

Structured Questionnaire

Please answer all questions

Personal Characteristics

1. Age:years

2. Sex:

Male

Female

3. Ethnic group:

Malay

Chinese

Indian

Others

Please state

4. Highest education level:

No formal education

Primary/Elementary school

Secondary school/'O' level

Vocational training/Certificate

Diploma/'A' Level

Tertiary level/Degree

5. Marital status:

Never been married

Married

Divorced

Widowed

6. Employment status:

Regular job

Odd job

Unemployed

7. Total personal monthly income: RM.....

(Please estimate if you do not remember the exact amount)

HIV Status

8. Route of HIV exposure:

- Injecting drug
- Sexual contact
- Others Please state

9. Duration of HIV infection:years

10. HAART treatment status:

- Yes
- No

11. Duration of HAART treatment:years

12. Latest CD4+ cell count (cell/mm³):

- 199 and below
- 200-499
- 500 and above

13. Presence of co-infection:

- Hepatitis C Yes No
- Tuberculosis Yes No

Perceived Oral Health Status

14. In general, how do you rate your current oral health status?

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>

15. Do you have any of the following oral health problem?

Toothache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cavitated tooth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gum pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gum swelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gum bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gum abscess	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loose tooth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bad breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mouth ulcer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others	<input type="checkbox"/> Yes. Please state	

THANK YOU