

(English translation)

The fourth National Oral Health Survey Questionnaire in China (For Adults)

Respondents ID: [][][][][][][][][][][][][][][] Respondents Name: _____

Survey date: 201[]Y[][]M[][]D Investigator No. :[][][][]

Requirement: Please tick“√” in the "[]" in front of the corresponding option.

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 the following food or drink? (Choose one answer for each item)

Table with 6 frequency columns (6 ≥2 times/day, 5 1 time/day, 4 2-6 times/week, 3 1 time/week, 2 1-3 times/month, 1 rarely /never) and 3 food/drink rows.

3. Do you smoke? (Choose only one answer)

- 1) [] Smoking 2) [] Never smoking 3) [] Smoking cessation (If choose item 2 or 3, don't answer questions 4 and 5)

4. How many years do you smoke? _____ year. (Please fill in an integer, and fill in "N" if you have no idea or refuse to answer)

5. During the past one month, how many cigarettes do you smoke one day on average? (Choose only one answer)

- 1) [] ≤1 /day 2) [] 1-5/day 3) [] 6-10/day
4) [] 11-20/day 5) [] 21-40/day 6) [] ≥41/day

6. Do you drink white liquor? (Choose only one answer)

- 1) [] Drink every day 2) [] Drink every week 3) [] Drink seldom
4) [] Never drink 5) [] Have stopped drinking

7. Do you use the following method to clean your teeth?(Choose one answer for each item)

Table with 6 frequency columns (6 ≥2 times/day, 5 1 time/day, 4 2-6 times/week, 3 1 time/week, 2 1-3 times/month, 1 rarely /never) and 3 cleaning method rows.

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) Therapy 4) 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 _____ %.
(Please fill in an integer, and fill in "N" if you have no idea or refuse to answer)
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 time 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
 11) Other reasons
17. Do you have the following medical coverage?**(Choose one answer)**
- | | Yes1 | No2 |
|-----------------------------------------------------------|--------------------------|--------------------------|
| 1)Basic insurance for urban workers | <input type="checkbox"/> | <input type="checkbox"/> |
| 2)Basic medical insurance for non-working urban residents | <input type="checkbox"/> | <input type="checkbox"/> |
| 3)New Rural Co-operative Medical System | <input type="checkbox"/> | <input type="checkbox"/> |
| 4)Commercial insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| 5)Free medical service | <input type="checkbox"/> | <input type="checkbox"/> |

23. What is your opinion about the following statement?(Choose an answer for Each item)

	1	2	8	9
	Agree	Disagree	Doesn't matter	Have no idea
1) Oral health is very important to your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Regular oral check is very necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) The status of teeth are innate, has little to do with their protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Prevention of dental disease is mostly by themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Do you think of the following statements are correct? (Choose an answer for each item)

	1	2	8
	Correct	Incorrect	Have no idea
1) Gingival bleeding is normal when brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Bacteria can cause inflammation of gum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Brushing teeth is useless to prevent gingival bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Bacteria can cause dental caries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Sugar can cause dental caries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Fluoride is useless to protect teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Pit and fissure sealing can protect teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Oral disease may affect the body health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you ever been diagnosed the following chronic diseases by the doctor? (Multiple choice)

- 1) Stroke 2) Diabetes 3) Hypertension
 4) Heart disease 5) Chronic obstructive pulmonary disease 6) Other, please specify ____
 7) None 8) Have no idea

26. How many people are there in your family together? _____ (Please fill in an integer, and fill in "N" if you have no idea or refuse to answer);

27. The total income of your family in the past 12 months? _____ Ten thousand yuan/year (Please fill in an integer, and fill in "N" if you have no idea or refuse to answer) .

Thank you very much for your cooperation!