Self-Assessment Form:

Participant Information:

Name:

Date of Birth:

Relationship Status:

Address:

City:

State: Zip:

Nationality:

E-mail I.D Mobile phone:

CoHE membership I.D

**Insurance History:**

1)Do you have any kind of dental coverage? Yes \_\_\_\_\_No\_\_\_\_\_

2) If Yes, Name of Insurance Company: Policy#

3) If No, do you need assistance in getting dental insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_.

4) Do you have dental provider Yes\_\_\_\_\_No\_\_\_?

5) How long has it been since you last visited dentist?

\_\_\_\_\_\_six months \_\_\_\_\_\_ six to twelve months \_\_\_\_\_\_more than twelve months.

6) Was there time during last 12 months, you could not see dentist because of cost? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No.

8)Do you known our dental provider’s installment option? Yes \_\_\_\_No\_\_\_\_.

9) Are you interested in learning about subsidized dental insurance plans? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_.

 **Socioeconomic History:**

1)What is highest level of education?

 \_\_\_\_\_Never attended \_\_\_\_\_\_Elementary \_\_\_\_\_ completed High school some college\_\_\_\_ college degree\_\_\_\_\_

2)Do you currently hold a job? \_\_\_\_\_Unemployed \_\_\_Part Time \_\_\_Fulltime \_\_\_\_Retired

3) what is your annual income? \_\_\_\_\_\_\_$10,000 or less \_\_\_\_\_\_\_$10,000-20,000 \_\_\_\_\_\_$25,000 to 30,000.

4) Are you willing to participate in our oral Health initiative program? \_\_\_\_\_\_Yes No\_\_\_\_\_

 **Oral Health Self-Assessment:**

1. During the past 30 days, how often do you drink caffeine products such as coffee/Tea/cocoa milk?

\_\_\_\_\_ 1-2times/day \_\_\_3-4times/day \_\_\_\_\_more than 4 times/day.

1. During past 30 days, how often do you eat hard or soft candies?

\_\_\_\_\_ 1-2times/day \_\_\_\_\_3-4times/day \_\_\_\_\_\_more than 4 times/day.

1. During the past 30 days, how often do you drink soft drinks like coco-cola/Pepsi?

 \_\_\_\_\_1-2times/day \_\_\_\_ 3-4times/day \_\_\_\_\_more than 4times/day.

1. How often do you smoke?

 \_\_\_\_ Everyday \_\_\_\_ someday \_\_\_Not at all.

1. On average, how many cigarettes a day do you smoke?

 \_\_\_\_\_ pack (20 cigar) \_\_\_\_\_half-pack (10 cigar) \_\_\_\_\_ less than 10

 6) How long has it been since you last smoked a cigarette?

 \_\_\_\_\_ Less than 1 month \_\_\_\_\_1-3 months \_\_\_\_3-6months \_\_\_\_\_more than 6 months.

 7) Do you have any chronic diseases? Asthma\_\_\_\_ CHD\_\_\_\_\_ Diabetes\_\_\_\_\_\_ HTA\_\_\_\_\_\_\_

 8) Have you ever told by doctor that you have diabetes?

 \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_ Not sure.

 9) Do you aware of relation between diabetes and oral health?

 \_\_\_\_\_Yes \_\_\_\_\_\_ No \_\_\_\_\_Not sure

* 10) How often do you have your teeth cleaning done during last year?

 \_\_\_\_Three times/year \_\_\_\_\_\_1-2/year \_\_\_\_Not at All

11) Do you follow oral hygiene instructions for diabetics?

 \_\_\_\_\_Yes \_\_\_\_\_\_No