



GUIDELINES

ORAL HEALTHCARE FOR YOUNG ADULTS IN MALAYSIA

**ORAL HEALTH PROGRAMME
MINISTRY OF HEALTH MALAYSIA
2019**

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FOREWORD



Young adults are entrusted with a vision to accomplish great achievements and inherit a nation that can progress socio-economically through various developmental projects. The aspirations of our *Rakyat* especially the young adults are essential to shape the country's future. As we move in this direction, the need for comprehensive oral healthcare is vital for young adults in order to enhance their quality of life. This necessitates for well-planned strategies and wholesome activities for implementation.

Currently, schoolchildren up to 17 years of age had benefited from the school dental service provided by the Oral Health Program, Ministry of Health, Malaysia. However, upon leaving secondary school, these young adults do not routinely utilize available oral healthcare facilities due to work and education related commitment. Other factors such as geographical location and socioeconomic status also influence their access to oral healthcare.

Early intervention in improving our young adults' oral health must be further emphasized to avoid health inequalities at all stages of life. Thus, this guideline incorporates current concepts and approaches in the management of oral healthcare for young adults. It also ensures smooth transition of young adults into the oral healthcare system and into adulthood.

I take this opportunity to express my heartfelt appreciation to the working group and all others involved in the preparation of this guideline.

A handwritten signature in black ink, consisting of a stylized 'N' followed by a horizontal line and a small flourish.

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CONTENTS

Acknowledgements	I-II
Foreword	III
1. Introduction	1
2. Background	2
3. Literature review	
3.1 Oral Health Status of Young Adults	3
3.2 Tooth wear Among Young Adults	4
3.3 Oral Health Habits and Practices Among Young Adults	4
3.4 Oral Healthcare Programme and Facilities Provided for Adolescent and Young Adults in Other Countries.	5
4. Rationale	5
5. Scope	5
6. Objectives	
6.1 General Objectives	6
6.2 Specific Objectives	6
7. Implementation Strategies	
7.1 Planning of Oral Health Services	6
1.2 Promoting Oral Health as Part of General Health	6
1.3 Delivering Oral Healthcare Services	6
8. Exemption of Outpatient Dental Treatment Charges	7
9. Monitoring and Evaluation	8
10. Conclusion	8
11. Appendix	
Appendix 1 : Implementation Strategies on Oral Healthcare Program for Young Adults.	9-12
Appendix 2 : Monitoring Oral Health Perception, Practice and Utilization of Oral Healthcare for Young Adults	13
Appendix 3 : <i>Borang Kaji Selidik Kesihatan Oral untuk Dewasa Muda</i>	14-15
Appendix 6 : Oral Health Questionnaire Summary Report on Oral Health of Young Adults	16-18
Appendix 4 : <i>Reten Harian Kesihatan Pergigian Dewasa Muda</i>	19
Appendix 5 : <i>Laporan Bulanan / Jan-Jun / Jul-Dis / Jan-Dis untuk Daerah/ Negeri Bagi Rawatan Pergigian Dewasa Muda</i>	20
Appendix 7 : Flow chart on Oral Healthcare Program for Young Adults	21
Appendix 8 : Items to be Sent to Oral Health Programme	22
12. References	23-24

1.0 INTRODUCTION

Healthy, productive and skilful young adults are critical to a nation's workforce and global competitiveness. Young adults undergo transition phase from school to working environment, from parental supervision to individual responsibility and from living with parents to starting their own family¹. This important phase of life in young adults has long lasting implication for future generations to come.

Defining the age group for young adults varies, from ages 12-24 years old by WHO while others described their age range from 15 to 29 years old^{2,3,4}. As such, there is no consensus with regards to specific age designation for young adults in international policies¹. Malaysia being a member of the Commonwealth Countries had agreed to adopt the definition of young adults as a person within the age range of 15-29 years old on 10th of July 2015 at a Malaysian Youth Policy Town Hall meeting⁵.

Early and frequent screening on oral health among young adults helps to detect untreated diseases and risk habits which prompt for early intervention. Unhealthy lifestyles such as smoking and poor dietary habits which usually develop during young adulthood lead to aggravation of dental problems⁶.

Oral healthcare services in Malaysia focuses on identified priority groups such as preschool children, schoolchildren, antenatal mothers, children with special needs and the elderly population⁷. There is no comprehensive oral healthcare guideline for young adults in general and they access oral healthcare on their own as outpatients at dental clinics. Consequently, there is a dearth of available data on the oral health status of this group.

This guidelines aims to enhance oral health promotion, prevention of oral diseases and to provide appropriate oral healthcare to young adults.

2.0 BACKGROUND

Young adults comprise 9.3 million (29.4%) of total Malaysian population in 2016⁸. Thus, it is important to look into the planning, designing, implementing, monitoring and evaluating oral healthcare policies and strategies that will affect their lives⁴. As such, the National Adolescent Health Policy (2001) was formulated to encourage adolescents aged 10-19 years old in Malaysia by empowering them to practice healthy behaviour through active participation⁹.

Schoolchildren in Malaysia from the age of 6 until 17 had benefited from the school dental services (SDS) which had begun in the 1950s. Schoolchildren were seen annually for oral health screening, dental health education and treatment via the outreach services through the Incremental Dental Care (IDC) approach¹⁰.

Findings from the National Oral Health Survey for Adults (NOHSA), 2010 noted that young adults carried the majority of oral disease burden of the population and thus had high treatment needs¹¹. Moreover, a study conducted in New Zealand reported a significant reduction in dental attendances after age 18 years old due to the unavailability of public funded oral healthcare for this population group¹². This corresponds to the findings from the National Health and Morbidity Survey (NHMS) 2015 in Malaysia where 48.8% of 15-19 years olds, 18.3% of 20-24 years olds and 17.3% of 25-29 years olds had utilized the outpatient oral healthcare services in the last 12 months¹³.

Initiatives have been developed by the oral health program through collaborations with other agencies to address young adults' needs. These include programs for trainee teachers which were developed in 1989 and further improved till today¹⁴. A programme for community college students was initiated in 2016 comprised of oral health promotion, oral health screening, dental treatment and tobacco cessation activities. Identified college students were trained to become Dental Icons (*Ikon Gigi (iGG)*). The *iGG* plays an integral role in disseminating oral health messages and motivating their peers regarding good oral health practices¹⁵.

Malaysia is in the midst of formulating the country's developmental program which will create a great platform for Malaysians especially young adults to express their aspirations and ideas. Oral health for young adults aligns with this by ensuring optimal oral health for our future leaders.

3.0 LITERATURE REVIEW

3.1 Oral Health Status of Young Adults

3.1.1 Caries Status

Dental caries is still a major oral health problem affecting 60-90% of schoolchildren and a vast majority of adults. It is the most prevalent oral disease in several Asian and Latin American countries¹⁶. Good oral health behaviour such as proper oral hygiene can prevent major oral diseases such as dental caries and periodontal disease. Improvement of oral health status has been ascribed to implementation of preventive oral healthcare programs, regular self-care practices and use of fluoridated toothpaste and effective use of oral healthcare services¹⁷.

Findings from NOHSA 2010 showed that 21.1%, 24.9% and 31.4% for the 15-19, 20-24, and 25-29 year-old age groups respectively, require one surface restoration. Compound restorations were required by 11.7% of the 15-19 years age group, 17.0% of the 20-24 years age group and 20.4% of the 25-29 years age group¹¹.

Therefore, there is a pressing need to emphasize and further strengthen promotive and preventive oral healthcare among young adults.

3.1.2 Periodontal Status

Periodontal disease contributes significantly to the global burden of oral diseases¹⁸. Age, gender, oral hygiene practices, and smoking are important risk factors that can affect the initiation, progression and severity of periodontitis^{19,20,21}. Several studies have found that the prevalence and severity of periodontal disease are found to increase with age^{19,20,21}. Bleeding gums, dental calculus and shallow pockets are prevalent in almost all young adults²².

In NOHSA 2010, the prevalence of periodontal conditions was reportedly high at 90.4%, 95.2% and 97.1% for the 15-19 years-old, 20-24 years-old and 25-29 years-old age group respectively¹¹. Majority of young adults required oral hygiene instructions and scaling namely; 76.3% of the 15-19 years-old, 89.6% of the 20-24 years-old and 93.5% of the 25-29 years-old age groups respectively¹¹.

The high prevalence of periodontal diseases among young adults supports the need for awareness on personal oral hygiene practices and professional intervention and prevention of periodontal disease¹¹. There is a substantial need to formulate a structured oral health program to strengthen self-care practices and to encourage annual dental visits among young adults.

3.2 Tooth Wear of Young Adults

Tooth wear is a non-carious loss of tooth tissue due to any or a combination of the tooth wear processes which include erosion, abrasion, attrition and abfraction²³. The etiological factors reported include consumption of acidic drinks and foods, persistent vomiting due to anorexia nervosa / bulimia, bruxism, nail biting, wrong tooth brushing technique, types of dentifrice and using toothbrush with hard bristle^{24,25,26,27}. A study conducted in Malaysia reported that pathological form of tooth wear (PTW) was more common with a prevalence rate of 32.8% among 16 years-old school going children²⁸. PTW occur more commonly in males than the females²⁸. Another local study reported 62.8% of its respondents aged 19 to 24 years old had tooth erosion²⁵. Majority of young adults have low levels of knowledge regarding tooth wear²⁹. Thus, educational approaches and empowerment of young adults with emphasis on tooth wear and the etiological factors are essential.

3.3 Oral health habits and practices among young adults

Adopting healthy lifestyles can effectively and efficiently lead to prevention of oral diseases. As such periodontal diseases risk in young adults has been estimated to be from 6 to as 14 times more for smokers compared to non- smokers³⁰.

Dietary habits of young adults in particular have undergone changes worldwide during the past decades. Processed, fast food and sweet beverages are now highly consumed. High intake of refined carbohydrates, free sugars and fats lead to progression of dental diseases³¹.

Young adults engaging in sports related activities are at risk of sustaining trauma to the oral hard or soft tissues such as chipped, luxated or avulsed teeth, maxillary or mandibular fractures, lip lacerations and other injuries to the gingiva, tongue or ,mucosa³². A local study revealed 22.2 % of athletes with a mean age of 16.7 had experienced one or more form of orofacial injury during sport activities³³. One third of those athletes knew that a mouth guard can prevent orofacial injuries³³. However, none of those athletes utilized the mouth guards during sports activities³³. Education on prevention of orofacial trauma should be given to young adults to increase awareness on sports related oral injuries.

3.4 Oral health care program for adolescent and young adults in other countries

In the United Kingdom, Community Dental Service provides screening and free treatment in state funded schools for children up to 18 years old. There is no structured oral health program available for young adults³⁴. However, there are activities that promote oral health which emphasizes on the importance of visiting a dentist to children and young adults.

Similarly in Australia, young adults had benefited from both the public and private oral healthcare services. Various oral healthcare schemes and programme are available for the population including young adults and the indigenous groups. Apart from routine and emergency dental treatment, there are initiatives for oral health promotion tailored for young adults such as 'Clean Mouth' and 'Drink Water-It's Free'³⁵.

In the United States of America (USA) and New Zealand, dental health care policy is handled differently for children and adults. There is no specific program for young adults. However, the New Zealand Dental Association had come up with their position statement on adolescents and young adults. The need for targeting routine and accessible dental service was emphasized in this statement^{12,36}.

4. RATIONALE

There is high unmet treatment needs reported among young adults and this warrants for interventions¹¹.

Moreover, there will be a missed opportunity to detect early signs of oral diseases such as dental caries, periodontal disease and tooth wear if young adults fail to utilize oral healthcare services routinely. Hence, there is a need to develop a guideline to empower young adults towards good oral health.

5. SCOPE

This program covers young adults aged 15-29 years old attending institution of higher learning. This includes young adults aged 15 to 17 years old whom are covered under SDS and monitored through the IDC. Priority is to be given to government aided institutions. The provision of oral healthcare services include promotive, preventive, curative and rehabilitative care aimed towards enhancing oral health status among young adults.

6. OBJECTIVE

6.1 General objective

To achieve and maintain optimal oral health among young adults in Malaysia.

6.2 Specific objective

- 6.2.1 To raise oral health awareness of young adults.
- 6.2.2 To empower young adults to be responsible for their own oral health.
- 6.2.3 To enhance accessibility and provision of appropriate oral healthcare to young adults.

7.0 IMPLEMENTATION STRATEGIES

The following strategies are identified:

7.1 Planning of Oral Healthcare Services

- Planning delivery of oral healthcare services at institutions of higher learning and ensuring good coverage of young adult.

7.2 Promoting Oral Health as Part of General Health

- Reinforce oral health awareness among young adults.
- Promote change to a healthier lifestyle.

7.3 Delivery of Oral Healthcare Services

- Providing oral healthcare services including preventive and curative care through the outreach services using mobile dental clinics / mobile dental teams or at dental clinic.
- Gradual expansion of oral healthcare services to all institutions of higher learning by phases as stated below:
 - a) Phase I : Form 6 students in government secondary school, government community colleges and government teachers training institutions.
 - b) Phase II : Form 6 students in government secondary school, government community colleges, government teachers training institutions and government vocational colleges.
 - c) Phase III : All government institutions of higher learning

8.0 EXEMPTION OF OUTPATIENT DENTAL TREATMENT CHARGES

Exemption of outpatient dental treatment charges are applicable to young adults studying at government institutions of higher learning as stated below:

Institutions	Reference
<i>Tingkatan 6 di Sekolah Menengah Kerajaan</i>	<i>Surat Kementerian Kesihatan Bil.(83) Dlm. KKM 203/18/1 Bhg.2 bertarikh 10 Mei 1996</i>
<i>Kolej Vokasional, Sekolah Menengah Teknik, Institut Latihan Kemahiran Awam, (ILKA) dan Institut Latihan Kemahiran Swasta</i>	<i>Kelulusan KSP dlm. KK/ BPA/WAI(S)09/692/79 Jld.3(sk4/2017) bertarikh 23 Mac 2017</i>
Community colleges	<i>Bil.(63)dlm.KKM 203/18/01 Jld.24 bertarikh 16 Oktober 2002</i>
<i>Institut Kemahiran MARA and Kolej Professional Mara</i>	<i>Bil.(22)dlm.KKM-203/18/1 Bhg.2 bertarikh 22 September 1993</i>
<i>Institut Pertanian Semenanjung Malaysia</i>	<i>Bil.(34)dlm.KKM 203/18/2 bertarikh 17 Oktober 1993</i>
<i>Institut Latihan Perikanan Malaysia, Chendering</i>	<i>Bil. (29)dlm.KKM-203/18/01 bertarikh 2 April 1996</i>
Training centres under Ministry of Youth and Sports	<i>Bil.(34)dlm.KKM 203/18/2 bertarikh 17 Oktober 1993</i>
<i>Institut Kemahiran Belia Negara</i>	<i>Bil.(34)dlm.KKM 203/18/2 bertarikh 17 Oktober 1993</i>
All Polytechnics under Ministry of Education	<i>Bil. (79)dlm.KKM 203/18/1 Bhg.2 bertarikh 29 November 1993</i>
<i>Institut Latihan Perindustrian Jabatan Tenaga Rakyat</i>	<i>Bil. (41)dlm.KKM-203/18/02 bertarikh 4 Ogos 1993</i>
<i>Institut Latihan Jabatan Tenaga Manusia (ILTM)-ADTEC</i>	<i>Kelulusan KSP surat Bil.(8)dlm. KK/ BPA/WAI(S)09/092/79 Jld.4(sk5/2012) bertarikh 16 April 2013</i>
<i>Institut Kraf Negara (IKN)</i>	<i>Kelulusan KSP surat Bil.(8)dlm. KK/ BPA/WAI(S)09/092/79 Jld.4(sk5/2012) bertarikh 16 April 2013</i>

9.0 MONITORING AND EVALUATION

The oral health status and related activities are monitored using daily and monthly returns as in Appendix 4. Returns need to be submitted 6 monthly to OHP by the 15th of the following month.

9.1 Research and Development

- To conduct research related to young adults oral healthcare services at national / state / district level.

10.0 CONCLUSION

Healthy young adults population with optimal oral health status is one of the goals in the Ministry of Health, Malaysia. This guideline will allow managers at various levels of care to plan, implement, monitor and evaluate the oral healthcare program for young adult.

Implementation Strategies for Oral Healthcare Program for Young Adults

NO.	STRATEGIES	ACTIVITIES	INDICATORS	RESPONSIBILITY
1.	Planning oral health services at institutions of higher learning	a) To appoint a coordinator at national/ state level to coordinate planning and implementation at state/district levels as well as to collate and analyse data b) To identify institutions in every state/ district and collect baseline data c) To prepare schedule for visits to identified institutions annually and carry out the program accordingly	• Number of institutions in state/ district • Number of institutions visited • Number of young adults in Institutions	1. National Level a. Director of Oral Health, MOH b. National Coordinator at Oral Health Program 2. State level a. Principal Assistant Deputy Director of Oral Health (PADD-OH) b. State Coordinator (G) c. District Dental Officer (DDO)

NO.	STRATEGIES	ACTIVITIES	INDICATORS	RESPONSIBILITY
2.	Reinforce oral health promotion awareness through social media	a) To publicized/broadcast using current most viewed social media e.g. facebook, twitter, instagram b) To create an interactive and informative mobile apps	• Number of views / likes per month. • Number of download	a) PADD (OH) b) State coordinator(G) c) District Dental Officer (DDO)
3.	Promote changes to a healthier life style	a) To strengthen informed healthy choices b) To promote healthier life style and reduce risk habits	• Number of talks • Number of participants • Number of activities/ campaigns per year	a) PADD (OH) b) State coordinator(G) c) District Dental Officer (DDO)
4.	Empower young adults to take responsibility of their own health	a) To educate young adults on regular dental visits.	• Number of young adults seen	a) PADD (OH) b) State coordinator(G) c) District Dental Officer (DDO)

NO.	STRATEGIES	ACTIVITIES	INDICATORS	RESPONSIBILITY
5.	Promote oral health as part of general health (common risk factor approach)	a) To increase collaboration with related agencies b) To advocate student leaders/group leaders e.g. Form 6, PLKN, colleges and IPTA/IPTS in promoting oral health to their peers c) To establish new Initiative/module such as: • Incorporate oral health module in religious program, community leaders' course, pre-marital course, young parents Generasi Ku Sayang etc. • Collaborate with existing healthy lifestyle initiatives/programs e.g. Tobacco cessation activities, My Watch and MyTeam, KOSPEN, Doktor Muda /PROSIS	• Number of activities/campaign per year	a) PADD (OH) b) State coordinator(G) c) District Dental Officer (DDO) d) Relevant agencies

NO.	STRATEGIES	ACTIVITIES	INDICATORS	RESPONSIBILITY
6.	Increase accessibility to oral health care	a) To optimize the use of mobile dental clinics for young adults b) To strengthen treatment component to young adults	• Number of young adults screened (new attendance) • Prevalence of Caries Free • Proportion of No Treatment Required (NTR) • Proportion with GIS=0	a) PADD (OH) b) State coordinator(G) c) District Dental Officer (DDO)
7.	Empower Human Resource Development	a) To conduct Continuous Professional Development on returns.	• Number of CPD sessions • Number of personnel involved	a) PADD (OH) b) State coordinator(G) c) District Dental Officer (DDO)
8.	Strengthen multi sectorial collaborations	a) To involve private sectors through smart partnerships.	• Number of events conducted • Number of agencies involved • Number of young adults involved	a) PADD (OH) b) State coordinator(G) c) District Dental Officer (DDO)

Monitoring Oral Health Perception, Practice and Utilization of Oral Healthcare for Young Adults

No.	Components (IPTA,IPTS, Pusat Giat MARA)	Target Groups / Captive Groups	Activity	Officer in charge	Indicator	Expected Outcome
1	<i>Tingkatan 6 / Kolej Vokasional / Sek Menengah Teknik/ Community Colleges/ KSKB / Pusat Giat Mara / IPTA / IPTS /</i>	Young adults at institutions of higher learning	Administering oral health questionnaire to students attending institutions of higher learning	Dental Public Health Specialist/ SDO/ DO	Percentage of young adults administered oral health questionnaire.	Increased awareness regarding oral health

Borang Kaji Selidik Kesihatan Oral untuk Dewasa Muda

A	Maklumat Am Tarikh kajiselidik: _____ ID Peserta : _____ Jantina: _____ Etnik: _____ Umur: _____ Nama Institusi: _____ _____				
B	TANGGAPAN KESIHATAN MULUT / ORAL HEALTH PERCEPTION Sila tanda (✓) pada satu jawapan sahaja / <i>Please tick (✓) one answer only.</i>				
B1	Bagaimanakah anda menilai tahap kesihatan mulut anda? <i>How do you rate your oral health condition?</i> <table border="0"> <tr> <td>1. Amat Baik <i>Excellent</i></td> <td>2. Baik <i>Good</i></td> <td>3. Sederhana <i>Fair</i></td> <td>4. Buruk <i>Poor</i></td> </tr> </table>	1. Amat Baik <i>Excellent</i>	2. Baik <i>Good</i>	3. Sederhana <i>Fair</i>	4. Buruk <i>Poor</i>
1. Amat Baik <i>Excellent</i>	2. Baik <i>Good</i>	3. Sederhana <i>Fair</i>	4. Buruk <i>Poor</i>		
B2	Adakah anda berpuas hati dengan kesihatan mulut anda? <i>Are you satisfied with your oral health?</i> <table border="0"> <tr> <td>1. Amat Puas Hati <i>Very Satisfied</i></td> <td>2. Puas Hati <i>Satisfied</i></td> <td>3. Tidak Puas Hati <i>Dissatisfied</i></td> <td>4. Amat Tidak Puas Hati <i>Very Dissatisfied</i></td> </tr> </table>	1. Amat Puas Hati <i>Very Satisfied</i>	2. Puas Hati <i>Satisfied</i>	3. Tidak Puas Hati <i>Dissatisfied</i>	4. Amat Tidak Puas Hati <i>Very Dissatisfied</i>
1. Amat Puas Hati <i>Very Satisfied</i>	2. Puas Hati <i>Satisfied</i>	3. Tidak Puas Hati <i>Dissatisfied</i>	4. Amat Tidak Puas Hati <i>Very Dissatisfied</i>		
C	AMALAN PEMBERSIHAN GIGI / CLEANING YOUR TEETH Sila tanda (✓) pada satu jawapan sahaja / <i>Please tick (✓) one answer only.</i>				
C1	Dalam tempoh 30 hari yang lepas, berapa kali dalam sehari anda membersihkan atau memberus gigi anda? <i>During the past 30 days, how many times per day did you usually clean or brush your teeth?</i> - Saya tidak membersihkan atau memberus gigi dalam 30 hari yang lepas. <i>I did not clean or brush my teeth during the past 30 days</i> - Kurang dari 1 kali dalam sehari / <i>Less than 1 time per day</i> 1 kali sehari / <i>1 time per day</i> 2 kali sehari / <i>2 times per day</i> 3 kali atau lebih sehari / <i>3 times or more per day</i>				

C2	Adakah anda menggunakan ubat gigi berflourida? <i>Do you use toothpaste that contains fluoride?</i> a. Ya /Yes b. Tidak / No c. Tidak tahu / I do not know
D	PENGUNAAN KESIHATAN PERGIGIAN. UTILISATION OF ORAL HEALTH SERVICES. Sila tanda (v) pada satu jawapan sahaja / <i>Please tick (v) one answer only.</i>
D1	Dalam tempoh 12 bulan yang lepas, adakah sakit gigi menyebabkan anda tidak hadir ke kelas? <i>During the past 12 months, did a toothache cause you to miss classes?</i> a. Ya / Yes b. Tidak / No
D2	Bilakah kali terakhir anda berjumpa doktor gigi atau jururawat pergigian untuk pemeriksaan, pembersihan gigi atau rawatan pergigian yang lain? <i>When was the last time you saw a dentist or dental nurse for a check-up, teeth cleaning, or other dental treatment?</i> a. Dalam tempoh 12 bulan yang lepas / <i>During the past 12 months</i> b. Di antara 12 hingga 24 bulan yang lepas / <i>Between 12 and 24 months ago</i> c. Lebih daripada 24 bulan yang lepas / <i>More than 24 months ago</i> d. Tidak pernah / <i>Never</i> e. Tidak tahu / <i>I do not know</i>
D3	Adakah anda mengelak untuk senyum atau ketawa kerana risau dengan rupa gigi anda? <i>Do you avoid smiling or laughing because of how your teeth look?</i> a. Ya / Yes b. Tidak / No

SEKIAN. TERIMA KASIH DI ATAS KERJASAMA ANDA.

Summary Report on Oral Health of Young Adults

State :.....

No.	Item	Data information (Please key in total participants and percentage)
A	1. Gender 2. Ethnic 3. Age:	1. Male : Female : 2. Ethnic: Malay : Chinese : Indian : Others : 3. 15-19 : 20-24 : 25-29 :
B1	Bagaimanakah anda menilai tahap kesihatan mulut anda? <i>How do you rate your oral health condition?</i> 1. Amat Baik 2. Baik 3. Sederhana 4. Buruk <i>Excellent Good Fair Poor</i>	Excellent : Good : Fair : Poor :
B2	Adakah anda berpuas hati dengan kesihatan mulut anda? <i>Are you satisfied with your oral health?</i> 1. Amat Puas 2. Puas 3. Tidak Puas 4. Amat Tidak Puas Hati Hati Puas Hati Hati Very Very <i>Satisfied Dissatisfied Dissatisfied</i> <i>Satisfied</i>	Very satisfied : Satisfied : Dissatisfied : Very satisfied :

No.	Item	Data information (Please key in total participants and percentage)
C1	Dalam tempoh 30 hari yang lepas, berapa kali dalam sehari anda membersihkan atau memberus gigi anda? <i>During the past 30 days, how many times per day did you usually clean or brush your teeth?</i> a. Saya tidak membersihkan atau memberus gigi dalam 30 hari yang lepas. <i>I did not clean or brush my teeth during the past 30 days</i> b. Kurang dari 1 kali dalam sehari / <i>Less than 1 time per day</i> c. 1 kali sehari / <i>1 time per day</i> d. 2 kali sehari / <i>2 times per day</i> e. 3 kali atau lebih sehari / <i>3 times or more per day</i>	a : b : c : d : e :
C2	Adakah anda menggunakan ubat gigi berflourida? <i>Do you use toothpaste that contains fluoride?</i> a. Ya /<i>Yes</i> b. Tidak/ <i>No</i> c. Tidak tahu / <i>I do not know</i>	a : b : c :

No.	Item	Data information (Please key in total participants and percentage)
D1	Dalam tempoh 12 bulan yang lepas, adakah sakit gigi menyebabkan anda tidak hadir ke kelas? <i>During the past 12 months, did a toothache cause you to miss classes?</i> a. Ya / Yes b. Tidak / No	a : b :
D2	Bilakah kali terakhir anda berjumpa doktor gigi atau jururawat pergigian untuk pemeriksaan, pembersihan gigi atau rawatan pergigian yang lain? <i>When was the last time you saw a dentist or dental nurse for a check-up, teeth cleaning, or other dental treatment?</i> a. Dalam tempoh 12 bulan yang lepas / <i>During the past 12 months</i> b. Di antara 12 hingga 24 bulan yang lepas / <i>Between 12 and 24 months ago</i> c. Lebih daripada 24 bulan yang lepas / <i>More than 24 months ago</i> d. Tidak pernah / <i>Never</i> e. Tidak tahu / <i>I do not know</i>	a : b : c : d : e :
D3	Adakah anda mengelak untuk senyum atau ketawa kerana risau dengan rupa gigi anda? <i>Do you avoid smiling or laughing because of how your teeth look?</i> a. Ya / Yes b. Tidak / No	a : b :

Kementerian Kesihatan Malaysia
Reten Harian Bagi Rawatan Pergigian Dewasa Muda

Negeri :

Daerah :

Klinik :

Nama Institusi :

Tarikh :

Bil	Nama Murid	Umur	Kedatangan		Status Kesihatan Mulut										Tooth wear				Kecederaan mulut		Baru/ Semula (B/S)	Perlu dibuat	Sedia ada	Rawatan Pergigian						
			Lelaki	Perempuan	D	M	F	X	Jumlah DMFX	Mean DMFX	Skor GIS	BK (DMFX=0)	MBG	TPR	Abrasion	Erosion	Attrition	Abrfraction	Tisu lembut	Tisu keras				Anterior berwarna GK	Posterior Sewarna GK	Amalgam GK	Jumlah Tampilan	Cabutan Gigi Kekal	Penskaleran	Kes selesai
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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	Jumlah Besar																				B									
																					S									

*Sekiranya pesakit memerlukan rawatan pergigian lanjut, pesakit boleh dirujuk ke klinik pergigian yang berdekatan

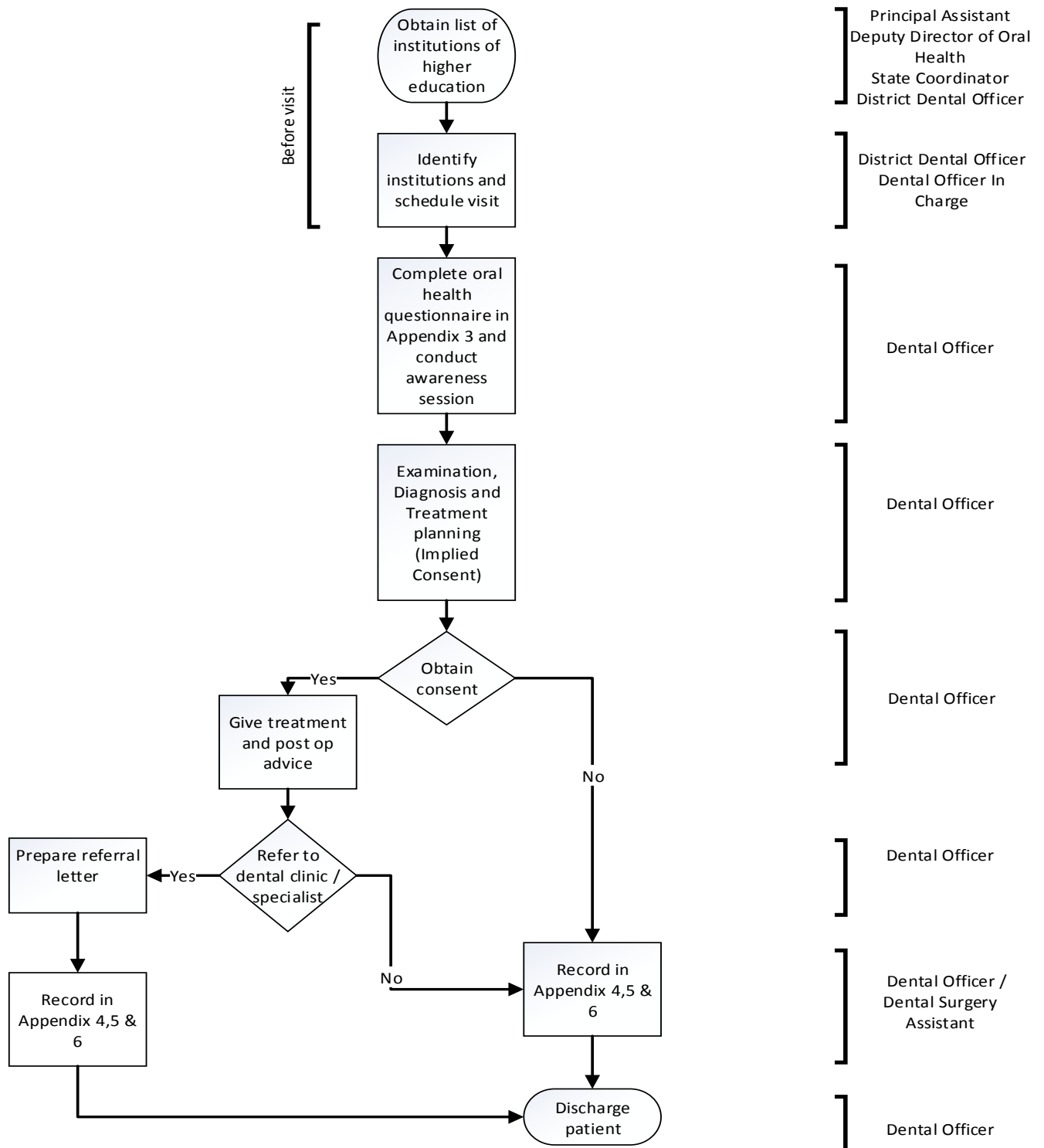
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Aktiviti Promosi Kesihatan Pergigian	Bil diadakan	Bil Peserta
Ceramah		
Pameran		

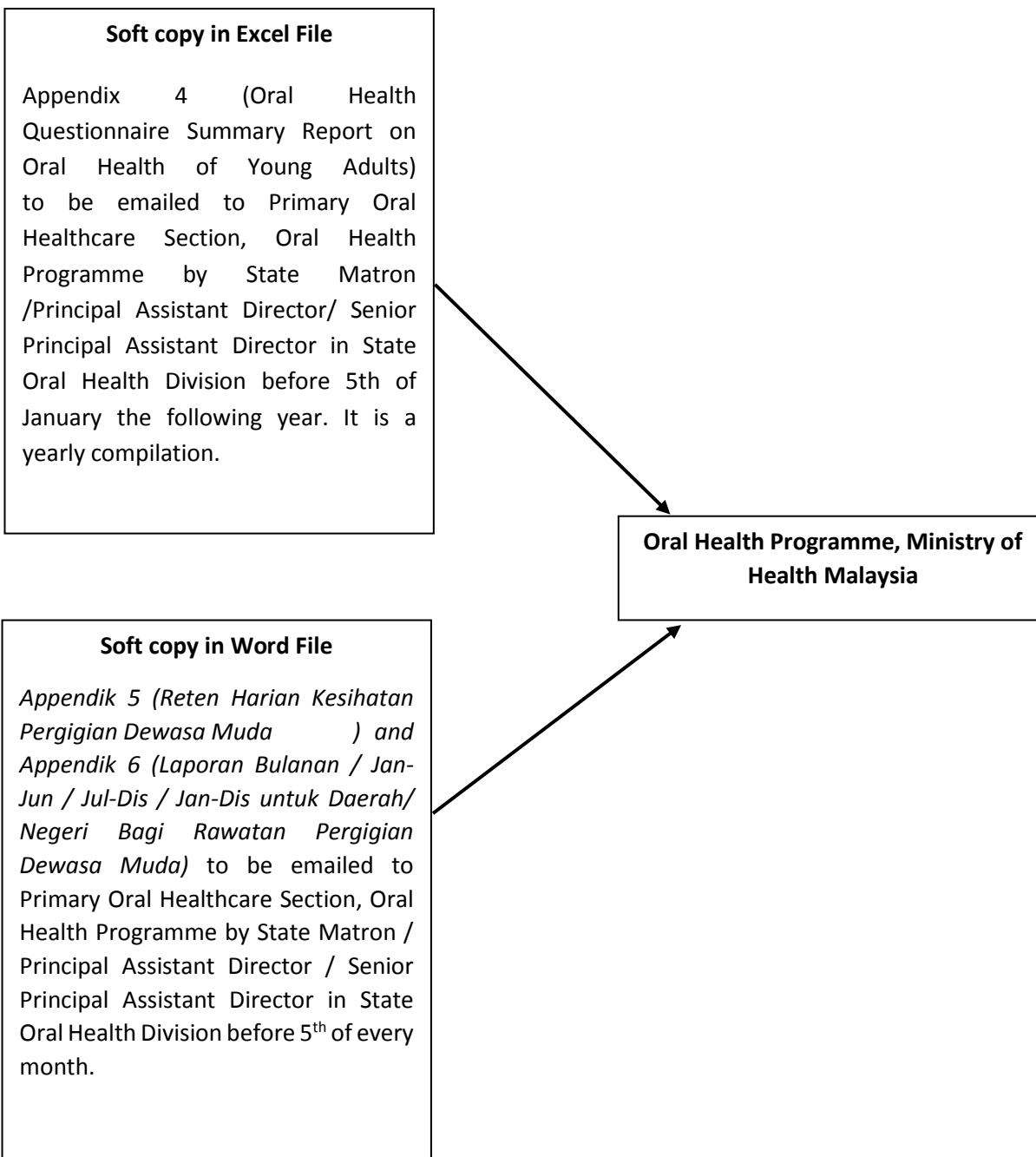
FLOW CHART ON ORAL HEALTHCARE PROGRAM FOR YOUNG ADULTS

Appendix 7

Responsibility



ITEMS TO BE SENT TO THE ORAL HEALTH PROGRAMME



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