Oral Health Behavior Survey Questionnaire

NO._____

1. How many times a day do you brush your teeth? ①0 times; ②1 time; ③2 times; ④More

2. How do you brush your teeth? ①brush horizontally; ②brush vertically; ③ brush in a circle; ④no fixed method

3. Brushing time? ①1 minute or less; ②2 minutes; ③more than 2 minutes

4. Do you floss? ①Never or occasionally; ②1～2 times a week; ③≥3 times a week; ④1 time a day; ⑤more than 2 times a day

5. Do you use toothpicks? ① never or occasionally; ② 1-2 times a week; ③ ≥ 3 times a week; ④ 1 time a day; ⑤ more than 2 times a day

6. daily rinse after meals: ① never or occasionally; ② 1 time; ③ 2 times; ④ ≥ 3 times

7. daily use of mouthwash: ①No; ② Yes

8. Do you use fluoride toothpaste? ①Yes; ②No; ③Don't know

9. Do you regularly check your mouth? ①No; ② Yes

10. Do you change your toothbrush periodically? ①Never; ②Six months; ③Two to three months; ④One month

11. Do you have dental cleaning regularly? ①No; ② Yes

12. Do you have tooth decay? ①Yes; ②No; ③Don't know

13. Do your gums bleed when you brush your teeth? ①never; ②sometimes (1-2 times a week); ③often (≥3 times a week); ④don't know

14. When you brush your teeth and have bleeding or vague tooth pain ① Do not need to deal with it; ② Go to the dentist when you have time; ③ Seek medical attention immediately; ④ Take medicine or other

15. When do you go to the dental clinic? ①Never; ②If toothache is unbearable and medication is not effective; ③If tooth or periodontal pain is still tolerable; ④If tooth decay is found, I will visit the clinic; ⑤If there is no discomfort, I will have regular checkups.

16. Do you actively learn about oral health? ①Never; ②Sometimes; ③Frequently