No. _____

Oral Health Questionnaire

Number: _____ **Answering Date:** _____

Name: _____ **Tel:** _____ **Date of Birth:** _____ **Gestational Week:** _____

Ethnicity: (1) Han; (2) Manchu; (3) Hui; (4) Mongolian; (5) Zhuang; (6) Other (please specify)_____

Type of Registration: (1) Non-agricultural; (2) Agricultural

For those with childbirth history, please fill in:

Sex of the child: (1)Male ； (2)Female Weight at birth: _____ Gestational week at delivery: _____

1. What is your occupation?

   (1) Worker; (2) Farmer; (3) Science and Technology Personnel; (4) Administrative Officer; (5) Business; (6) Service Industry; (7) Finance; (8) Medical Staff; (9) Teacher; (10) Student; (11) Unemployed and Housewife; (12) Military; (13) Other

2. What is your level of education?

   (1) Illiterate or semi-literate; (2) Primary School; (3) Junior High School; (4) High School or Vocational School; (5) College; (6) Bachelor's Degree; (7) Graduate and above

3. What is your household monthly income?

   (1) Below 3000 RMB; (2) 3000 to 5000 RMB; (3) 5000 to 8000 RMB; (4) 8000 to 10000 RMB; (5) 10000 to 15000 RMB; (6) Above 15000 RMB

4. Did you suffer from any of the following diseases before pregnancy?

   (1) Diabetes; (2) Hypertension; (3) Heart Disease; (4) Kidney Disease; (5) Other (please specify) _____

5. Your obstetric history is:

   (1) First pregnancy; (2) One spontaneous abortion; (3) Two or more spontaneous abortions; (4) One induced abortion; (5) Two or more induced abortions; (6) History of ectopic pregnancy; (7) Delivered once; (8) Delivered two or more times

6. Did you have any of the following oral symptoms before pregnancy?

   (1) No oral symptoms; (2) Bleeding gums; (3) Swollen and painful gums; (4) Toothache; (5) Pericoronitis; (6) Loose teeth; (7) Teeth shifting; (8) Tooth loss; (9) Halitosis; (10) Other (please specify)_____

7. Did you have the following oral symptoms during pregnancy:

   (1) No oral symptoms; (2) Bleeding gums; (3) Swollen and painful gums; (4) Toothache; (5) Pericoronitis; (6) Loose tooth; (7) Tooth shifting; (8) Tooth loss; (9) Halitosis; (10) Other (please specify)_____

8. Please determine whether the following statements are true or false.

   (1) Dental plaque is the main cause of dental caries and periodontal disease. A. True B. False C. N/A

(2) Bleeding when brushing indicates gingival inflammation. A. True B. False C. N/A

(3) You cannot brush your teeth during pregnancy. A. Yes B. No C. N/A

(4) You cannot brush your teeth during confinement (postpartum confinement period). A. Yes B. No C. N/A

(5) Brushing teeth thoroughly can prevent cavities and/or periodontal disease. A. Yes B. No C. N/A

(6) You should have an oral examination at least once a year. A. Yes B. No C. N/A

9. How many times did you brush your teeth per day before pregnancy?
   (1) Twice or more per day; (2) Once per day; (3) Sometimes brush, sometimes don't; (4) Never brush

10. How many times did you brush your teeth per day during pregnancy?
    (1) Twice or more per day; (2) Once per day; (3) Sometimes brush, sometimes don't; (4) Never brush

11. How long do you brush your teeth each time?
    (1) Less than 1 minute; (2) 1-2 minutes; (3) 2-3 minutes; (4) More than 3 minutes

12. What brushing method do you use?
    (1) Horizontal brushing; (2) Vertical brushing; (3) Horizontal + Vertical brushing; (4) Rotating method; (5) Horizontal vibration method

13. Besides brushing, do you use any other oral hygiene measures?
    (1) Mouthwash; (2) Dental floss; (3) Toothpick; (4) Interdental brush; (5) Water flosser; (6) Other (please specify)_____

14. Do you smoke?
    (1) Never smoke; (2) Occasionally; (3) More than 10 cigarettes per day; (4) Smoking history of less than 2 years; (5) Smoking history of 2-5 years; (6) Smoking history of more than 5 years; (7) Quit smoking

15. Do you regularly inhale secondhand smoke (passive smoking for more than 15 minutes per day)?
    (1) Almost every day; (2) Average more than 3 days per week; (3) Average 1-3 days per week; (4) Average less than 1 day per week; (5) No

16. Which of the following dental treatments have you undergone in the past six months before pregnancy up to now?
    (1) Tooth filling; (2) Tooth scaling; (3) Root canal treatment; (4) Tooth extraction; (5) Other (please specify)_____ (6) None

17. How often do you have periodontal treatment?
    (1) Every 3 months; (2) Every 6 months; (3) Every 1 year; (4) 2 years; (5) 2-5 years; (6) More than 5 years; (7) Never

18. Among your parents and siblings, is there anyone with loose or missing teeth?
    (1) None; (2) A few teeth (less than 2) loose or missing; (3) Multiple teeth (more than 3) loose or missing; (4) All teeth missing; (5) Not sure

19. What medications have you taken recently?
    (1) Anti-inflammatory drugs; (2) Hypoglycemic drugs; (3) Antihypertensive drugs; (4) Anticoagulants; (5) Other (please specify): ____

Thank you for your careful and patient answers to the above questions!