

Descriptive Study of Oral Health Status of College of Health & Medical Technology Students in Baghdad.

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Abstract

Background: Health auxiliary personnel have an important role in oral health promotion when they graduate and start working in the health care system.

This study aims to find out oral health knowledge and oral health behavior of male and female health in the College of Health and Medical Technology.

The aim of this study: was to evaluate oral health and hygiene habits of the students of Iraqi College of Health and Medical technology depending on the subject of the study.

Methods: A questionnaire was distributed to all students at the male and female health in the College of Health and Medical Technology in Iraq (No = 116) during the academic year (2009-2010). The questions consisted information of the general background, oral health behavior and oral health knowledge.

Results: When the additive knowledge summary variable was analyzed according to different independent variables, only a few associations were detected. All tested examination indicated non-significant difference except for mouth wash/ week tested have a significant differences between the two departments (Dental and Optical department).

Conclusions: It can be concluded that oral health assessment between the two departments including (Dental and Optical) departments have non-significant differences between males and females except for mouth/ wash test that indicated a significant difference between the two departments.

الخلاصة

هذه الدراسة تختص صحة الفم والأسنان لدى طلاب الكلية التقنية الصحية والطبية لقسمي تقنيات الأسنان والبصريات. الصحة الشخصية المساعدة تعتبر الدور الرئيسي في تعزيز صحة الفم والأسنان من خلال توفير العناية اللازمة. هذه الدراسة تهدف لإيجاد المعلومات الضرورية لصحة الفم والتقيد بالتعليمات اللازمة لصحة الرجال والنساء في الكلية التقنية الصحية والطبية.

تم استخدام الأسئلة الشخصية وزعت إلى كافة الطلاب من ذكور وإناث في ما يخص صحة الفم والأسنان بالكلية التقنية الصحية والطبية في العراق.

عدد المشاركين 116 طالب وطالبة خلال العام الدراسي 2010/2009 بأعمار من (19-22). تكونت الأسئلة من 20 سؤال في ما يخص التصرفات وصحة الفم العامة، أكدت النتائج من خلال جمع المعلومات الكاملة لكلا القسمين الأسنان والبصريات من خلال استخدام المتغيرات المعتمدة كل الفحوصات، أكدت انه لا يوجد تغير ملحوظ بين القسمين ما عدا فحص غسل الفم في الأسبوع الواحد قد لوحظ تغيرا معنويا بين القسمين الأسنان والبصريات. الهدف من هذه الدراسة هو لتقوية صحة الفم والوقاية من العادات السيئة في ما يخص صحة الفم والأسنان في العراق/ الكلية التقنية الصحية والطبية بالاعتماد على موضوع الدراسة.

Introduction

Oral health is an important for physical and psychological well-being [1]. There is evidence that oral health depends upon biological, social and environmental factors, mental and physical health [2,3,4,5,6]. Different studies reported variations in prevalence of caries and periodontal diseases among different countries and among different sub-groups of the same society [7,8].

Oral diseases are clearly related to behavior, and the prevalence of dental caries and periodontal disease has decreased with improvement in oral hygiene and a decrease in the consumption of sugar products. This general favorable trend in reducing dental caries, however, has not been seen in several developing countries [1] or in the Middle east [2, 3]. While twice-a day tooth brushing seems to be an established practice in several industrialized countries such as United kingdom [4], Italy [5], Sweden [6], and Norway [7]; this goal is still very far from being realized in several other countries, including Turkey [8], Lebanon [9], Saudi Arabia [2] and Kuwait [10,11].

Oral health knowledge is considered to be an essential prerequisite for health-related behavior [12], although, only a weak association seems to exist between knowledge and behavior in cross-sectional studies [13, 14]. Nevertheless, studies have shown that there is an association between increased knowledge and better oral health [15,16], since auxiliary health personal specialize in preventive information and health promotion, it is important that their own oral health knowledge is good and their oral health behavior conforms to professional recommendation. With proper knowledge and oral health behavior, they can play an important role in the health education of individuals and group [17, 18], and acts role models for lay people and the community at large.

The aim of this study is to determine oral health knowledge and behavior among students at the College of Health and Medical Technology in Iraq which graduates auxiliary health person.

Materials

The College of Health and Medical Technology formerly the Health Institute was established in 1995, with different departments. One hundred and sixteen students (males and Females) belong to dental and Optical departments were included in this study during the academic year 2009-2010, (Random Selection).

Methods

A questionnaire was distributed to all the students for the above departments in order to collect complete information about their health and hygienic behavior.

This questionnaire consists of:

1. Back ground information: Those are: Age (19-22) years, Student department (Dental or Optical), Sex (male or female), brushing teeth, mouth wash, medical thread, number of smoking oral ulcer, oral bleeding, calcifying, mouth odor, mouth dryness, yellowish teeth, number of discarded teeth, number of artificial teeth [Appendix 1].
2. The data were processed by SPSS (Chi-square) program which was used for evaluation of the statistical significance analysis of data. The mean values were then compared against the background factors and oral health behavior.

Statistical Analysis:

The suitable statistical methods were used in order to analyze and assess the results, they include the followings:

- 1) Descriptive statistics
 - A. Statistical tables including observed frequencies.
 - B. Summary statistic of the readings distribution (mean, SD, SEM, minimum & maximum).
 - C. Graphical presentation by (Bar & Pie-chart).

2) Inferential statistics:

These were used to accept or reject the statistical hypotheses, they include the followings:

A) Chi-square (χ^2).

Note: The comparison of significant (P-value) in any test were:

S= Significant difference (P<0.05).

HS= Highly Significant difference (P<0.01).

NS= Non Significant difference (P>0.05).[19]

Results

From a total (116) dental students, 36 (31.0%) were males and 80 (69.0%) were females students participated in this study.

Table 1: Distribution of students according to age groups

		Students of departments		Total	
		Dental	Optical		
Age / Year	19	N	36	14	50
		%	40.4%	51.9%	43.1%
	20	N	34	7	41
		%	38.2%	25.9%	35.3%
	21	N	11	2	13
		%	12.4%	7.4%	11.2%
	22	N	8	4	12
		%	9.0%	14.8%	10.3%
Total	N	89	27	116	
	%	100.0%	100.0%	100.0%	

	Value	df	P-value
Chi-Square	2.641	3	0.451 NS

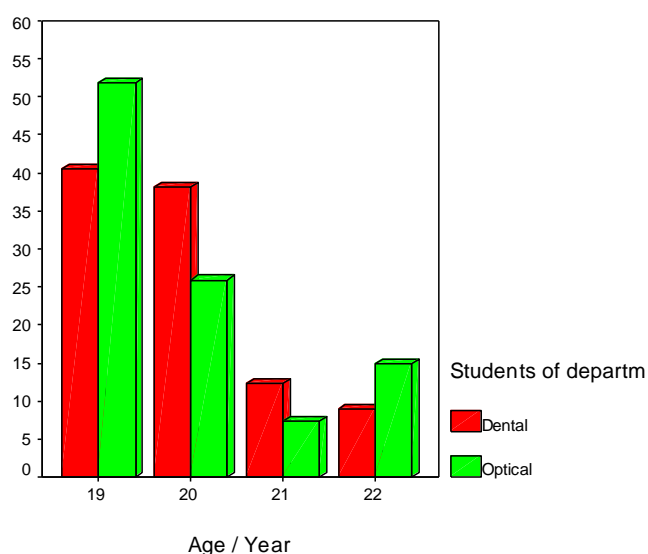


Figure 1: Distribution of students according to their age groups

Table (1) lists the number of subjects by age /year including range (19-22) the highest age that (19) and lowest age that (21) year.

Table (2) lists the gender for students of departments (36) male while female were (80) with a total number of (116).

Table 2: Distribution of students according to gender

			Students of departments		Total
			Dental	Optical	
Gender	Male	N	27	9	36
		%	30.3%	33.3%	31.0%
	Female	N	62	18	80
		%	69.7%	66.7%	69.0%
Total	N		89	27	116
	%		100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	.087	1	0.768 NS

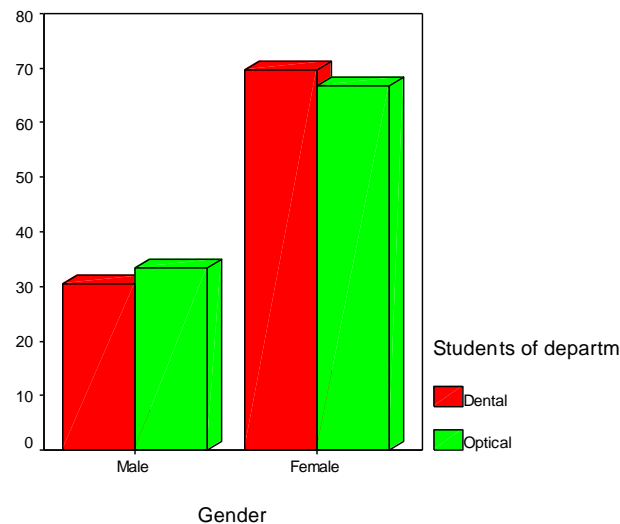


Figure 2: Distribution of students according to gender

Table (3) presents the brushing teeth in day based on (1, 2, 3) times daily, indicated non significant difference but the highest range tooth brushing that (2) times in day and lowest range that (3) times in day

Table 3: Distribution of students according to the No. of teeth-brushing / day

			Students of departments		Total
			Dental	Optical	
Brushing teeth / Day	1	N	28	7	35
		%	31.5%	25.9%	30.2%
	2	N	51	17	68
		%	57.3%	63.0%	58.6%
	3	N	10	3	13
		%	11.2%	11.1%	11.2%
Total		N	89	27	116
		%	100.0%	100.0%	100.0%
			Value	df	P-value
Chi-Square			.324	2	0.851 NS

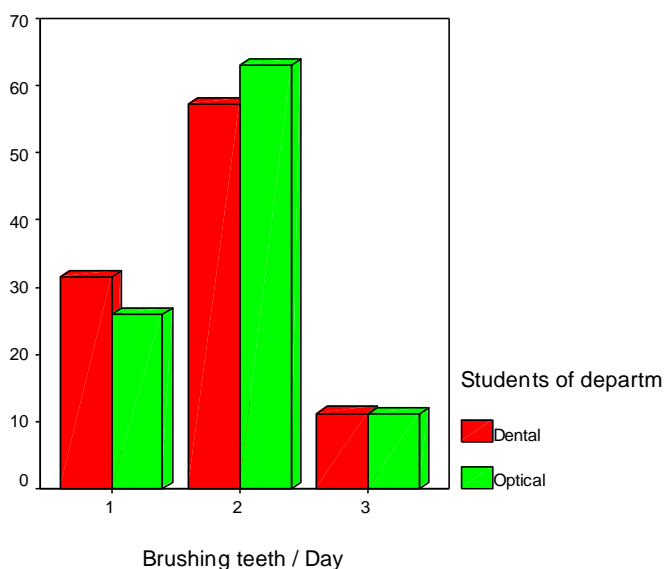


Figure 3: Frequency of Teeth-brushing / per by students

Table (4) presents the mouth wash in week based on [يوميًا, بعض الاحيان, لا استعمال] times in one week .the result indicated a significant difference between the two departments but the highest range the (3) and lowest range that (1)

Table 4: Frequency of mouth washing/week among students

			Students of departments		Total
			Dental	Optical	
Mouth wash / Week	0	N	34	4	38
		%	38.2%	14.8%	32.8%
	1	N		1	1
		%		3.7%	.9%
3	N	38	13	51	
	%	42.7%	48.1%	44.0%	
7	N	17	9	26	
	%	19.1%	33.3%	22.4%	
Total	N	89	27	116	
	%	100.0%	100.0%	100.0%	

	Value	df	P-value
Chi-Square	8.767	3	0.033 S

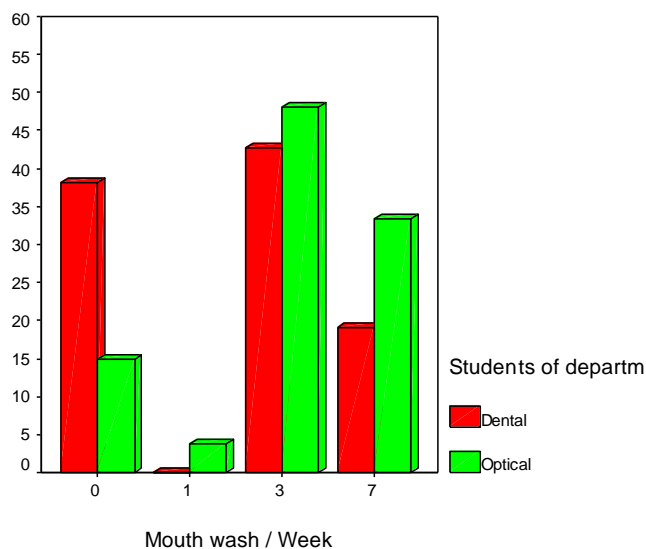


Table (5) present the medical thread in week based on (يومياً, بعض الاحيان, لاستعمل) times in week .the result indicated non significant differences the highest range that (0) and the lowest range that (7) .

Table 5: Frequency of using dental threads/ week by students

			Students of departments		Total
			Dental	Optical	
Medical thread / Week	0	N	54	16	70
		%	60.7%	59.3%	60.3%
	3	N	24	7	31
		%	27.0%	25.9%	26.7%
	7	N	11	4	15
		%	12.4%	14.8%	12.9%
Total		N	89	27	116
		%	100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	.112	2	0.946 NS

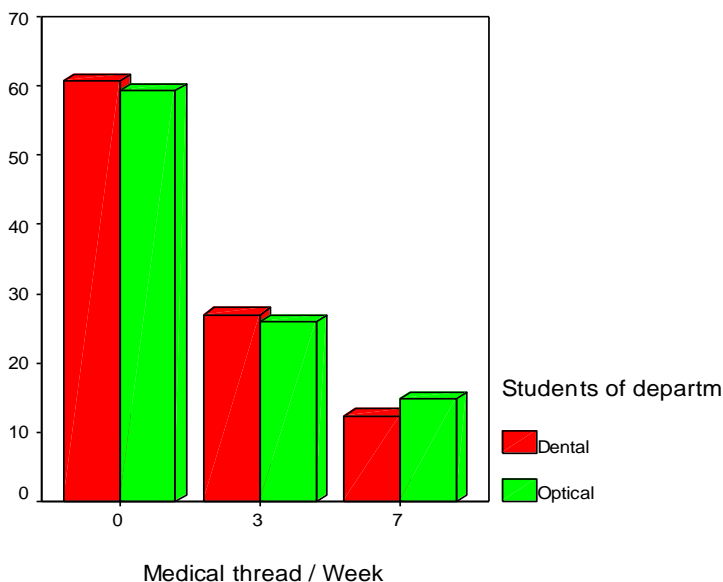


Figure 5: Frequency of dental floss application by students.

Table (6) indicated the number of smoking in day based on [20, (1 -20), (5 -10), (1 -5)] times in day .the result indicated non significant differences the highest range that (0) while the lowest range that (20).

Table 6: Frequency of Smokers & no. of cigarette smoking / day among college students

			Students of departments		Total
			Dental	Optical	
Number of smoking / Day	0	N	81	26	107
		%	91.0%	96.3%	92.2%
	5	N	4		4
		%	4.5%		3.4%
	10	N	2	1	3
		%	2.2%	3.7%	2.6%
	20	N	2		2
		%	2.2%		1.7%
Total		N	89	27	116
		%	100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	2.053	3	0.562 NS

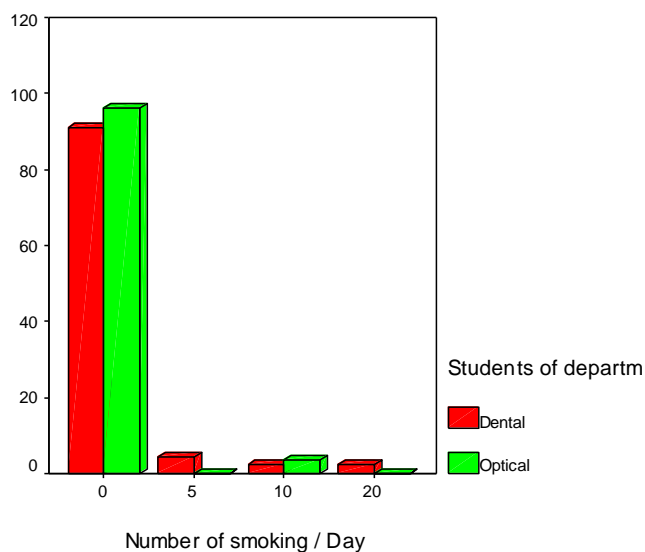


Figure 6: Frequency of smoking / day among college students

Table (7) represents the oral ulcer that used on ulcer or some times oral ulcer .the result indicated non significant differences but the highest range that no ulcer and the lowest range that some times ulcer.

Table 7: Frequency of oral ulcer among students

			Students of departments		Total
			Dental	Optical	
Oral ulcer	No ulcer	N	75	22	97
		%	84.3%	81.5%	83.6%
	Some times	N	14	5	19
		%	15.7%	18.5%	16.4%
Total		N	89	27	116
		%	100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	.118	1	0.732 NS

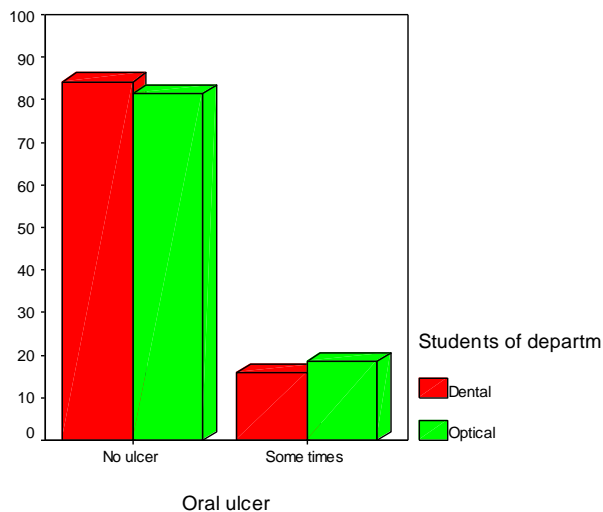


Figure 7: Frequency of oral ulcer among college students

Table (8) indicated oral bleeding that used no bleeding , sometimes bleeding, Every times bleeding the result indicated non significant differences but the highest range that on bleeding and the lowest range that Every times bleeding

Table 8: Frequency of oral bleeding among students

			Students of Departments		Total
			Dental	optical	
Oral bleeding	No bleeding	N	66	24	90
		%	74%	88.9%	77.6%
	Some times	N	19	3	22
		%	21.3%	11.1%	19.0%
	Every times	N	4		4
		%	4.5%		3.4%
Total		N	89	27	116
		%	100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	2.938	2	0.230 NS

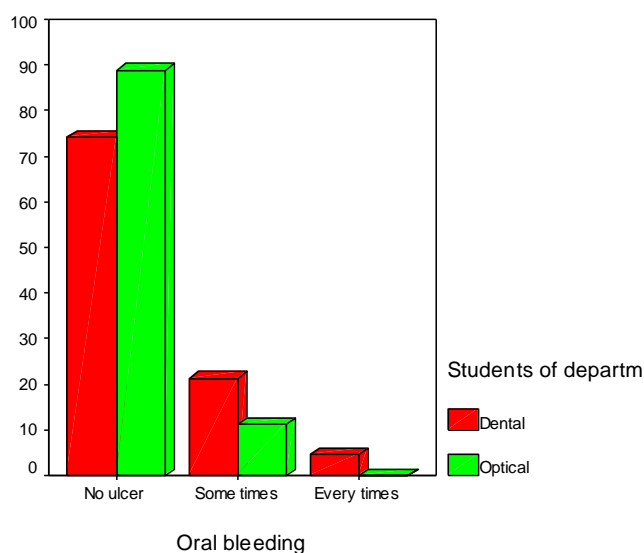


Figure.8: Frequency of students complain of oral bleeding

Table (9) represented calcification of teeth including no calcification, some times calcification, every times calcification. The results revealed that there was non-significant difference between the above levels although highest range was no calcifying and the lowest one was every times calcification.

Table 9: Frequency of calcifying teeth among student

			Students of Departments		Total
			Dental	optical	
Calcifying	No Calcifying	N %	51 57.3%	22 81.5%	73 62.9%
	Some times	N %	30 33.7%	5 18.5%	35 30.2%
	Every times	N %	8 9.0%		8 6.9%
Total		N %	89 100.0%	27 100.0%	116 100.0%

	Value	df	P-value
Chi-Square	5.935	2	0.051 NS

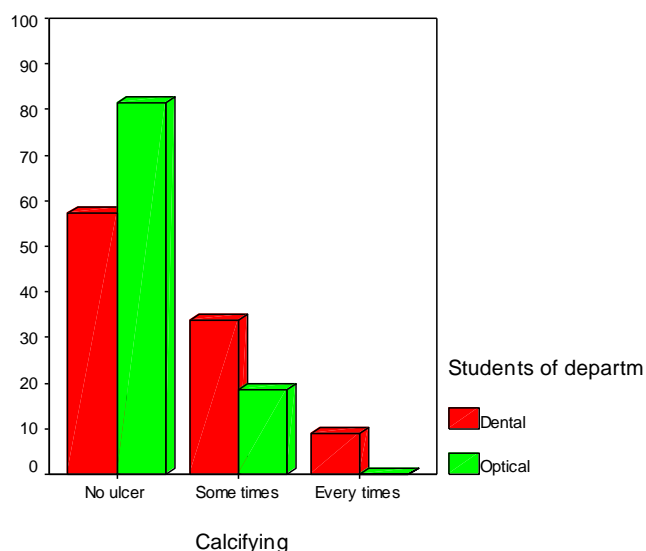


Figure 9: Frequency of calcifying teeth among the students

Table (10) lists the mouth odor that including no odor, some times odor, every times odor in mouth. The results indicated that non-significant differences were in the students answer, however the highest percentage was no odor and the lowest one was every times odor in the mouth

Table10: Frequency of mouth odor among the students

			Students of Departments		Total
			Dental	optical	
Mouth odor	No Mouth odor	N %	62 69.7%	22 81.5%	84 72.4%
	Some times	N %	24 27.0%	5 18.5%	29 25.0%
	Every times	N %	3 3.4%		3 2.6%
Total		N %	89 100.0%	27 100.0%	116 100.0%

	Value	df	P-value
Chi-Square	1.901	2	0.387 NS

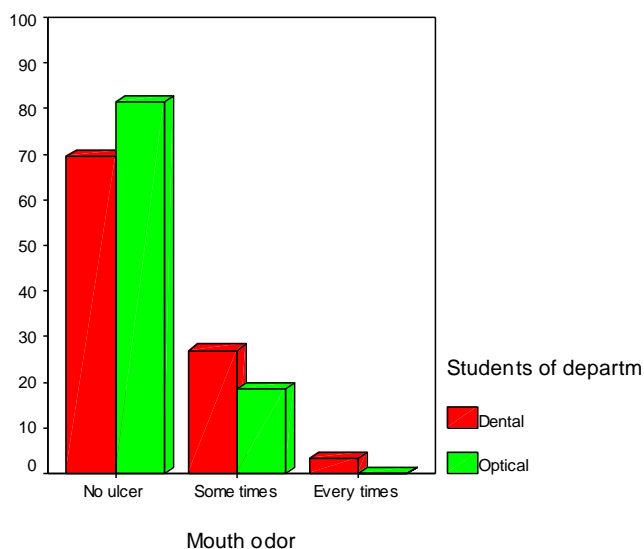


Figure 10: frequency of bad mouth odor among the students

Mouth dryness result was listed in Table (11) which including absence of mouth dryness, some times there was dryness and every time there is a mouth dryness. The results showed that the highest frequency referred to absence of dryness, though no significant differences between the three possibilities.

Table 11: Frequency of students complain of mouth dryness

			Students of Departments		Total
			Dental	optical	
Mouth dryness	No Mouth dryness	N	59	20	79
		%	66.3%	74.1%	68.1%
	Some times	N	28	7	35
		%	31.5%	25.9%	30.2%
	Every times	N	2		2
		%	2.2%		1.7%
Total		N	89	27	116
		%	100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	1.001	2	0.606 NS

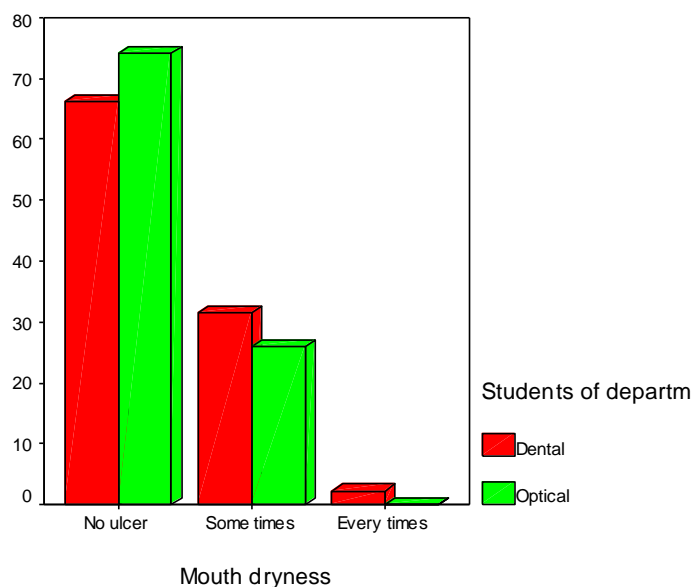


Figure 11: Frequency of mouth dryness among students

Teeth yellowish discoloration's result was listed in Table (12) which revealed that non-significant differences between the probabilities of no yellowish, some times and every times there is a yellowish discoloration of teeth. However, the highest range was observed among the likelihood of sometimes yellowish.

Table 12: Yellowish discoloration's frequency among students

			Students of Departments		Total
			Dental	optical	
Yellowish Teeth	No Yellowish	N	25	11	36
		%	28.1%	40.7%	31.0%
	Some times	N	51	15	66
		%	57.3%	55.6%	56.9%
	Every times	N	13	1	14
		%	14.6%	3.7%	12.1%
Total		N	89	27	116
		%	100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	3.120	2	0.210 NS

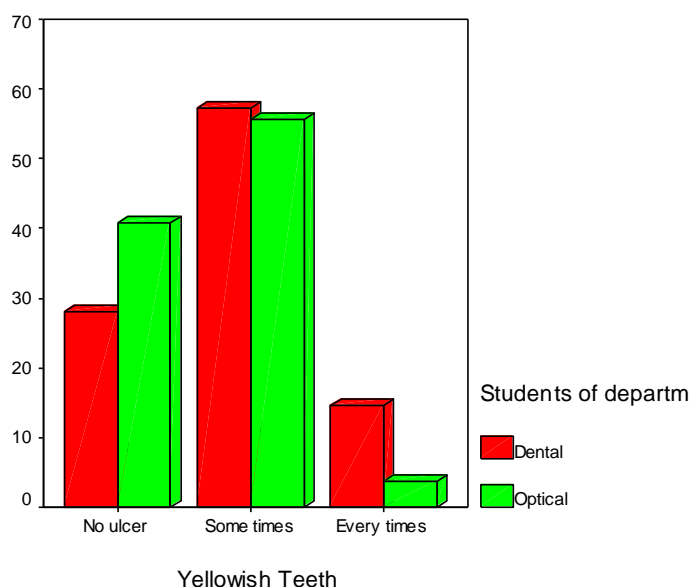


Figure 12: Yellowish teeth frequency among students

Table (13) involved the number of discarded teeth that may be (0, 1, 2, 3, 4, 5). The results showed that there was non-significant difference between these probabilities, but the highest range was noticed was (0) and the lowest one was (5).

Table 13: frequency of the discarded teeth among the students

			Students of Departments		Total
			Dental	optical	
Number of Discarded teeth	0	N	56	22	78
		%	62.9%	81.5%	67.2%
	1	N	12	3	15
		%	13.5%	11.1%	12.9%
	2	N	12	2	14
		%	13.5%	7.4%	12.1%
	3	N	4	0%	4
		%	4.5%	0%	3.4%
	4	N	4	0%	4
		%	4.5%	0%	4.3%
5	N	1	0%	1	
	%	1.1%	0%	.9%	
Total		N	89	27	116
		%	100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	4.515	5	0.478 NS

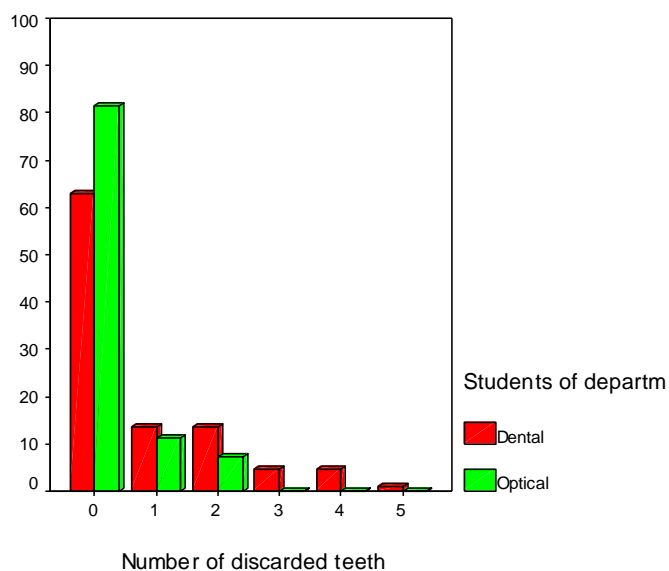


Figure 13: Frequency of the discarded teeth

Table (14) lists the results of the number of artificial teeth that including (0, 1, 2, 4, 5, more than 5). Zero frequency was reckoned as the highest range although 2 and 4 the lowest answer.

Table 14: frequency of the artificial teeth among the students

			Students of departments		Total
			Dental	Optical	
Number of artificial teeth	0	N	84	25	109
		%	94.4%	92.6%	94.0%
	1	N	3	1	4
		%	3.4%	3.7%	3.4%
	2	N	1		1
		%	1.1%		.9%
	4	N	1		1
		%	1.1%		.9%
	10	N		1	1
		%		3.7%	.9%
Total		N	89	27	116
		%	100.0%	100.0%	100.0%

	Value	df	P-value
Chi-Square	3.917	4	0.417 NS

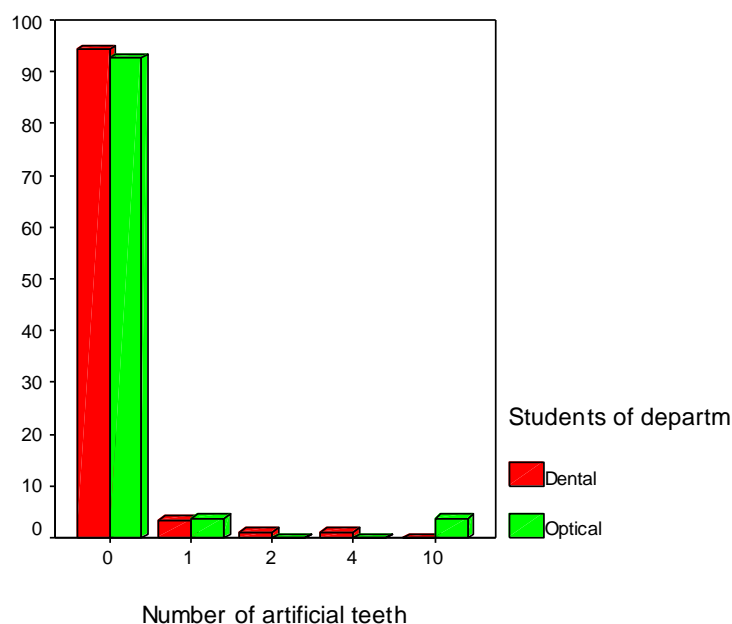


Figure 14: Frequency of artificial teeth applied by college students

Discussion

An important task of the oral professionals is to instill in their patients the correct oral habits to prevent oral diseases. The first step in establishing a habit is providing relevant knowledge to the patients and to raise their awareness of how to prevent oral diseases. High awareness of self-oral health in a dental student may have a direct impact on his attitude for patient's education and may help to create oral awareness in the population.

A problem arises when cross-sectional studies of different groups are compared. These studies are not uniform in their original design, and include different age groups for males and females. It is

difficult to assess knowledge with brief instruments, such as the one adopted herein and draw firm disinfection from attitudes and believes. Preventive activities are influenced by three factors: thoughts (beliefs, values, expectations), social environment (inter-personal interactions), and individual ability [11, 12, 13]. Moreover, to follow directions given by the dentist, patients have to believe that they are exposed to the disease that the disease is serious, and they can gain from the dentist's effort [14].

This study is the first formal assessment of dental attitudes and behavior in dental students in Iraq. The response rate of the dental undergraduate students who participated in these studies was (216). There were no major differences among males and females in the current study ($P > 0.05$); hence; gender was not a major factor influencing the health percentage of agree/ disagree responses. The result of this study have shown that the mean of all tested groups have no major difference ($P > 0.05$) for both dental and optical departments, this may be attributed to dental health knowledge, attitude and behavior among Iraqi employees were assessed these result agreement with result of [15, 27].

In table (4) there was a significant difference among dental and optical departments in mouth wash/ week tested among students (male & females). These may be attributed to differences in dietary habits of different communities especially consumption of refined mouth wash and may be attributed partly to the adoption of different diagnostic criteria in various studies. [16]

Other studies have also shown that there is, in general, much work to do in improving dental hygiene students, dental students. Other university students [17, 20, 21] and teachers [23-25].

Positive association was estimated between parent's education and dental health assessment of the students. These data are consistent with the findings of other studies [24]. Parents with higher education and higher income level take better care of oral hygiene of their children compared with those of poorer education and lower income persons [22].

Many investigators found association between oral health status, smoking and alcohol consumption [26, 27]. These findings could be explained by better oral hygiene habits of non-smokers compared with those of smokers. Possibly, the impact of these factors o oral health in a young age is not highly expressed [28, 29, 30].

Conclusions

According to the results of the present study, it could be concluded that:

- 1- Oral health assessment was related with subjective health, health awareness and parent's education.
- 2- The data of the study provide the need for oral health promotion programs at the College of Health and Medical technology.

References

1. Cortes FJ, Nevot C, Roman JM. & Cuenca E. (2000) "The evolution of the dental health in dental students at the University of Barcelona." J. Dent. Educ. 66: 1203-8.
2. Polychronopoulou A, Kawamura M. & Athanasouli T. (2002) "Oral self-care behavior among dental school students in Greece" J. oral. Sci. 44: 73-8.
3. Kawamura M, Honkala E, Widstrom E. & Kobayashi T. (2000) "Cross-cultural differences of self-reported oral health behavior in Japanese and Finnish dental students." Int. Dent. J. 50:46-50.
4. Kawamura M, Yip HK, Hu DY. & Kobayashi T. (2001) "A cross-cultural comparison of oral attitudes and behavior among freshman dental students in Japan, Hong Kong and West China." Int. Dent. J. 51: 159-63.
5. Davis P. (1980) "*Social Context of Dentistry.*" Elsevier, London, PP: 21-27

6. Frazier PJ. (1983) "Public health education and promotion for caries prevention: The role of dental school" *J. Public Health Dent.* 43: 28-41.
7. Cohen LK. & Gift HC. (1995) "*Disease Prevention and Oral Health Promotion: Social-dental Sciences in Action.*" Munksguard, Copenhagen, PP: 307-40.
8. Khami MR. (2007) "Preventive dentistry and dental education in Iran." PhD thesis, University of Helsinki, Helsinki, PP: 3-19.
9. Shea JDC. & Jones J. (1982) "A model for the use of attitude scales across cultures." *Int. J. Physiol.* 17: 331-43.
10. Kawamura M. & Iwamoto Y. (1999) "Present state of dental health knowledge, attitudes/ behavior and perceived oral health of Japanese employees." *Int. Dent. J.* 49: 173-81.
11. Tedesco LA, Keffer MA. & Fleck-Kandath C. (1991) "Self-efficacy, reasoned action, and oral health behavior reports: a social cognitive approach to compliance." *J. Behav. Med.* 14: 341-55.
12. Wardle J. & Steptoe A. (1991) "The European Health and behavior Survey: rationale, methods and initial results from the United Kingdom." *Soc. Sci. Med.* 33: 925-36.
13. Tedesco LA, Keffer MA. & Davis EL. (1991) "Social cognitive theory and relapse prevention: reframing patient compliance." *J. Dent. Educ.* 55: 575-81.
14. Baker T. (1994) "Role of health beliefs in patient compliance with preventive dental advice." *Community Dent. Oral Epidemiol.* 22: 327-30.
15. Tseveenjav B, Vehkalahti M. & Murtomaa H. (2000) "Preventive practice of Mongolism dental students." *Eur. J. Dent. Educ.* 6: 74-78.
16. Faraed D. Salman, Aisha A. Qasim, Khawla M. Saleh (2005): Oral health status and treatment needs of Iraqi and Yemens dental student (a comparative study). *Al – Rafidain dent. J.* 5 -1.
17. Ostberg AL, Halling A. & Lindblad U. (1999) "Gender differences in knowledge, attitude, behavior, and perceived oral health among adolescents." *Acta Odontol. Scand.* 57: 231-36.
18. Nanakorn S, Osaka R, Chusilp K, Tsuda A, Maskasame S. & Ratanasiri A. (1999) "Gender differences in health-related practices among university students in Northeast Thailand." *Asia Pac. J. Public Health*, 11: 10-15.
19. Sorlie DE. (1995) "Medical biostatistics & epidemiology: Examination & board review." 1st Ed. Norwalk, Connecticut, Appleton & Lange, PP: 47-88.
20. Kassak KM, Dagher R. & Doughan B. (2001) "Oral hygiene and life style correlates among new undergraduate university students in Lebanon." *J. Am. Coll. Health*, 50: 15-20.
21. Fukai K, Takaesu Y. & Maki Y. (1999) "Gender differences in oral health behavior and general health habits in an adult population." *Bull. Tokyo Dent. Coll.* 40: 187-193.
22. Sakki TK, Knuutila ML. & Anttila SS (1998) "Lifestyle, gender and occupational status as determinants of dental health behavior." *J. Clin. Periodontol.* 25: 566-70.
23. Klemendz G, Axtelius B. & Soderfeldt B. (2000) "Fluoride use by gender, age and dental fear among patients in a private practice." *Swed. Dent. J.* 24: 183-92.
24. Komabayashi T, Kwan SYL, Hu DY, Kajiwara K, Sasahara H. & Kawamura M. (2005) "A comparative study of oral health attitudes and behavior using the Hiroshima University-Dental Behavioural Inventory (HU-DBI) between dental students in Britain and China." *J. Oral Sci.* 47: 1-7.
25. Stenberg P, Hakansson J. & Akerman S. (2000) "Attitudes to dental health and care among (20-25)-years-old Swedes: results from a questionnaire." *Acta Odontol. Scand.* 58: 102-6.
26. Al-Omari QD. & Hamasha AA. (2005) "Gender-specific oral health attitudes and behavior among dental students in Jordan." *J. Contemp. Dent. Pract.* 1:107-14.
27. Donald W. Legler, Wael Al – Alousi and Homer C. Jamison (1980): Dental caries prevalence in secondary school students in Iraq. *J. Dental research*, 59 - 1936.
28. Mowbray M. & Ferguson RT. (1970) "Psychology in Relation to Medicine" 3rd Ed. ES Livingstone, London, PP: 380.
29. Kawamura M, Sasahara H, Kawabata K, Iwamoto Y, Konishi K. & Wright FA. (1993) Relationship between CPINT and oral health behavior in Japanese adults." *Aust. Dent. J.* 38: 381-88.
30. Kawamura M, Iwamoto Y. & Wright FA. (1997) "A comparison of self-reported dental health attitudes and behaviour between selected Japanese and Australian student." *J. Dent. Educ.* 61: 354-60.

Appendix 1

العمر: الجنس: ذكر انثى الكلية / المعهد: العنوان:

كم مرة تفرش أسنانك بالفرشاة و معجون الأسنان ؟

ثلاث مرات مرتان مرة واحدة مرة كل عدة أيام لا افرش أبدا

هل تستعمل مضمضة الأسنان ؟

يومية بعض الأحيان لا استعمل

هل تستعمل الخيوط الطبية لتنظيف الأسنان ؟

يومية بعض الأحيان لا استعمل

هل تدخن ؟

نعم لا

عدد السجائر المدخنة يوميا :

أكثر من 20 20-10 10-5 5-1

هل تعاني من تقرحات الفم؟

في أكثر الأحيان في بعض الأحيان لا أعاني

هل تعاني من نزف اللثة ؟

في أكثر الأحيان في بعض الأحيان لا أعاني

هل تعاني من التكتلات ؟

في أكثر الأحيان في بعض الأحيان لا أعاني

هل تعاني من رائحة الفم الكريهة ؟

في أكثر الأحيان في بعض الأحيان لا أعاني

هل تعاني من جفاف الفم ؟

في أكثر الأحيان في بعض الأحيان لا أعاني

هل تعاني من اصفرار أو تصبغ الأسنان ؟

في أكثر الأحيان في بعض الأحيان لا أعاني

هل لديك أسنان مقلوعة ؟ نعم لا

عدد الاسنان المقلوعة:

أكثر من 5 5 4 3 2 1

نوع الاسنان المقلوعة:

القواطع الانياب الضواحك الاضراس اسنان العقل

اسباب قلع الاسنان:

امراض اللثة تسوس الاسنان شدة خارجية اسباب اخرى

هل لديك اسنان اصطناعية:

نعم لا

تيجان وجسور ثابتة (عدد الاسنان):

اكثر من 5 5 4 3 2 1

طقم جزئي واسنان متحركة (عدد الاسنان):

اكثر من 5 5 4 3 2 1