2021 Oral Health Status Monitoring Survey for Key Populations
(Ages 35-44, 65-74)

Survey Participant ID Number: _____

Name: _____ Investigator's Name: _____

Date of Survey: _____

01 What is your highest level of education?

1) ☐ No formal education 2) ☐ Primary school 3) ☐ Junior high school 4) ☐ High school
5) ☐ Technical secondary school 6) ☐ College 7) ☐ Bachelor's degree 8) ☐ Postgraduate or higher

02 How often do you usually consume the following foods or beverages?

	6 ≥2 /day	5 1/day	4 2-6/ week	3 1/week	2 1-3/ month	1 Never
1) Sweets (cookies, cakes, bread, etc.) and candies (chocolate, sugary gum, etc.)	☐	☐	☐	☐	☐	☐
2) Sweetened beverages (sugar water, cola, and other carbonated drinks, orange juice, apple juice, lemon water, and other non-freshly squeezed fruit juices, etc.)	☐	☐	☐	☐	☐	☐
3) Sweetened milk, yogurt, milk powder, tea, soy milk, coffee, milk tea, etc.	☐	☐	☐	☐	☐	☐

02 Do you smoke?

1) ☐ Yes 2) ☐ No 3) ☐ Quit smoking **(If you choose 2 or 3, skip questions 4 and 5)**

04 How many years have you been smoking?_____ years. (Please fill in an integer, if you do not know or refuse to answer, write "N")

05 On average, how many cigarettes do you smoke per day in the last month?

1) ☐ ≤1 cigarette/day 2) ☐ 2-5 cigarettes/day 3) ☐ 6-10 cigarettes/day
4) ☐ 11-20 cigarettes/day 5) ☐ 21-40 cigarettes/day 6) ☐ ≥41 cigarettes/day

06 How often do you use the following oral care products to clean your teeth?

	6 ≥2 times/ day	5 1 time/ day	4 2-6 times/ week	3 1time/week	2 1-3 times/ month	1 Never
1) Manual toothbrush	☐	☐	☐	☐	☐	☐
2) Electric toothbrush	☐	☐	☐	☐	☐	☐
3) Toothpick	☐	☐	☐	☐	☐	☐
4) Dental floss	☐	☐	☐	☐	☐	☐
5) Interdental brush	☐	☐	☐	☐	☐	☐
6) Water flosser	☐	☐	☐	☐	☐	☐
7) Commercial mouthwash	☐	☐	☐	☐	☐	☐

07 **Do you usually use fluoride toothpaste to brush your teeth?**

1) ☐ Yes 2) ☐ No 3) ☐ Don't know 4) ☐ Don't use toothpaste

08 **Have you ever visited a medical institution for dental care?**

1) ☐ Yes 2) ☐ Never **(If you choose 2, skip questions 9 to 14)**

09 **How long ago was your last dental visit?**

1) ☐ Within 6 months 2) ☐ 6 months to 12 months **(If you choose 1 or 2, skip question 15)**

3) ☐ More than 12 months **(If you choose 3, skip questions 10 to 14)**

10 **What was the reason for your last dental visit?** (Multiple choices allowed)

1) ☐ For consultation/advice 2) ☐ For preventive healthcare 3) ☐ For emergency treatment of oral pain

4) ☐ For non-emergency treatment 5) ☐ Don't know/don't remember

11 **How many times have you had your teeth cleaned at the hospital in the past 12 months?**

1) ☐ 0 times 2) ☐ 1 time 3) ☐ 2 or more times

12 **What was your total cost for dental visits in the past 12 months? RMB_____yuan**

(Please fill in an integer, if you do not know or refuse to answer, write "N")

13 **What percentage of the above dental costs did you personally have to pay?**

_____ % (Please fill in an integer, if you do not know or refuse to answer, write "N")

14 **Was the cost of your last dental visit reimbursable?** (Multiple choices allowed)

1) ☐ Urban employee basic insurance 2) ☐ Urban resident basic medical insurance

3) ☐ New Rural Cooperative Medical System 4) ☐ Commercial insurance 5) ☐ Public medical expenses

6) ☐ Other reimbursement methods 7) ☐ Fully self-funded (no reimbursement)

15 **Why didn't you visit a dentist in the past 12 months? (Multiple choices allowed)**

1) ☐ No dental problems 2) ☐ Dental problems not severe 3) ☐ No time 4) ☐ Financial difficulties, can't afford dental care 5) ☐ Dental care not reimbursable 6) ☐ No dentist nearby 7) ☐ Fear of infectious diseases 8) ☐ Fear of pain from dental treatment 9) ☐ Hard to find a trustworthy dentist

10) ☐ Registration is too difficult 11) ☐ Other reasons

16 **Do you have any of the following medical insurances?** (Multiple choices allowed)

1) ☐ Urban employee basic medical insurance 2) ☐ Urban resident basic medical insurance
3) ☐ New Rural Cooperative Medical System 4) ☐ Commercial insurance 5) ☐ Public medical expenses

17 **How often have you experienced the following situations due to dental and oral problems in the past 12 months?**

	1 Always	2 Often	3 Sometimes	4 Rarely	5 Never
1) Difficulty in biting or chewing food	☐	☐	☐	☐	☐
2) Speech or pronunciation inaccuracies	☐	☐	☐	☐	☐
3) Dry mouth, difficulty swallowing	☐	☐	☐	☐	☐
4) Use of medication to relieve oral pain or discomfort	☐	☐	☐	☐	☐
5) Sensitivity of teeth to cold, heat, sweet, or sour stimuli	☐	☐	☐	☐	☐

18 **How much impact does your dental and oral health status have on your life?**

1) ☐ No impact 2) ☐ Slight 3) ☐ Moderate 4) ☐ Severe 5) ☐ Very severe

19 **How do you rate your own dental and oral health status?**

1) ☐ Very good 2) ☐ Good 3) ☐ Average 4) ☐ Poor 5) ☐ Very poor

20 **What is your opinion on the following statements?**

	1 Agree	2 Disagree	8 Indiferent
1) Oral health is very important to my life	☐	☐	☐
2) Regular oral examinations are very necessary	☐	☐	☐
3) The quality of teeth is innate and has little to do with my own protection	☐	☐	☐
4) Preventing dental diseases primarily depends on oneself	☐	☐	☐

21 **Do you think the following statements are correct?**

	1 Correct	2 Incorrect	8 Don't know
1) It is normal for gums to bleed when brushing teeth	☐	☐	☐
2) Bacteria can cause gum inflammation	☐	☐	☐
3) Brushing teeth is **useless** for preventing gum bleeding	☐	☐	☐
4) Bacteria can cause tooth decay	☐	☐	☐
5) Eating sugar can lead to tooth decay	☐	☐	☐
6) Fluoride is **useless** for protecting teeth	☐	☐	☐
7) Pit and fissure sealants can protect teeth	☐	☐	☐
8) Oral diseases may affect overall health	☐	☐	☐

22 **Have you been diagnosed with any of the following chronic diseases?** (Multiple choices allowed)

1) ☐ Stroke 2) ☐ Diabetes 3) ☐ Hypertension 4) ☐ Coronary heart disease 5) ☐ No above diseases or don't know

23 **How many people live together in your household? _____ People**

(Please fill in an integer, if you refuse to answer, write "N")

24 **What was your family's total income in the past 12 months? _____ ten thousand yuan/year**
(Please fill in an integer, if you refuse to answer, write "N")

Thank you very much for your cooperation!