The provided document is an examination sheet for an oral check-up examination for residents of Minato City who are over 20 years of age this fiscal year. It includes personal information fields, examination questions, and spaces for the dentist's notes. Here is a structured representation of the document:

**Examining Sheet for “Oral Check-up Examination”**

(Residents who were born before March 31, 1998)

This Examination Sheet is valid for the following periods:
- (First half of year) June 1, 2017 to August 31, 2017
- (Later half of year) November 1, 2017 to January 31, 2018

### Personal Information

- **Name in kana syllabary**
- **Name**
- **Date of birth**
- **Sex**
- **Address**
- **Tel:**

### Questions about your oral health/habits (to be filled in by the patient)

**Have you ever had the “Oral Check-up Examination” in the past?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️</td>
<td>☐️</td>
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</tbody>
</table>

**Q1: Oral matters you are worried about**

- 1-1: Do you currently have any pain or anything else that concerns you in your teeth, gums or the joints of your jaw etc.?**

**Q2: Your daily healthcare habits**

- 2-1: Do you brush your teeth at night before going to bed?**
- 2-2: Do you use interdental brushes or dental floss etc. (interdental cleaning aids)?**
- 2-3: Do you ever examine your teeth, gums or tongue carefully using a mirror?**
- 2-4: Do you take your time eating and chew your food well?**
- 2-5: Do you get out of the house often?**
- 2-6: Do you get enough rest?**
- 2-7: Do you eat breakfast?**
- 2-8: Do you eat between meals (sweet foods and drinks)?**
- 2-9: Do you drink alcohol?**
- 2-10: Do you smoke? Yes (20 or more cigarettes a day)  Yes (19 or fewer cigarettes) No

**Q3: Visiting a dental clinic**

- 3-1: Do you have a regular dental clinic? Yes
- 3-2: Do you have regular dental examinations once a year or more often? Yes
- 3-3: Have you had tartar removed within the last six months? Yes

**Q4: About your oral health in general**

- 4-1: Are you able to enjoy your food? Yes

**(If you are 65 years old or over, please answer the following questions 4-2, 4-3, and 4-4.)**

- 4-2: Do you find it difficult to eat hard food compared to half year ago? Yes
- 4-3: Do you sometimes choke on your tea or soup? Yes
- 4-4: Are you concerned about cotton mouth? Yes

**(Please answer Q4-5 after completing the gum test)**

- 4-5: When you chewed on the gum, did you feel any pain or looseness in your teeth? Yes

**Q5: If there is anything else you are concerned about, please describe it in the following box.**

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*The symbol “□” cannot be used.*

*Symbols must be filled in for all teeth with no spaces left blank.*

*The symbol “○” should be used for pontics and artificial teeth.*

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*Other remarks:*

- **Current no. of teeth:**
- **Projected future number:**

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*Your oral health score (revised edition)***

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**Name of medical institution:**

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**Address:**

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**Tel:**

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**Name of dentist:**

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To be filled in by the dentist

1. Saliva test verdict

```
+  ±  -
```

2. Gum test verdict

```
1  2  3
```

3. Condition of teeth

```
+  ±  -
```

4. Cleanliness of tongue

Please place a check √ against the applicable remark.
0: Tongue coating almost unnoticeable
1: Tongue coating covers less than 1/3 of tongue
2: Tongue coating covers between 1/3 and 2/3 of tongue
3: Tongue coating covers more than 2/3 of tongue

1/ : Sound tooth
C: Untreated tooth
○: Treated tooth
△: Tooth requiring dental implant
◎: Dental implant in place of missing tooth
X: Missing tooth not requiring dental implant
* The symbol “—” cannot be used.
* Symbols must be filled in for all teeth with no spaces left blank.
* The symbol ◊ should be used for pontics and artificial teeth.

```
0: Tongue coating almost unnoticeable
1: Tongue coating covers less than 1/3 of tongue
2: Tongue coating covers between 1/3 and 2/3 of tongue
3: Tongue coating covers more than 2/3 of tongue
```

5. Your current number of teeth and projected future number

```
( Current no. of teeth)
```

6. Your oral health score (revised edition)

```
___ points out of 18
```

Name of medical institution:
Address:
Tel:
Name of dentist
I. Your results for this examination

a. Your oral condition is good.
b. You may have gingivitis/periodontitis.
c. You may have dental caries.
d. Part of a previously treated tooth “needs more work.”
e. You may have problems in your tooth alignment, dental bite or the joints of your jaw.
f. Your tongue is coated in a layer.
g. You are suspected the problem of swallowing
h. Other ( 

II. Advice for your future “oral health”

a. If you experience pain in your jaw, do not ignore it; consult with your regular dentist.
b. If you have difficulty chewing with any of your teeth, do not ignore it; consult with your regular dentist.
c. If you experience pain from your dentures when chewing, your dentures require adjustment.
d. If there is a problem with your general state of health, it can have a negative effect on your oral health.
e. If there is a problem with your oral health, it can also have a negative effect on your general state of health.
f. Certain medicines can suppress the flow of saliva in your mouth.
g. Pregnant women must take particular care with their oral health.
h. Tongue coated in a layer relates salivary secretion and general condition

Visit: https://www.medicinenotes.org

III. Personal goals/advice for your future

- Continue your current habits.
- Brush your teeth after eating.
- Brush your teeth before going to bed.
- Remove plaque by brushing in a way appropriate for your teeth.
- Clean your tongue using gauze or tongue brush.
- Use an interdental cleaning aid every day.
- Examine the condition of your teeth, gums and tongue once a day.
- Clean your dentures after eating.
- Get necessary treatment at your dental clinic.
- Have tartar removed at your dental clinic.
- Ask for instructions about techniques for cleaning your teeth.
- Undergo dental examinations regularly.
- Drink alcohol only in moderation.
- Cut down on smoking.
- Quit smoking.
- Maintain regular eating habits.
- Be careful about eating between meals.
- Take your time eating and chew your food well.
- Participate proactively in activities etc. in your local community.
- Make effort to get out of the house.

Take care with their oral health during pregnancy too

This examination has been undertaken by the Tokyo Minato-ku Shiba Dental Association and Tokyo Minato-ku Azabu-Akasaka Dental Association (Public Interest Incorporated Association), commissioned by Minato Ward.
IV. Future goals for your “oral health”

Everyday oral healthcare habits

1. Continue your current habits.
2. Brush your teeth after eating.
3. Brush your teeth before going to bed.
4. Remove plaque by brushing in a way appropriate for your teeth.
5. Clean your tongue using gauze or tongue brush.
6. Use an interdental cleaning aid every day.
7. Examine the condition of your teeth, gums and tongue once a day.
8. Clean your dentures after eating too.

Visiting your dental clinic

9. Get necessary treatment at your dental clinic.
10. Have tartar removed at your dental clinic.
11. Ask for instructions about techniques for cleaning your teeth.
12. Undergo dental examinations regularly.

Alcohol and smoking

13. Drink alcohol only in moderation.
15. Quit smoking.

Diet

17. Be careful about eating between meals (sweet foods and drinks).
18. Take your time eating and chew your food well.

Other

19. Participate proactively in activities etc. in your local community.
20. Make effort to get out of the house.

Keep yourself healthy every day