

Treatment Center:				
Civic registration number:				
Last name:		First name:		
Q37.4				
Age at registration:	<input type="checkbox"/> 5 y	<input type="checkbox"/> 10 y	<input type="checkbox"/> 16 y	<input type="checkbox"/> 19 y <input type="checkbox"/> 1y p-o
Date at registration:	<input type="checkbox"/> No show		<input type="checkbox"/> No further follow-ups	
Examiners name:				

Classification of occlusion Modified Huddart Bodenham index (at 5, 10, 19 years and at 1 year after ortognathic surgery)

Anterior score / central incisors:	Posterior score / right side:	Posterior score / left side:	<input type="checkbox"/> Not possible
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**INCISOR SCORING**

**CANINE SCORING**

**MOLAR SCORING**

**Calculation of MHB**

1. Missing central incisor - equal score as other central
2. Missing canine - score determined by alveolar ridge
3. Missing primary molar/premolar - equal score as adjacent tooth/alveolar ridge if both are missing

All ages: both centrals=sum of scores for 2 pairs of teeth

5 yrs: canine+2 primary molars=sum of scores for 3 pairs of teeth.

10, 19 yrs and 1y post-surgery: canine+premolars+1st molar=sum of scores for 4 pairs of teeth

At 5, 10, 19 years and at 1 year after ortognathic surgery:

Photos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not possible
Casts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not possible
Cephalometric Radiograph	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not possible

At 10 years:

Agensis / permanent teeth, tooth name :	<i>(exclude eights)</i>	<input type="checkbox"/> Not possible
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At 10, 19 years and at 1 year after ortognathic surgery:

Cephalometrics	SNA	° SNB	° NaPg	° NSL/NL	° NSL/ML	° <input type="checkbox"/> Not possible
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Registration at 16 years;

Bone grafting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orthodontics before bone grafting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Score; bone level in the cleft area estimated in relation to the root length of the tooth mesial of the cleft

Right side:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> 0: Bone missing	<input type="checkbox"/> 1: <3/4	<input type="checkbox"/> 2: >=3/4
Left side:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> 0: Bone missing	<input type="checkbox"/> 1: <3/4	<input type="checkbox"/> 2: >=3/4