

National Dental Examination

Regular checkup

Life cycle-based checkup

First name		Residential ID No.		Tel. No.	Home Cell phone	
Given name						
<input type="checkbox"/> health insurance <input type="checkbox"/> medicaid recipient			E-mail address			
current address						post code
						-

※ Do you agree to receive health information or notices from the NHIC (National Health Insurance Cooperaton), KCDC (Korea Centers for Disease Control and Prevention), NCC(National Center for Cancer), and/or health centers by letters or e-mail? (please check) Yes No

※ These are questions about dental care service and personal perception on dental health.

1. Have you ever visited a dental clinic or a dental hospital?
 ① Yes ② No ③ No idea
2. Have you ever had teeth cleaned and polished?
 ① Yes ② No ③ No idea
3. What would you rate about your dental health?
 ① very good ② good ③ fine ④ bad ⑤ very bad

※ These are questions about your dental health habits.

4. Do you smoke?
 ① No ② Yes ③ Quit
5. How many time did you brush your teeth yesterday? () times
6. How often have you brushed your teeth before you go to bed in the last week?
 ① always ② almost always ③ sometimes ④ never
7. How often do you use floss or an interdental brush?
 ① always ② almost always ③ sometimes ④ never
 ⑤ I don't even know what they are.

※ These are questions about dental health related symptoms.

8. Have you ever felt any pain from your teeth during the last year?
 ① yes ② no
9. Have you ever had any pain or bleeding from you gum during the last year?
 ① yes ② no
10. Have you ever been sick from tongue or inside of cheeks during the last year?
 ① yes ② no
11. Have you ever experienced a bad breath during the last year?
 ① yes ② no
12. Have you ever felt pains on your teeth when you eat cold food or when you brush your teeth during the last year?
 ① yes ② no
13. Have you ever had a difficulty to open your mouth or made noise from your jaw during the last year?
 ① Yes ② No

[별지 제3호서식] <뒷면>

※ These are questions about dental function. (If you use denture, tell us about how you feel when you wear your denture.)

14. Do you have any difficulty chewing food due to teeth, denture or any gum health problem?

- ① very difficult ② difficult ③ ok
④ not difficult ⑤ comfortable

15. Do you have any difficulty in speaking due to teeth condition, denture or any gum problems in your gum?

- ① very difficult ② difficult ③ ok
④ not difficult ⑤ comfortable

※ These are questions about denture. (Only for false teeth users.)

16. When you talk or chew food, is your denture moving around?

- ① Yes ② No

17. Do you have any pain in your mouth due to your denture?

- ① Yes ② No

18. Before you go to bed, do you take out your denture? ① Yes ② No

※ Any relevant disease with dental health.

19. Do you have diabetes? ① Yes ② No ③ No idea

※ If you have had a question or asked the dentist about a serious symptom, please write down your message.