

## NURSES ORAL ASSESSMENT OF HIV/AIDS PATIENTS

### Subjective Data Questions to Ask Patients

#### Dental history

- How often do you go to the dentist?
- What dental work have you had?
- Have you had any tooth extractions? Any post-op complications?
- Have you had previous orthodontic work?
- How many times a day do you brush or floss?
- Do you use a fluoride toothpaste or mouth rinse?
- Have you experienced any bleeding from your mouth or gums? How long?
- Do your gums bleed when you brush your teeth, floss, or eat?
- Do you wake up with blood on your pillow?
- Do you have dentures/dental appliances or braces?
- How do your dentures fit?
- Are there any areas of irritation in the gums under your dentures?
- How long do you wear your dentures at any one time?
- How do you care for your dentures?
- Have you had problems with speech or breathing?
- Do you have any loose teeth?
- Do you have difficulty chewing?
- Have you lost any teeth? How did it happen?
- Do you have or have you had lumps, redness, swelling, ulcers, blisters, sores, cracking or pain on your:
  - lips
  - gums
  - tongue
  - throat
  - roof of mouth, back of mouth
  - sides of mouth
- Have you had any pain in your jaw? When does it occur? Describe it, e.g. severity, duration.
- Have you had any pain/swelling in your head, face or neck? When? For how long?
- Do you have any swollen glands or lumps in your neck? Are they tender? Are they persistent or do they come and go? How long have you had them?
- Have you had any white patches in your mouth, or on your tongue?
- Do you have problems with food sticking in your throat or being difficult to swallow?
- Do you have or have you ever had a dry mouth, loss of taste, distortion of taste or burning in your mouth?
- Have you had any trauma or burned your mouth? Describe it-appearance, severity, pain, location
- What makes it better/worse?

- How long have you had it?
- What do you take/do to relieve symptoms? Does it help?
- Is it constant or intermittent?
- Does it interfere with eating/drinking, swallowing, opening mouth? What foods do you avoid?
- Have you had any involuntary weight loss?
- Do you have toothaches? Do you have “cavities”? Where? How long? Describe it.
- Do you have any odor on your breath?
- Have you seen any dark spots on your gums, tongue, or other areas of your mouth?
- Where have you lived/traveled?
- Do you smoke or chew tobacco? How much? How long?
- Do you drink alcohol? How much? How long?
- Do you use cocaine/crack? How much? How long?