

# FY2024 Checkup Sheet for “Oral Health Checkup”

R6

(Residents born from April 1, 1949 to March 31, 2005)

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

Pregnant woman's Checkup

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

<b>Have you ever had the “Oral Health Checkup” in Minato City before?</b>	Yes	No
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<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	No
1-3: Do any teeth seem loose?	Yes	Sometimes	No
<b>Q2: Your daily healthcare habits</b>			
2-1: Do you brush your teeth at night before going to bed?	No	Sometimes	Most Days
2-2: Do you use interdental brushes or dental floss etc. (interdental cleaning aids)?	No	Sometimes	Most Days
2-3: Do you ever examine your teeth, gums or tongue carefully using a mirror?	No	Sometimes	Most Days
2-4: Do you take your time to eat and chew your food well?	No	Sometimes	Most Days
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	Yes
2-8: Do you snack (sweet foods and drinks)?	Most days	Sometimes	No
2-9: Do you drink alcohol?	Most days	Sometimes	No
2-10: Do you smoke?	Yes(20 or more cigarettes a day)	Yes(19 or fewer cigarettes)	No
2-11: How many types of orally administered medication do you take per day?	5 types or more	1-4 types	None
<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
<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

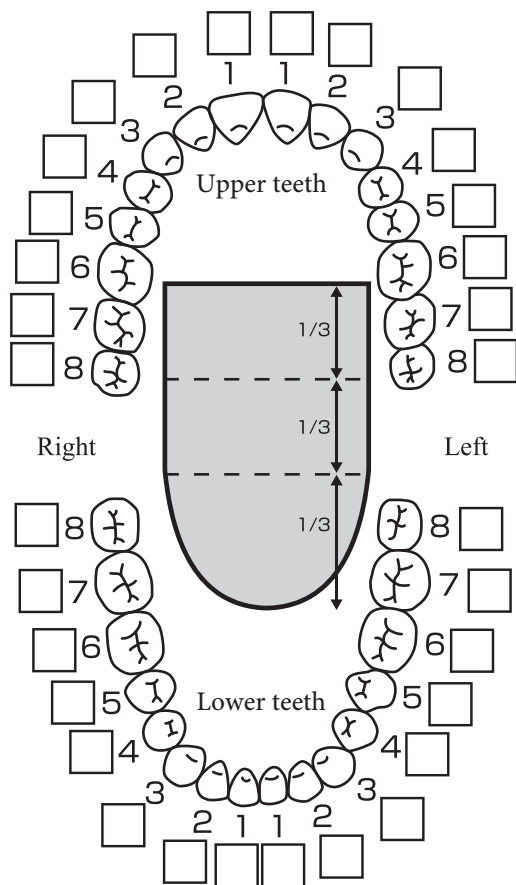
Can't bite	Can bite	Can bite well
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## 2. Gums checkup

	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  
×: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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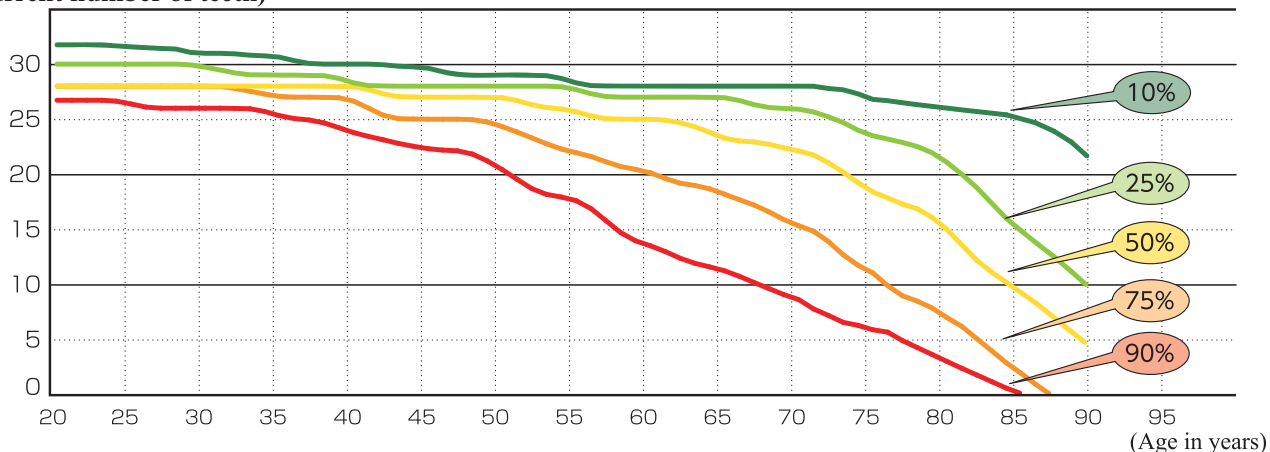
( / ) + ( C ) + ( ○ )

## 5. Tongue / Lip functions

	Times/Per second	
Good	Care required	

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

(Current number of teeth)



## 7. 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

**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*