

## FY2024 Checkup Sheet for "Oral Health Checkup"

R6

(Residents who were born before March 31, 1949)

This Checkup Sheet is valid for the following periods: First half of year starts from June 1, 2024 to August 31, 2024.  
Second half year starts from November 1, 2024 to January 31, 2025.

<b>Date</b>	Year: ____ / Month: ____ / Day: ____		
Name in Kana syllabary		<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

## 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?	Yes(20 or more cigarettes a day)	Yes(19 or fewer cigarettes)
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 often?	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
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

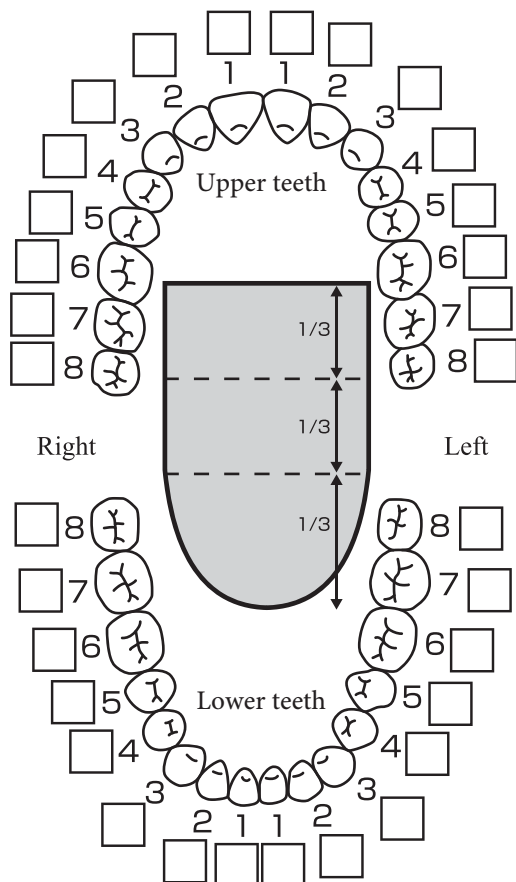
Can't bite	Can bite	Can bite well
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## 2. Gums checkup

	Right molar	Front teeth	Left molar	results
Upper jaw				
Lower jaw				

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

## 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
- : Treated tooth
- △: Tooth requiring dental prosthesis
- ⊙: 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 ) + ( ○ )

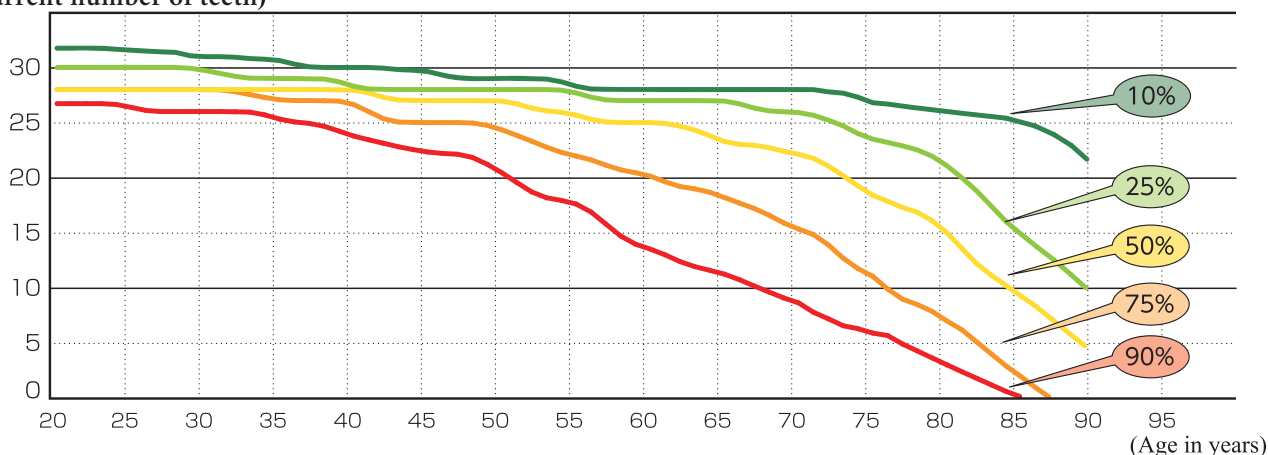
## 5. Tongue / Lip functions

	Times/Per second
Good	Care required

## 6. Swallowing function

	Times
Good	Care required

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



## 8. Your oral health score(revised edition)

points out of 18

Name of dental clinic:

Address:

Tel:

Name of dentist:

## I. Your results for this checkup

- 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 with your tooth alignment, dental bite or jaw joints.
- f. Your tongue is coated in a layer.
- g. You may have a problem with swallowing.
- h. Other ( )

## II. Advice for your future “oral health”

- a. If you feel pain in your jaw, do not ignore it; consult with your family dentist.
- b. If you have difficulty chewing with any of your teeth, do not ignore it; consult with your family dentist.
- c. If you feel 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 salivary secretion.
- g. Pregnant women must take particular care with their oral health.
- h. Tongue coated in a layer relates salivary secretion and general condition.



*Take care with your oral health during pregnancy*

## III. Personal goals/advice for your future

A large rectangular area enclosed by a dotted line, 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 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 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 Let's get out of the house.



*Keep yourself healthy every day*