



青少年護齒共同治理先導計劃
Primary Dental Co-care Pilot Scheme for Adolescents (PDCC)

口腔健康問卷

Oral Health Questionnaire

蛀牙和牙周病的風險評估 Risk Assessment for Dental Caries and Periodontitis							
蛀牙風險 Dental Caries Risk							
1.	每天使用含氟化物牙膏次數 Frequency of using fluoridated toothpaste per day	從不 Never <input type="checkbox"/>	1 次 Once <input type="checkbox"/>		2 次或以上 Twice or more <input type="checkbox"/>		不知道 Don't know <input type="checkbox"/>
2.	每天正餐以外吃喝次數 Frequency of snacking between meals per day	0 次 No <input type="checkbox"/>	1 次 1 time <input type="checkbox"/>	2 次 2 times <input type="checkbox"/>	3 次 3 times <input type="checkbox"/>	4 次或以上 ≥4 times <input type="checkbox"/>	不知道 Don't know <input type="checkbox"/>
牙周病風險 Periodontitis Risk							
1.	每天吸煙支數 Number of cigarettes smoked per day	從不 Never <input type="checkbox"/>	1 - 10 支 1-10 cigarettes <input type="checkbox"/>	11 - 20 支 11-20 cigarettes <input type="checkbox"/>	21 支或以上 ≥ 21 cigarettes <input type="checkbox"/>		不知道 Don't know <input type="checkbox"/>

過去 3 個月內與牙齒/口腔相關的負面影響 Negative impacts related to teeth/mouth during the past 3 months						
在過去 3 個月內，你是否經常出現以下與牙齒或口腔有關的問題（包括唇、顎骨和牙齦）？（每項請以✓選一個答案） In the past 3 months, how often have you had the following problems related to the teeth or mouth (including the lips, jaws and temporomandibular joints)? (Please choose <u>one</u> answer for each item by marking with a ✓)						
		從不 Never	1 - 2 次 Once or twice	有時候 Sometimes	經常 Often	通常 Very often
1.	口腔出現潰瘍（疳滋）或疼痛點 Mouth sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	有口氣 Bad breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	難以入睡 Trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	發音有困難 Difficult to say any words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	介意其他人對你口腔或牙齒情況的想法 Concerned with what other people think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	感到不开心 Upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	與朋友或家人爭吵 Argued with other children or your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	被人取笑或改花名 Teased / called names by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

你是否患有糖尿病？ Are you a diabetic patient?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
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