

**歯科検診用アンケート（英語版）**  
**Questionnaires for dental examination**

Grade: \_\_\_\_\_ class: \_\_\_\_\_ No. \_\_\_\_\_ Name: \_\_\_\_\_

1. Please circle next questions that apply

(1) Is it difficult for you to open your mouth?                      No                      Yes

(2) When open your mouth, do you have any painful of your mandibular joint  
(in front of or under the ear)?                      No                      Yes

(3) When open or close your mouth, can you hear something strange sound  
around your mandibular joint ?                      No                      Yes

( 4) In medical checkup, do you have any especially point to check?  
If you have, please fill out it specifically.                      Yes                      No

-----In the concrete-----