

## Bioarchaeology Workshop III

# Paleopathology

Forms and tables from: ARIZONA STATE MUSEUM SKELETAL INVENTORY FORM GUIDELINES and STANDARDS FOR DATA COLLECTION FROM HUMAN SKELETAL REMAINS (Buikstra and Ubelaker 1994)

Provenience \_\_\_\_\_

Numeric I.D. \_\_\_\_\_

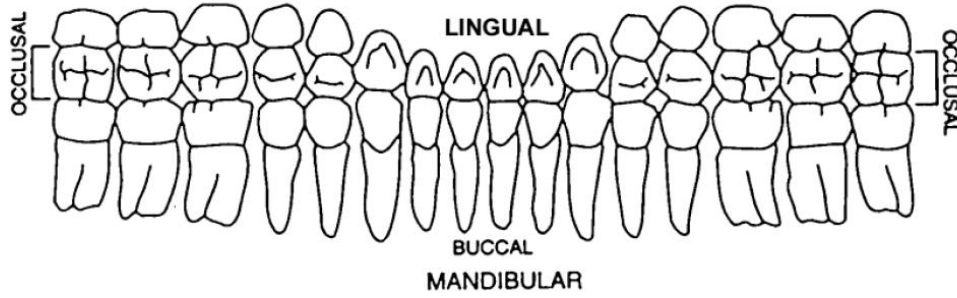
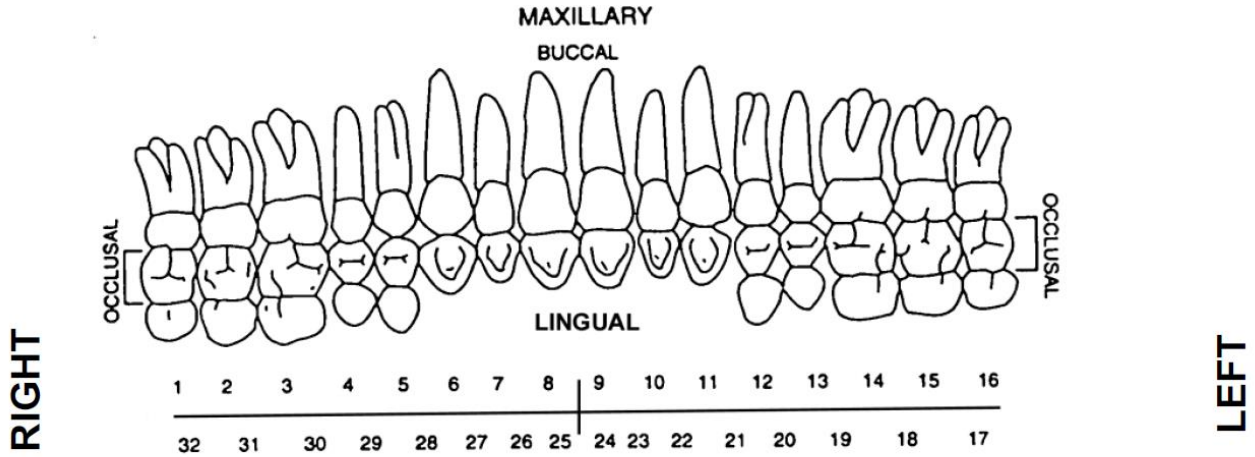
ASM 8/24/04

Form 9

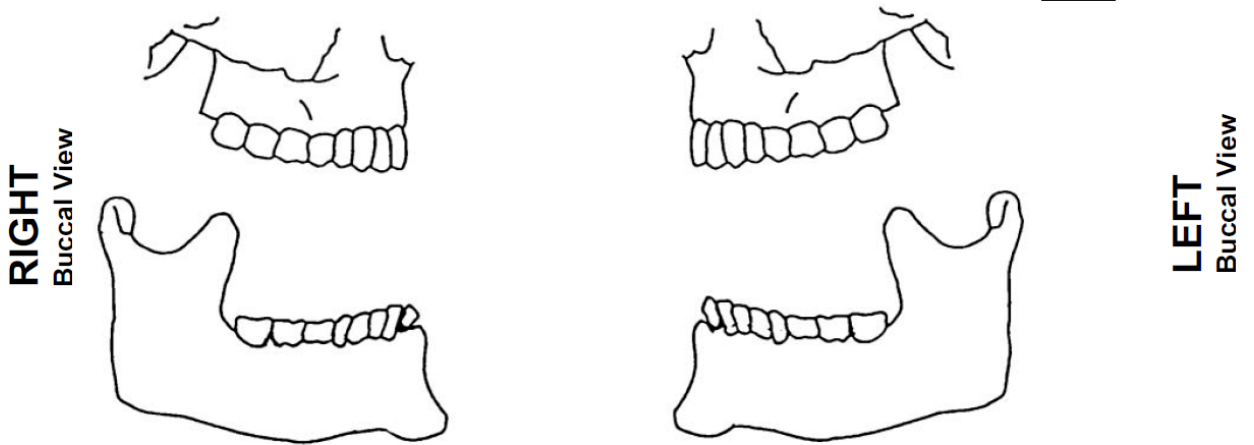
### PATHOLOGY CHECKLIST

<b>Cranial</b>	present	absent	unobservable	<b>Axial</b>	present	absent	unobservable
Porotic hyperostosis	_____	_____	_____	ankylosis	_____	_____	_____
Cribra orbitalia	_____	_____	_____	arch defects	_____	_____	_____
Premature synostosis	_____	_____	_____	compression fractures	_____	_____	_____
osteomas	_____	_____	_____	Schmorl's nodes	_____	_____	_____
periosteal reaction	_____	_____	_____	periosteal reactions	_____	_____	_____
lytic reactions	_____	_____	_____	lytic reactions	_____	_____	_____
proliferative reactions	_____	_____	_____	osteoporosis	_____	_____	_____
trauma	_____	_____	_____	trauma	_____	_____	_____
cultural modifications	_____	_____	_____				
<b>Appendicular</b>	present	absent	unobservable	<b>Extremities</b>	present	absent	unobservable
periosteal reaction	_____	_____	_____	lytic reactions	_____	_____	_____
lytic reactions	_____	_____	_____	proliferative reactions	_____	_____	_____
proliferative reactions	_____	_____	_____	periosteal reactions	_____	_____	_____
osteoporosis	_____	_____	_____	trauma	_____	_____	_____
trauma	_____	_____	_____	exostoses	_____	_____	_____
cultural modifications	_____	_____	_____				
osteomyelitis	_____	_____	_____				
exostoses	_____	_____	_____				

**PERMANENT TEETH RECORDING FORM**  
Pathologies



Indicate missing alveolar bone on drawings below with cross-hatching



Note: Indicate dental pathologies on the drawings above. Use codes per *Standards*.

Checklist:	Caries	Abscesses	Hypoplasia	Calculus	Periodontal Disease	Hypocalcification
present	—	—	—	—	—	—
absent	—	—	—	—	—	—
unobservable	—	—	—	—	—	—



## DENTAL INVENTORY RECORDING FORM DEVELOPMENT, WEAR, AND PATHOLOGY: PERMANENT TEETH

Site Name/Number \_\_\_\_\_ / \_\_\_\_\_ Observer \_\_\_\_\_

Feature/Burial Number \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Burial/Skeleton Number \_\_\_\_\_ / \_\_\_\_\_

Present Location of Collection \_\_\_\_\_

**Tooth presence and development:** code 1-8. For teeth entered as "1" (present, but not in occlusion), record stage of crown/root formation under "Development." **Occlusal surface wear:** use left teeth, following Smith (1984) for anterior teeth (code 1-8) and Scott (1979) for molars (code 0-10). If marked asymmetry is present, record both sides. Record each molar quadrant separate in the spaces provided (+) and the total for all four quadrants under "Total." **Caries:** code each carious lesion separately (1-7); **Abscesses:** code location (1-2). **Calculus:** code 0-3, 9. Note surface affected (buccal/labial or lingual).

	Tooth Presence	Development	Wear /Total	Caries	Abscess	Calculus/Affected
Maxillary Right	1 M <sup>3</sup>	_____	_____	_____	_____	_____
	2 M <sup>2</sup>	_____	_____	_____	_____	_____
	3 M <sup>1</sup>	_____	_____	_____	_____	_____
	4 P <sup>2</sup>	_____	_____	_____	_____	_____
	5 P <sup>1</sup>	_____	_____	_____	_____	_____
	6 C	_____	_____	_____	_____	_____
	7 I <sup>2</sup>	_____	_____	_____	_____	_____
	8 I <sup>1</sup>	_____	_____	_____	_____	_____
Maxillary Left	9 I <sup>1</sup>	_____	_____	_____	_____	_____
	10 I <sup>2</sup>	_____	_____	_____	_____	_____
	11 C	_____	_____	_____	_____	_____
	12 P <sup>1</sup>	_____	_____	_____	_____	_____
	13 P <sup>2</sup>	_____	_____	_____	_____	_____
	14 M <sup>1</sup>	_____	_____	_____	_____	_____
	15 M <sup>2</sup>	_____	_____	_____	_____	_____
	16 M <sup>3</sup>	_____	_____	_____	_____	_____



	Tooth Presence	Development	Wear /Total	Caries	Abscess	Calculus/Affected
<b>Mandibular</b>						
Left	17 M <sub>3</sub>	_____	_____	_____	_____	_____
	18 M <sub>2</sub>	_____	_____	_____	_____	_____
	19 M <sub>1</sub>	_____	_____	_____	_____	_____
	20 P <sub>2</sub>	_____	_____	_____	_____	_____
	21 P <sub>1</sub>	_____	_____	_____	_____	_____
	22 C	_____	_____	_____	_____	_____
	23 I <sub>2</sub>	_____	_____	_____	_____	_____
	24 I <sub>1</sub>	_____	_____	_____	_____	_____
<b>Mandibular</b>						
Right	25 I <sub>1</sub>	_____	_____	_____	_____	_____
	26 I <sub>2</sub>	_____	_____	_____	_____	_____
	27 C	_____	_____	_____	_____	_____
	28 P <sub>1</sub>	_____	_____	_____	_____	_____
	29 P <sub>2</sub>	_____	_____	_____	_____	_____
	30 M <sub>1</sub>	_____	_____	_____	_____	_____
	31 M <sub>2</sub>	_____	_____	_____	_____	_____
	32 M <sub>3</sub>	_____	_____	_____	_____	_____

Estimated dental age (juveniles only) \_\_\_\_\_

Supernumerary Teeth:	Position between teeth	Location (1 - 4)	Position between teeth	Location (1 - 4)	Position between teeth	Location (1 - 4)
	_____ / _____	_____	_____ / _____	_____	_____ / _____	_____
	_____ / _____	_____	_____ / _____	_____	_____ / _____	_____



## ENAMEL DEFECTS (HYPOPLASIAS AND OPACITIES) RECORDING FORM: PERMANENT TEETH

Site Name/Number \_\_\_\_\_ / \_\_\_\_\_ Observer \_\_\_\_\_

Feature/Burial Number \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Burial/Skeleton Number \_\_\_\_\_ / \_\_\_\_\_

Present Location of Collection \_\_\_\_\_

Type: code 0-7 or 9; Location: measure distance from the CEJ to most occlusal portion of defect;  
Color: code 1-4 for hypocalcifications (type 6 or 7) only.

### Maxilla, Right

Tooth	M <sup>2</sup>			M <sup>1</sup>			M <sup>2</sup>			PM <sup>2</sup>			PM <sup>1</sup>			C			P			I <sup>1</sup>		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Defect																								
Type																								
Location																								
Color																								

### Maxilla, Left

Tooth	I <sup>1</sup>			I <sup>2</sup>			C			PM <sup>2</sup>			PM <sup>1</sup>			M <sup>1</sup>			M <sup>2</sup>			M <sup>2</sup>		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Defect																								
Type																								
Location																								
Color																								

### Mandible, Left

Tooth	M <sub>2</sub>			M <sub>2</sub>			M <sub>1</sub>			PM <sub>2</sub>			PM <sub>1</sub>			C			I <sub>2</sub>			I <sub>1</sub>		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Defect																								
Type																								
Location																								
Color																								

### Mandible, Right

Tooth	I <sub>1</sub>			I <sub>2</sub>			C			PM <sub>1</sub>			PM <sub>2</sub>			M <sub>1</sub>			M <sub>2</sub>			M <sub>2</sub>		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Defect																								
Type																								
Location																								
Color																								