(English translation)

The fourth National Oral Health Survey Questionnaire in China (For Adults) Respondents ID: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□							
	1. What is your highest educational background? (Choose only one answer) 1) Didn't go to school 2) Primary school 3) Junior high school 4) Senior high school 5) Vocational school 6) Junior college 7) Undergraduate 8) Postgraduate and above						
2.	How often do you usually eat	6 ≥2	5 1	4 2-6	3 1	ver for each ite 2 1-3 times/month	em) 1 rarely /never
1)	Dessert (biscuits, cakes, bread) and confectionery (chocolate, gum with sugar)						
2)	Sweet drinks (carbonate beverages such as sugar water, coke, orange juice, apple juice and other fruit juice unfreshly squeezed juice such as lemonade)						
3)	Sweetened milk, yogurt, milk powder, tea, soybean milk, coffee						
3.	Do you smoke? (Choose on 1) Smoking 2) Never answer questions 4 and 5)	·		oking cessatio	on (If choos	se item 2 or 3	s, don't
4.	How many years do you smo you have no idea or refuse t			ar. (Please fi	ll in an inte	ger, and fill in	"N" if
5.	During the past one month, h one answer) 1)	Ž	3) [6-1	o you smoke o 10/day 1/day	one day on av	erage? (Choo	ose only
6.	Do you drink white liquor? (1) Drink every day 2) 4 Never drink 5 Har	Drink ev	ery week		eldom		
7.	Do you use the following me 6 ≥ 2 times/day	5 1	4 2-6	3	ook 1	2 -3 ra	1 rely / ever
2) 7	rushing teeth Toothpick Dental floss]]]		

8.	Do you use toothpaste when brush your teeth? (Choose only one answer) 1) Yes 2) No 3) Have no idea (If choose item 2 or 3, don't answer question 9)
9.	Do you use toothpaste with fluoride when brush your teeth? (Choose only one answer) 1) Yes 2 No 3 Have no idea
10.	Have you had your teeth checked? (Choose only one answer) 1) Checked 2) Never be checked (If choose item 2, don't answer questions 11-15)
11.	How long has your last dental appointment from now? (Choose only one answer) 1) Within 6 months 2) 6 months to 12 months (If choose item 1 or 2, don't answer question 16) 3) More than 12 months (If choose item 3, don't answer questions 12-15)
12.	What is the main reason for you to have your teeth checked? (Choose only one answer) 1) Consultation and examination 2) Prevention 3) Have no idea
13.	How much did you spend on dental therapy in the past year yuan? (Please fill in an integer, and fill in "N" if you have no idea or refuse to answer)
14.	How many percents of the above dental expenses did you personally have to pay
15.	Was the cost of your last dental visit reimbursable? (Multiple choices) 1) Basic insurance for urban workers 2) Basic medical insurance for non-working urban residents 3) New Rural Co-operative Medical System 4) Commercial insurance 5) Free medical service 6) Reimbursement by other means 7) Self-paying (No reimbursement)
16.	What were the reasons not to have your teeth checked in the past 12 months? (Multiple choices) 1) Nothing wrong with teeth 2) Dental disease was not serious 3) Have no itme 4) Economic hardship to pay the dental visits 5) Dental visits are not reimbursable 6) Their was no dentist nearby 7) Fear of spreading disease 8) Fear of toothache 9) Difficult to find a reliable dentist 10) Difficult to registration
17.	Do you have the following medical coverage?(Choose one answer) Yes1 No2 1)Basic insurance for urban workers
	2)Basic medical insurance for non-working urban residents
	3)New Rural Co-operative Medical System
	4)Commercial insurance
	5)Free medical service

18. Have you had your teeth cleaned in the past 12 months? 1) Yes 2) No						
(If choose item 2, don't answer question 19)						
What pattern of reimburse of the cost of your teeth cleaning (Multiple choice) 1) Basic insurance for urban workers						
20. How much do oral problems affect you in the following ways? (55-64 age group do not need answer this question, choose one answer for each question)						
	1	2	3	4	5	
	Very ofter	o Often	Sometimes	Rarely	None	
1) Do you often limit the type and amount of food y eat because of your teeth or dentures?	ou 📙				Ш	
2) Do you have any difficulty biting or chewing yo food?	our 🗌					
3) Do you often feel uncomfortable or difficult wh you swallow food?	en 🗌					
4) Are your teeth or dentures hindering you speak?						
5) Do you often feel uncomfortable in your mou when you eat?	ıth 🗌					
6) Do you often limit your interactions with others d to teeth or dentures?	ue 🗌					
7) Do you often feel dissatisfied or unhappy with t appearance of your teeth, gums or dentures?	he					
8) Do you often take medicine to relieve pain discomfort in your mouth?	or \square					
9) Do you often worry or pay attention to your tee gums or dentures?	th,					
10) Do you often feel nervous or uncomfortable in from of others because of your teeth, gums or dentures						
11) Do you often feel uncomfortable when eating front of others because of your teeth or dentures'	in \square					
12) Are your teeth or gums sensitive to cold, hot sweet stimuli?						
21. How do you evaluate your general health? (Choose only one answer) 1) Very good 2) Good 3) Generally 4) Poor 5) Very poor						
22. How do you estimate your teeth and oral health? 1) Very good 2) Good 3) General Good 2) Very poor	-	one ansv	ver)			

23.	Wha	What is your opinion about the following statement?(Choose an answer for Each item)					
			1	2	8	9	
			Agree	Disagree	Doesn't	Have no	
					matter	idea	
	1)	Oral health is very important to your life	\vdash	님	님	님	
	2)	Regular oral check is very necessary	\mathbb{H}	님	님	\vdash	
	3)	The status of teeth are innate, has little to do with their protection					
	4)	Prevention of dental disease is mostly by					
	7)	themselves	Ш	Ш			
24.	Do y	you think of the following statements are correct?	(Choose			*	
				1	2	8	
				Correct	Incorrect	Have no idea	
	1)	Gingival bleeding is normal when brushing teeth	1				
	2)	Bacteria can cause inflammation of gum					
	3)	Brushing teeth is useless to prevent gingival blee	eding				
	4)	Bacteria can cause dental caries					
	5)	Sugar can cause dental caries					
	6)	Fluoride is useless to protect teeth					
	7)	Pit and fissure sealing can protect teeth					
	8)	Oral disease may affect the body health					
25	Hove	e you ever been diagnosed the following chronic of	dianagaa	hy tha dag	tor? (Multi	nla ahaisa)	
43.		Stroke 2) Diabetes	JISCASCS		ypertension	pie choice)	
		Heart disease 5) Chronic obstructive pulmonar	rv diseas			specify	
		None 8) Have no idea	-)	·· · · / 🗀 ·	, p	~F • • • • · · ·	
26	Цох	many people are there in your family together?		(Dloose	fill in an in	stager and fill	
20.		N" if you have no idea or refuse to answer);		_ (Tiease		iteger, and im	
27.	The	total income of your family in the past 12 months	s?	Ten thous	and yuan/ye	ar (Please fil l	
		n integer, and fill in "N" if you have no idea or					
		- ·					

Thank you very much for your cooperation!