

Dental Health Screening Program

Last Name		Resident Reg. No..		Telephone	Home	
Given Name					Mobile phone	
Current address				E-mail		
				How to receive a health checkup report		<input type="checkbox"/> Post <input type="checkbox"/> E-mail



These are questions about your dental history and awareness about your oral health.

1. Have you visited a dental clinic during the last year?
① Yes ② No
2. Do you have diabetes?
① Yes ② No ③ I do not know
3. Do you have cardiovascular disease(s)?
① Yes ② No ③ I do not know
4. Do you have any difficulties in chewing food because of your teeth, gums, or dentures for the last 3 months?
① Yes ② No
5. Have you had a toothache or soreness for the last 3 months?
① Yes ② No
6. Have you had any pain or bleeding in your gums?
① Yes ② No
7. How do you describe your oral health, including your teeth and gums?
① Excellent ② Good ③ Normal
④ Not well ⑤ Never been worse



These are questions about your oral health habits (sugar intake, oral hygiene, use of fluoride, and smoking).

8. Have you learned how to brush teeth from a dental clinic or health center?
① Yes ② No

9. How many times did you brush your teeth yesterday?
() times

10. How often did you brush your teeth before going to bed during last week?
① Every day (7 times) ② Almost every day (4~6 times)
③ Occasionally (1~3 times) ④ Never (0 times)

11. How often did you use dental floss or floss brush during the last week?
① Every day ② Almost every day
③ Occasionally ④ Never
⑤ I do not know what a dental floss or floss brush is.

12. Does your toothpaste contain fluoride?
① Yes ② No ③ I do not know

13. How many times do you consume sweets or sticky snacks, such as cookies, candies, and cakes, per day?
① Never ② Once ③ 2~3 times
④ More than 4 times ⑤ I do not know

14. How many times do you drink soda or sweet drinks (including sports drink, ion supply drinks, and fruit juices)?
① Never ② Once ③ 2~3 times
④ More than 4 times ⑤ I do not know

15. Do you smoke?
① Never smoked ② Currently smoke
③ Smoked in the past but stopped



Please write any question(s) to ask or describe if you have a special condition that needs a doctor's attention.