Oral Health Questionnaire Form	
Case number:	**Date:**
Age:	**Study Group:**
Education level:	1. Primary school 2. High school 3. University 4. MSc-Phd
Health assurance:	1. No 2. Yes
Systemic disease:	1. No 2. Yes (……..……..……)
The use of drugs:	1. No 2. Yes (……..……..……)
Teeth brushing frequency:	1. 2 times a day 2. 1 times a day 3. Less than 1 per day 4. More than 2 times a day
Usage of dental floss/interface brush:	1. No 2. Yes
Usage of mouthwash:	1. No 2. Yes
Acidic food with sugar consumed daily:	1. 1 times a day or less than 2. 3 times a day 3. More than 3 times a day
Indispensable food or beverage:	1. No 2. Yes (……..……..……)
Feeling of dry mouth:	1. No 2. Yes (……..……..……)

Oral Health Assesment Form

DMFT:

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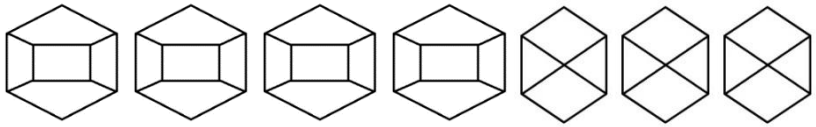
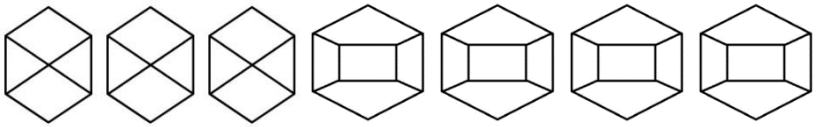
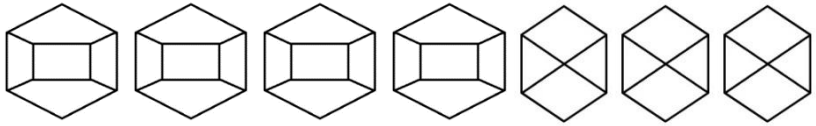
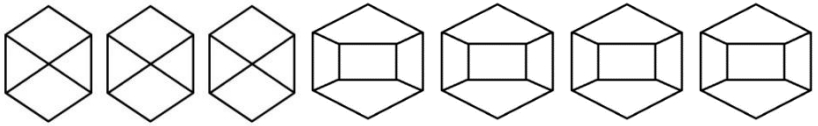
Upper														
Lower														

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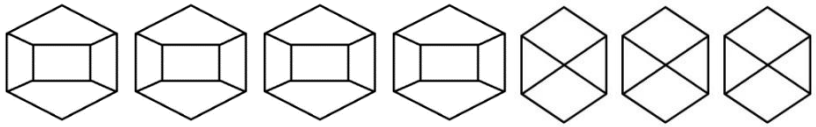
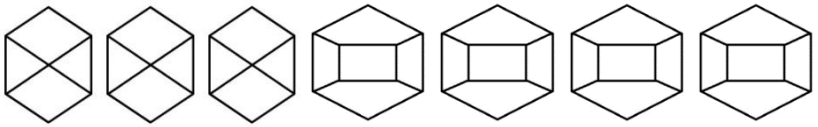
Upper														
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