



Washington Smile Survey, 2022-2023



School Code: _____

School Name: _____

County: _____

Date: _____

Screener: _____

SSID	Grade	Treated Decay	Untreated Decay	Rampant Decay	Sealants Perm Molars	Need for Care
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Kinder <input type="checkbox"/> 2 nd grade <input type="checkbox"/> 3 rd grade	<input type="checkbox"/> None <input type="checkbox"/> Primary Only <input type="checkbox"/> Primary & Perm <input type="checkbox"/> Perm Only	<input type="checkbox"/> None <input type="checkbox"/> Primary Only <input type="checkbox"/> Primary & Perm <input type="checkbox"/> Perm Only	<input type="checkbox"/> 0-6 teeth <input type="checkbox"/> 7+ teeth	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> None <input type="checkbox"/> Early <input type="checkbox"/> Urgent
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