

Name of health examinee		Resident registration number		Contact information of guardian	
Name of guardian		Relationship to the health examinee		E-mail address	

This screening test is to collect information about your child before the examination and very important for evaluating the dental health of your child. All information provided are confidential and, therefore, please answer all questions with honesty and to the best of your knowledge. Parents or legal guardians should answer this questionnaire. If you are unsure, please carefully observe your child before answering.

① Yes ② No

① Yes ② No

① Yes ② No ③ I do not know

① Yes ② No

① Never ② Once ③ 2~3 times

① Never ② Once ③ 2~3 times

④ More than 4 times ⑤ I do not know

① Yes ② No

① Yes ② No

⑤ More than 3 times a day

① Yes ② No

① Yes ② No

③ I do not know ④ He or she does not use toothpaste

① Very little ② Size of a small bean

③ Half the length of the head of a toothbrush

④ As long as the head of a toothbrush

⑤ He or she does not use toothpaste



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