

# Give Kids A Smile® – Data Collection Form

**Important Note:** *We can help more kids if you help us with this information.* The Give Kids A Smile program has upgraded the program sign-up system. Data collection has become an integral part of these upgrades. The data that is collected prior to and after an event is used to highlight to policymakers the on-going challenges that underserved children face in accessing oral health care. The only way to influence government and society at large to work with dentistry to craft common sense, market-based solutions to access disparities, is by providing the program with the data elements below. This data collection form is designed to assist you in identifying the data elements that programs need to collect and share with those entities that make decisions about the access to care issue. We need your help! It is critical that after the event, you please return to the GKAS sign-up system and enter your actual event numbers. Thank you!

**Event Name:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

*\*Indicates required data fields in the GKAS Sign-up System.*

**\*Actual No. of Children seen:** \_\_\_\_\_ **\*Actual Value of Care:** \$ \_\_\_\_\_

**\*Actual No. of Participating Dentists:** \_\_\_\_\_

**\*Actual No. of Other Volunteers by categories:**

\_\_\_\_\_ Hygienists    \_\_\_\_\_ School Nurses    \_\_\_\_\_ Dental Assistants    \_\_\_\_\_ Dental /Hygiene Students  
 \_\_\_\_\_ Others (please specify) \_\_\_\_\_

\*List below the total number of actual free procedures administered to children during the GKAS event.

Total Actual No. Provided	PROCEDURES
_____	Education/Oral Hygiene Instructions
_____	Oral Screenings
_____	Prophylaxis (cleaning)
_____	X-rays (bitewings)
_____	Fluoride treatments with fluoride varnish
_____	Fluoride treatments using gel, foam and/or rinse
_____	Dental sealants
_____	Restorations with fillings
_____	Restorations with crowns (stainless steel)
_____	Tooth extractions
_____	Pulpotomies
_____	Other (please specify) _____

**Were children seen during the event referred for additional care?**

YES     NO

*If yes, how many children were referred for care?*   

**Were any children assigned to a dental home?**

YES     NO