Respondents ID:  Respondents Name: _______
Survey date: 201□V□M□D Investigator No.: □

Requirement: Please tick“√” in the "□" in front of the corresponding option.

1. What is your highest educational background? (Choose only one answer)
   1) □ Didn't go to school  2) □ Primary school  3) □ Junior high school  4) □ Senior high school
   5) □ Vocational school  6) □ Junior college  7) □ Undergraduate  8) □ Postgraduate and above

2. How often do you usually eat the following food or drink? (Choose one answer for each item)
   
   1) Dessert (biscuits, cakes, bread) and confectionery (chocolate, gum with sugar)
      
      ≥2 times/day  1 time/day  2-6 times/week  1 time/week  1-3 times/month  rarely /never

   2) Sweet drinks (carbonate beverages such as sugar water, coke, orange juice, apple juice and other fruit juice, unfreshly squeezed juice such as lemonade)
      
      ≥2 times/day  1 time/day  2-6 times/week  1 time/week  1-3 times/month  rarely /never

   3) Sweetened milk, yogurt, milk powder, tea, soybean milk, coffee

3. Do you smoke? (Choose only one answer)
   1) □ Smoking  2) □ Never smoking  3) □ Smoking cessation (If choose item 2 or 3, don't answer questions 4 and 5)

4. How many years do you smoke? ____________ year. (Please fill in an integer, and fill in “N” if you have no idea or refuse to answer)

5. During the past one month, how many cigarettes do you smoke one day on average? (Choose only one answer)
   1) □ ≤1 /day  2) □ 1-5/day  3) □ 6-10/day  4) □ 11-20/day  5) □ 21-40/day  6) □ ≥41/day

6. Do you drink white liquor? (Choose only one answer)
   1) □ Drink every day  2) □ Drink every week  3) □ Drink seldom  4) □ Never drink  5) □ Have stopped drinking

7. Do you use the following method to clean your teeth? (Choose one answer for each item)
   
   1) Brushing teeth
   
   ≥2 times/day  1 time/day  2-6 times/week  1 time/week  1-3 times/month  rarely /never

   2) Toothpick

   3) Dental floss
8. Do you use toothpaste when brush your teeth? (Choose only one answer)
1) ☐ Yes  2) ☐ No  3) ☐ Have no idea
(If choose item 2 or 3, don't answer question 9)

9. Do you use toothpaste with fluoride when brush your teeth? (Choose only one answer)
1) ☐ Yes   2) ☐ No   3) ☐ Have no idea

10. Have you had your teeth checked? (Choose only one answer)
1) ☐ Checked   2) ☐ Never be checked
(If choose item 2, don't answer questions 11-15)

11. How long has your last dental appointment from now? (Choose only one answer)
1) ☐ Within 6 months  2) ☐ 6 months to 12 months
(If choose item 1 or 2, don't answer question 16)
3) ☐ More than 12 months
(If choose item 3, don't answer questions 12-15)

12. What is the main reason for you to have your teeth checked? (Choose only one answer)
1) ☐ Consultation and examination  2) ☐ Prevention
3) ☐ Therapy  4) ☐ Have no idea

13. How much did you spend on dental therapy in the past year _______ yuan? (Please fill in an integer, and fill in “N” if you have no idea or refuse to answer)

14. How many percents of the above dental expenses did you personally have to pay _______ %.
(Please fill in an integer, and fill in “N” if you have no idea or refuse to answer)

15. Was the cost of your last dental visit reimbursable? (Multiple choices)
1) ☐ Basic insurance for urban workers  2) ☐ Basic medical insurance for non-working urban residents
3) ☐ New Rural Co-operative Medical System  4) ☐ Commercial insurance
5) ☐ Free medical service  6) ☐ Reimbursement by other means
7) ☐ Self-paying (No reimbursement)

16. What were the reasons not to have your teeth checked in the past 12 months? (Multiple choices)
1) ☐ Nothing wrong with teeth 2) ☐ Dental disease was not serious
3) ☐ Have no time  4) ☐ Economic hardship to pay the dental visits
5) ☐ Dental visits are not reimbursable  6) ☐ There was no dentist nearby
7) ☐ Fear of spreading disease  8) ☐ Fear of toothache
9) ☐ Difficult to find a reliable dentist  10) ☐ Difficult to registration
11) ☐ Other reasons

17. Do you have the following medical coverage? (Choose one)

Yes1  No2
1) Basic insurance for urban workers
2) Basic medical insurance for non-working urban residents
3) New Rural Co-operative Medical System
4) Commercial insurance
5) Free medical service
18. Have you had your teeth cleaned in the past 12 months?  
1) [□] Yes  2) [□] No  
(If choose item 2, don't answer question 19)

19. What pattern of reimbursement of the cost of your teeth cleaning (Multiple choice)  
1) [□] Basic insurance for urban workers  2) [□] Basic medical insurance for non-working urban residents  
3) [□] New Rural Co-operative Medical System  4) [□] Commercial insurance  
5) [□] Free medical service  6) [□] Reimbursement by other means  
7) [□] Self-paying (No reimbursement)

20. How much do oral problems affect you in the following ways? (55-64 age group do not need to answer this question, choose one answer for each question)  
1) Very often  2) Often  3) Sometimes  4) Rarely  5) None

1) Do you often limit the type and amount of food you eat because of your teeth or dentures?  
2) Do you have any difficulty biting or chewing your food?  
3) Do you often feel uncomfortable or difficult when you swallow food?  
4) Are your teeth or dentures hindering you speak?  
5) Do you often feel uncomfortable in your mouth when you eat?  
6) Do you often limit your interactions with others due to teeth or dentures?  
7) Do you often feel dissatisfied or unhappy with the appearance of your teeth, gums or dentures?  
8) Do you often take medicine to relieve pain or discomfort in your mouth?  
9) Do you often worry or pay attention to your teeth, gums or dentures?  
10) Do you often feel nervous or uncomfortable in front of others because of your teeth, gums or dentures?  
11) Do you often feel uncomfortable when eating in front of others because of your teeth or dentures?  
12) Are your teeth or gums sensitive to cold, hot or sweet stimuli?

21. How do you evaluate your general health? (Choose only one answer)  
1) [□] Very good  2) [□] Good  3) [□] Generally  
4) [□] Poor  5) [□] Very poor

22. How do you estimate your teeth and oral health? (Choose only one answer)  
1) [□] Very good  2) [□] Good  3) [□] Generally  
4) [□] Poor  5) [□] Very poor
23. What is your opinion about the following statement? *(Choose an answer for Each item)*

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<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>Doesn't matter</th>
<th>Have no idea</th>
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<tbody>
<tr>
<td>1) Oral health is very important to your life</td>
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<td>2) Regular oral check is very necessary</td>
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<td>3) The status of teeth are innate, has little to do with their protection</td>
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<td>4) Prevention of dental disease is mostly by themselves</td>
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24. Do you think of the following statements are correct? *(Choose an answer for each item)*

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<tr>
<th></th>
<th>Correct</th>
<th>Incorrect</th>
<th>Have no idea</th>
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<tbody>
<tr>
<td>1) Gingival bleeding is normal when brushing teeth</td>
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<td>2) Bacteria can cause inflammation of gum</td>
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<td>3) Brushing teeth is useless to prevent gingival bleeding</td>
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<td>4) Bacteria can cause dental caries</td>
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<td>5) Sugar can cause dental caries</td>
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<td>6) Fluoride is useless to protect teeth</td>
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<td>7) Pit and fissure sealing can protect teeth</td>
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<td>8) Oral disease may affect the body health</td>
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25. Have you ever been diagnosed the following chronic diseases by the doctor? *(Multiple choice)*

1) Stroke  2) Diabetes  3) Hypertension  
4) Heart disease  5) Chronic obstructive pulmonary disease  6) Other, please specify _____  
7) None  8) Have no idea

26. How many people are there in your family together? ________ *(Please fill in an integer, and fill in “N” if you have no idea or refuse to answer):*

27. The total income of your family in the past 12 months? _____ Ten thousand yuan/year *(Please fill in an integer, and fill in “N” if you have no idea or refuse to answer).*

Thank you very much for your cooperation!