☐ Amyloidosis
- ☐ Autoimmune Connective Tissue Disorders - Sjögren's syndrome, Rheumatoid Arthritis, or Scleroderma
- ☐ Bell's Palsy
- ☐ Cystic Fibrosis
- ☐ Diabetes (poorly controlled)
- ☐ Eating Disorders/Malnutrition - Anorexia, Bulimia, or Dehydration
- ☐ Graft-versus-Host Disease
- ☐ Granulomatous Diseases - Sarcoidosis, Tuberculosis
- ☐ HIV Infection
- ☐ Late Stage Liver Disease
- ☐ Thyroid Disease – Hypo/Hyperthyroidism
- ☐ ________________________________
- ☐ ________________________________

☑ **CAUSATIVE LONG-TERM DAILY MEDICATION USE?**	☐ None (0 pts)	☐ One (5 pts); check type(s)	☐ Two or More (10 pts); check type(s)	

Causative Prescription/Over-The-Counter Medications		Causative Herbal Preparations	
☐ Anticholinergics	☐ Diuretics	☐ Capsicum	☐ St. John's Wort
☐ Antidepressants	☐ Painkillers	☐ Dandelion	☐ Stinging nettle
☐ Antihistamines	☐ Sedatives or Tranquilizers	☐ Garlic	☐ ______________
☐ Antihypertensives	☐ ______________	☐ Ginkgo biloba	☐ ______________
☐ Antipsychotics	☐ ______________	☐ Labiatae family- salvias	☐ ______________

☑ **DAILY LIFESTYLE CHOICES?** Type(s)/Level(s); (5-10 pts each)	☐ None	☐ Alcohol	☐ Caffeine	☐ Recreational Drugs	☐ Tobacco	
☑ **CAUSATIVE THERAPY?** Type(s)/Level(s); (5-10 pts each)	☐ None	☐ Bone Marrow Transplant	☐ Chemotherapy Within Year	☐ Head and Neck Radiation		

XEROSTOMIA (dry mouth) SYMPTOMS BY DENTAL HYGIENE ASSESSMENT

☑ **Thirst Level?**	☐ None	☐ Slight (1 pt)	☐ Moderate (2 pts)	☐ Severe (3 pts)	
☑ **Eating/Swallowing Difficulty?**	☐ None	☐ Slight (1 pt)	☐ Moderate (2 pts)	☐ Severe (3 pts)	
☑ **Speech Difficulty?**	☐ None	☐ Slight (1 pt)	☐ Moderate (2 pts)	☐ Severe (3 pts)	
☑ **Saliva Level?**	☐ Regular (0 pts)	☐ Low (1 pt)	☐ Very Low (2 pts)		
☑ **Dryness Level?**	☐ Regular (0 pts)	☐ 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)		
☑ **ORAL SYMPTOMS?** Select specific symptoms below	☐ None	☐ One (1 pt)	☐ Two (2 pts)	☐ Three or More (3 pts)	

☐ Burning Oral Tissues	☐ Painful Oral Sores	☐ Saliva Consistency Change	☐ Tissue Stickiness
☐ Lip/Tongue Irritation	☐ Poor Denture Retention	☐ Spicy Food Sensitivity	☐ Tooth Sensitivity

☑ **EYE, NOSE, THROAT, SKIN, GENITAL DRYNESS?**	☐ None	☐ Present (1 pt)	

XEROSTOMIA (dry mouth) SIGNS USING DENTAL HYGIENE DIAGNOSIS

☑ **TISSUE SIGNS?** Circle specific signs (1 pt each)	☐ None	☐ Atrophy/ Fragility	☐ Dryness/ Stickiness	☐ Redness/ Bleeding	☐ Ulceration/ Tissue Debris	
☑ **ORAL DISEASE?** (1 pt each)	☐ None	☐ Candidiasis	☐ Caries	☐ Periodontal Disease		
☑ **GLAND CHANGE?** (1 pt each)	☐ None	☐ Enlargement	☐ Pain	☐ Stone(s)	☐ Texture	
☑ **Failure To Express?** Indicate gland(s) (1 pt each)		☐ None	☐ Parotid	☐ Submandibular/Sublingual		

RISK LEVEL BY DENTAL HYGIENE EVALUATION (Note amount and circle level) | **TOTAL**

LOW RISK NOTED	MODERATE RISK NOTED	HIGH RISK NOTED
From 1 to 10 pts	**From 10 to 20 pts**	**Greater than 20 pts**

DENTAL HYGIENE PLANNING AND IMPLEMENTATION

Low risk	Moderate risk	High risk
• Document in patient record; • Correlate with other oral disease risk tools; • Recommend palliative management; • Monitor by evaluation over 6-months.	• 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 3-months; • If positive, consider high risk and proceed.	• 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.

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