

Evaluation of oral health status

1. When was the last visit of a dentist? _____

2. Did you visit a dentist during childhood regular?

- No
- Yes, once per year
- Yes, twice per year
-

3. How often do you clean (dental hygiene) your teeth per day?

- Never
- once per day
- twice per day
- more than twice per day
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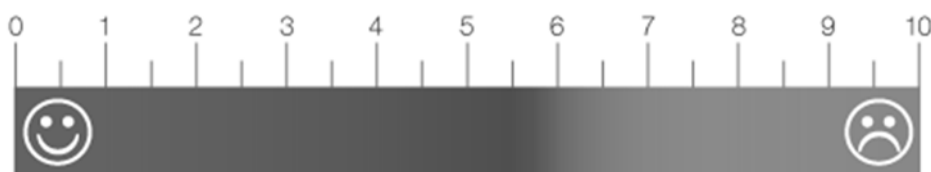
4. Was there a time without access to dental hygiene products?

- Yes
- No
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5. Have you at the moment toothache?

- Yes
- No

How strong are your toothache? (0 "no pain" to 10 "extremely strong pain")



Dental screening

															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
															

F	Filled	C	Decayed tooth (caries)
K	Crown	F	Missing tooth
B	Bridge element	X	Destroyed tooth
TK	Crown (partial)	WF	Root canal filling
I	Implantat		
E	Tooth replacement		