Questionnaire

Section 1: General Information

1. **Gender**
   ☐ Male
   ☐ Female
   ☐ Other……

2. **Marital Status**
   ☐ Married
   ☐ Single
   ☐ Widowed
   ☐ Divorced
   ☐ Separated

3. **Educational Level**
   ☐ no education
   ☐ Primary school
   ☐ Secondary school
   ☐ High school
   ☐ Bachelor degree
   ☐ Master degree
   ☐ PhD or Doctoral degree

4. **Employment Status**
   ☐ Employed
   ☐ Unemployed

5. **Household Income Sufficiency**
   ☐ Sufficient
   ☐ Insufficient

Section 2: Health Care Access

6. **Which health care scheme do you usually use?**
   ☐ Civil Servant Medical Benefit Scheme (CSMBS)
   ☐ Universal Health Coverage (UHC)
   ☐ Private Health Insurance
   ☐ Self-payment
   ☐ Other (please specify): _____

Section 3: Health Status

7. **Do you have a history of chronic illness?**
   ☐ No
   ☐ Yes → If yes, please answer the following:
8. **If yes, which of the following diseases have you been diagnosed with? (Select all that apply)**
   ☐ Diabetes mellitus (DM)
   ☐ Hypertension (HT)
   ☐ Dyslipidemia
   ☐ Chronic heart disease
   ☐ chronic kidney disease
   ☐ Other (please specify): _____
9. **Oral Health Problem using GOHAI measurement**

Instructions: Please answer the following questions based on your experience during the past 3 months**.** Choose the response that best describes your situation.

Question	Never/rarely	Sometimes	Often/ Always
1) How often did you limit the kinds or amounts of food you eat because of problems with your teeth or dentures?			
2) How often did you have trouble biting or chewing any kinds of food, such as firm meat or apples?			
3) How often were you able to swallow comfortably?			
4) How often have your teeth or dentures prevented you from speaking the way you wanted?			
5) How often were you able to eat anything without feeling discomfort?			
6) How often did you limit contact with people because of the condition of your teeth or dentures?			
7) How often were you pleased or happy with the looks of your teeth and gums?			
8) How often did you use medication to relieve pain or discomfort from your mouth?			
9) How often were you worried or concerned about the problems with your teeth, gums, or dentures?			
10) How often did you feel nervous or self-conscious because of problems with your teeth, gums, or dentures?			
11) How often did you feel uncomfortable eating in front of people because of problems with your teeth or dentures?			
12) How often were your teeth or gums sensitive to hot, cold, or sweets?			