

# FY2026 Checkup Sheet for “Oral Health Checkup”

R8

(Residents born from April 1, 1951 to March 31, 2008)

This Checkup Sheet is valid for the following periods: First half of the year: June 1, 2026 to August 31, 2026.  
Second half of the year: November 1, 2026 to January 31, 2027.

<b>Date</b>	Year: ____ / Month: ____ / Day: ____		
<small>Name in Kana syllabary</small>		<b>Sex</b>	
<b>Name</b>		Male   Female	Address:
<b>Date of Birth</b>	Year: ____ / Month: ____ / Day: ____	<b>Age:</b>	Tel:

Please fill in the required items in the above box and then answer the following questions before the start of your dental checkup. Please circle the applicable answers.

Home visit

Pregnant woman's  
Checkup

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

Have you ever had the “Oral Health Checkup” in Minato City before?	Yes	No
<b>Q1: Oral matters you are worried about</b>		
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?	Yes	No
1-2: Is there any bleeding when you brush your teeth?	Yes	Sometimes
1-3: Do any teeth seem loose?	Yes	Sometimes
<b>Q2: Your daily healthcare habits</b>		
2-1: Do you brush your teeth at night before going to bed?	No	Sometimes
2-2: Do you use interdental brushes or dental floss, etc. (interdental cleaning aids)?	No	Sometimes
2-3: Do you ever examine your teeth, gums or tongue carefully using a mirror?	No	Sometimes
2-4: Do you take your time to eat and chew your food well?	No	Sometimes
2-5: Do you get out of the house often?	No	Yes
2-6: Do you get enough rest?	No	Yes
2-7: Do you eat breakfast?	No	Sometimes
2-8: Do you snack (sweet foods and drinks)?	Most days	Sometimes
2-9: Do you drink alcohol?	Most days	Sometimes
2-10: Do you smoke? (including heated tobacco) Yes(20 or more cigarettes a day) Yes(19 or fewer cigarettes)	Yes	No
2-11: How many types of orally administered medication do you take per day?	5 types or more	1-4 types
<b>Q3: Visiting a dental clinic</b>		
3-1: Do you have a family dentist?	No	Yes
3-2: Do you have regular dental checkups once a year or more?	No	Yes
3-3: Have you had tartar removed within the last six months?	No	Yes
<b>Q4: About your oral health in general</b>		
4-1: Are you able to enjoy your food?	No	Yes
<b>———— (If you are 65 years old or over, please answer the following questions 4-2, 4-3, and 4-4.) ————</b>		
4-2: Do you find it difficult to eat hard food compared to six months ago?	Yes	No
4-3: Do you sometimes choke on your tea or soup?	Yes	No
4-4: Are you concerned about cotton mouth?	Yes	No
<b>———— (Please answer Q4-5 after completing the chewing gum test) ————</b>		
4-5: When you chewed on the gum, did you feel any pain or looseness in your teeth?	Yes	No
<b>Q5: If there is anything else you are concerned about, please describe it in the following box.</b>		

# To be filled in by the dentist

### 1. Chewing gum test

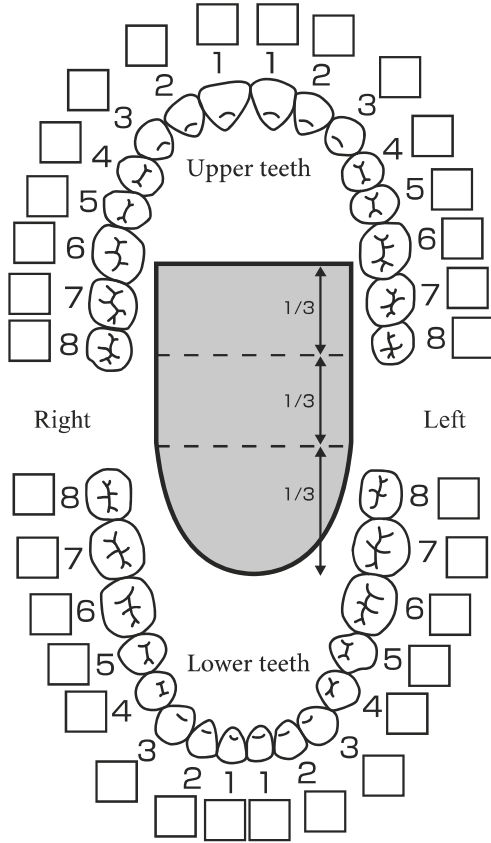
Can't chew	Can chew	Can chew well
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### 2. Gums checkup

	Right molars	Front teeth	Left molars	Results
Upper jaw				
Lower jaw				

0:Gums are not inflamed  
(no redness, swelling, etc.)  
1:Gums are mildly inflamed  
2:Gums are inflamed  
×:No target teeth

### 3. Condition of teeth



### 4. Cleanliness of tongue

Please check the applicable remark.

- 0: Tongue coating is 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

- / : Sound tooth
- C : Untreated tooth (cavity)
- : Treated tooth
- △ : Dental prosthesis required
- ⊙ : Dental prosthesis in place of missing tooth
- × : Missing tooth not requiring dental prosthesis

\* The symbol “—” cannot be used.  
\* Symbols must be filled in for all teeth.  
\* The symbol ⊙ should be used for pontics and artificial teeth.

Other remarks: \_\_\_\_\_

Current number of teeth		teeth
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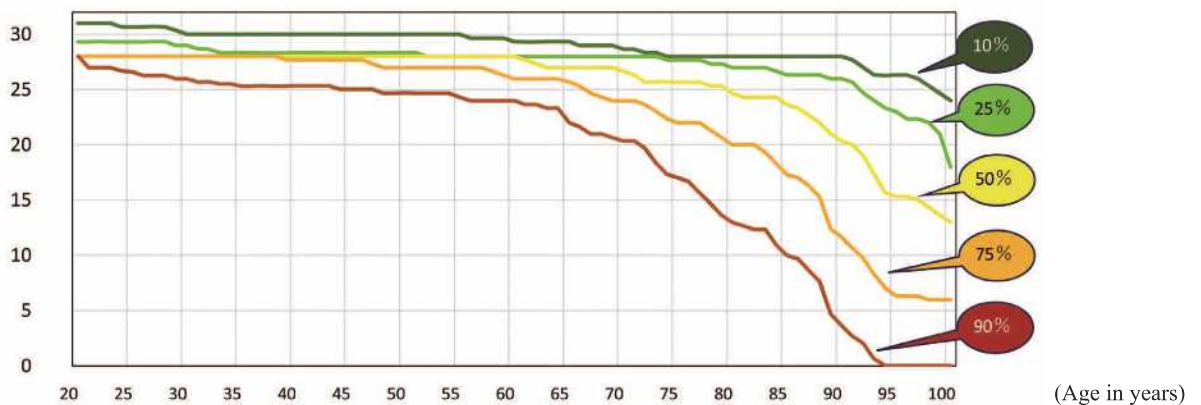
( / ) + ( C ) + ( ○ )

### 5. Tongue / Lip functions

		Times/Per second
Good	Care required	

A result of 4 or more times is considered good

### 6. Your current number of teeth and estimated number of remaining teeth in the future (Current number of teeth)



### 7. Your oral health score

points out of 18

Name of dental clinic:

Address:

Tel:

Name of dentist:

## I. Your results for this checkup

- 1 Your oral condition is good.
- 2 You may have gingivitis/periodontitis.
- 3 You may have dental cavities.
- 4 Part of a previously treated tooth needs more work.
- 5 You may have problems with your tooth alignment, dental bite or jaw joints.
- 6 Your tongue is coated in a layer.
- 7 You may have a problem with swallowing.
- 8 Other ( )

## II. Advice for your future oral health

- 1 If you feel pain in your jaw, do not ignore it; consult with your family dentist.
- 2 If you have difficulty chewing with any of your teeth, do not ignore it; consult with your family dentist.
- 3 If you feel pain from your dentures when chewing, your dentures require adjustment.
- 4 If there is a problem with your general state of health, it can have a negative effect on your oral health.
- 5 If there is a problem with your oral health, it can also have a negative effect on your general state of health.
- 6 Certain medicines can suppress salivary secretion.
- 7 Pregnant women must take particular care with their oral health.
- 8 There is a relation between the layer on your tongue and your ability to salivate or your general health.



*Take care with your oral health during pregnancy*

## III. Personal goals/advice for your future

A large, empty rectangular box with a dotted border, intended for writing personal goals or advice for the future.

**This checkup has been undertaken by the Tokyo Minato-ku Shiba Dental Association and the Tokyo Minato-ku Azabu-Akasaka Dental Association (Public Interest Incorporated Associations), commissioned by Minato City.**

## 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 pads or a tongue brush.
- 6 Use interdental cleaning aids every day.
- 7 Examine the condition of your teeth, gums and tongue once a day.
- 8 Clean your dentures after eating too.



*Check your teeth and gums once a day!*



*Clean your tongue too!*



*Brush your teeth!*

### Visiting a dental clinic

- 9 Get necessary treatment.
- 10 Have tartar removed.
- 11 Ask for instructions about techniques for brushing your teeth.
- 12 Undergo dental checkups regularly.



*It is important to take care of your oral health*

### Alcohol and smoking

- 13 Drink alcohol only in moderation.
- 14 Cut down on smoking.
- 15 Quit smoking.



*Don't drink too much*

### Diet

- 16 Maintain regular eating habits.
- 17 Cut down on snacking (sweet foods and drinks).
- 18 Take your time to eat and chew your food well.



*Enjoy your food*

### Other

- 19 Participate proactively in activities in your local community.
- 20 Go out every now and then.



*Keep yourself healthy every day*