



COLUMBIA UNIVERSITY  
*College of Dental Medicine*



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## Oral Health Screening Questions – Added to STARS (Senior Tracking Analysis and Reporting System)

1. In the last 3 months, did the client have problems eating due to oral or other health problems?
2. If “yes” please indicate why the client had problems eating (Select all that apply)
  - Allergies to certain foods
  - Dietary restrictions
  - General mouth pain/painful sores in the mouth
  - Illness causing pain when eating/digesting
  - Loose/ill-fitting dentures
  - Missing teeth and no partial denture
  - No appetite due to medication or medical problem
  - No teeth at all and no dentures
  - Problems swallowing
3. This client has (select all that apply)
  - Natural teeth      -- Dentures
4. In the past 3 months, has the client been able to brush their teeth and/or clean their dentures regularly (at least once a day)?
5. If “no” why not? (Select all that apply)
  - Cannot hold toothbrush/denture brush
  - No toothbrush/denture brush
  - No toothpaste/denture cleaner
  - Has trouble remembering/forgets
6. When was the last time the client visited a dentist of hygienist? \_\_\_\_\_  
Months