MOH/S/IKU/67.17(RR)

THE NATIONAL HEALTH AND MORBIDITY SURVEY 2017

NATIONAL ORAL HEALTH SURVEY OF SCHOOLCHILDREN 2017

VOLUME I : Methodology of Survey

Institute for Public Health, National Institutes of Health (NIH)
Ministry of Health Malaysia

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VOLUME I: METHODOLOGY OF SURVEY

(NMRR-16-388-29749 [IIR])

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The following persons had contributed in the preparation of this report, the design of this study, survey funding processes, the trial run for the survey and national preparation for field data collection.

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Published by the Institute for Public Health, National Institutes of Health (NIH), Ministry of Health Malaysia

The report for this survey comprises two volumes, as follows:

i. Volume I: Methodology of Survey
ii. Volume II: Oral Health Status of 12-year-old Schoolchildren in Malaysia

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ISBN: 978-983-2387-35-0

Suggested citation:

Oral Health Division, Ministry of Health Malaysia. National Health and Morbidity Survey 2017: National Oral Health Survey of Schoolchildren 2017 (NHMS 2017: NOHSS 2017). Vol. I: Methodology of Survey, May 2017.

Disclaimer

The views expressed in this paper are those of the authors alone and do not necessarily represent the opinions of other investigators involved in the survey, nor the views or policy of the Ministry of Health Malaysia.

Acknowledgement

The authors would like to express their appreciation to the Director-General of Health, Malaysia for his permission to publish this report and his support for the conduct of this survey. We would also like to record our warm gratitude to the Director, Economic Planning Unit, Prime Minister's Department for recognition of the need to study the oral health status of 12-year old schoolchildren in Malaysia under the National Health and Morbidity Survey. We record our appreciation and gratitude to the Director of Education Malaysia, District Education Officers as well as Headmasters of selected schools for their kind permission and cooperation in the implementation of this national survey. Our sincere appreciation to the Deputy Director-General of Health (Research and Technical Support), the esteemed Director of the Institute for Public Health, the Principal Director of Oral Health and the Director of the National Institutes of Health Secretariat for their unwavering support and technical advice throughout the survey.

The authors would also like to express their heartfelt thanks to the Technical Advisory Committee, consisting of experts from the Ministry of Health as well as from other agencies. Our deepest gratitude to all the State Deputy Directors of Health (Dental) for their pivotal role in steering their respective State Survey Team, consisting of Examiners, State Coordinators, Field Supervisors, Recorders and Drivers in data collection for this survey.

The authors sincerely thank all the schoolchildren and their parents/guardians for their response towards the survey. Last but not least, to all others who have contributed to the success of the survey in one way or another, we extend our warm gratitude too. This survey would not have been possible without each and every one who has been involved. It is our fervent hope that the valuable findings of this survey will be utilized by policy makers to improve the oral health of children in Malaysia.

Acknowledgement of Funding

The National Health and Morbidity Survey 2017: National Oral Health Survey of Schoolchildren 2017 (NHMS 2017: NOHSS 2017) was registered under the National Medical Research Registry [NMRR-16-388-29749 (IIR)] and received a total funding of RM 804,790 under the MOH-NIH Grant for year 2016 and 2017. We gratefully acknowledge this allocation which was supported by the Economic Planning Unit, Prime Minister's Department, through the National Institutes of Health, Ministry of Health Malaysia. Ethics approval for conduct of this survey was granted by the Medical Research Ethics Committee (MREC) in the Ministry of Health Malaysia [Ref. (5) KKM/NIHSEC/P16-452 dated 31 March 2016].

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FOREWORD

The National Health and Morbidity Survey 2017: National Oral Health Survey of Schoolchildren 2017 (NHMS 2017: NOHSS 2017) is the country's third national oral health survey of schoolchildren. In this survey, only 12-year-old schoolchildren are involved. The objective of this survey is to determine the oral health status and burden of treatment need of dental diseases/conditions to facilitate evaluation and evidence-based planning of oral health programmes for schoolchildren in Malaysia.

At the National level, besides the National NHMS Steering Committee, a Technical Advisory Committee was formed to discuss and endorse major decisions for the Survey. In the States, the State Deputy Directors of Health (Dental) headed the State Survey Teams and field data collection was undertaken by at least one Dental Survey Team in each State; comprising of specially-trained Examiners, State Coordinators, Field Supervisors and other support staff. Field data collection utilized mobile equipments and disposable instruments and materials, except for the CPI probe for gingival assessment of bleeding condition.

This document describes the objectives and methodology of the Survey, including Survey Formats as well as other relevant documents. In addition to these, a summary of the results of the three Standardization and Calibration Sessions for the Survey are also included. With these provisions, it is anticipated that the data from the Survey will yield valuable information on the oral health status of 12-year-old schoolchildren in Malaysia. In all, it is hoped that the findings of the Survey will continue to lend support for the delivery of evidence-based oral healthcare towards better oral health among schoolchildren in Malaysia.

INTRODUCTION

1.0 INTRODUCTION

This National Oral Health Survey of Schoolchildren (NHMS 2017: NOHSS 2017) ranks as the third national oral health survey of schoolchildren in Malaysia. The survey represents the first national oral health survey conducted as a component of the National and Health Morbidity Survey under the Insitute for Public Health, Ministry of Health (MOH) Malaysia. Findings of this survey is expected to support evidence-based oral healthcare policies in the MOH towards better oral health of schoolchildren in Malaysia.

1.1 Background

The MOH delivers oral healthcare to all age groups, with the school dental programme as an important focus in the delivery of oral health services for schoolchildren. As of the year 2015, 98.8% of primary schoolchildren and 90.5% of secondary schoolchildren received oral healthcare under this programme.[1] There is a need to obtain time-based information on the status of identified oral diseases/conditions of schoolchildren and to assess treatment needs that arise from such conditions towards the implementation of need-based policies in the delivery of oral healthcare. In cognizance of this, numerous surveys have been conducted throughout the country.[2,3,4,5,6,7,8,9,10] However, the first National Oral Health Survey of Schoolchildren, which combined Peninsular and East Malaysia was only conducted in 1997 (NOHSS '97).[7]

[1] HMIS Report 2015, Ministry of Health Malaysia

[2] Dental Division, Ministry of Health Malaysia. Dental Epidemiological Survey of Schoolchildren in West Malaysia 1970-1971. Kuala Lumpur: Government Printers, 1972

[3] Dental Services Division, Ministry of Health Malaysia. Dental Epidemiological Survey of Schoolchildren in Peninsular Malaysia 1988. Kuala Lumpur: Government Prin ters, 1988

[4] Dental Division, Ministry of Health Malaysia. Dental Epidemiological Survey of Schoolchildren in Sabah 1985. Kuantan: Percetakan Baha, 1986

[5] Dental Division, Ministry of Health Malaysia. Dental Epidemiological Survey of Schoolchildren in Sarawak 1980-1981. Kuching: Ban Lee Press, 1982

[6] Dental Division, Sarawak Health Department. Oral Health Survey of Schoolchildren in Sarawak 1994. Sarawak, 1996

[7] Oral Health Division, Ministry of Health Malaysia. National Oral Health Survey of Schoolchildren 1997 (NOHSS '97). MOH/K/GIG/6.98(RR), 1998

[8] Oral Health Division, Ministry of Health Malaysia. National Oral Health Survey of Schoolchildren 2007 (NOHSS 2007): 6-year olds. August 2009

[9] Oral Health Division, Ministry of Health Malaysia. National Oral Health Survey of Schoolchildren 2007 (NOHSS 2007):12-year olds. August 2010

[10] Oral Health Division, Ministry of Health Malaysia. National Oral Health Survey of Schoolchildren 2007 (NOHSS 2007): 16-year olds. November 2010

1.2 Objectives of Survey

This survey was conducted among 12-year-old schoolchildren and the objectives were as follows:

1.2.1 General Objective

The general objective of this survey was to determine the oral health status and burden of treatment need of dental diseases/conditions among 12-year-old schoolchildren to facilitate the evaluation and planning of oral health programmes for schoolchildren.

1.2.2 Specific Objectives

The specific objectives of the survey were to assess the oral health status and treatment needs of 12-year-old schoolchildren as follows:

- To determine the dental caries prevalence and experience of permanent dentition using the DMFT index
- To assess the caries treatment need of permanent dentition
- To assess the periodontal status and treatment need based on the Community Periodontal Index (CPI) Modified
- To determine the proportion of children wearing and needing dentures
- To determine the prevalence of traumatised permanent incisors

METHODOLOGY

2.0 METHODOLOGY OF SURVEY

NHMS 2017: NOHSS 2017 is a cross-sectional survey involving 12-year-old schoolchildren in all States and Federal Territories in Malaysia.

2.1 Target Population

This survey was a cross-sectional survey involving 12 year-old schoolchildren attending the government, government-assisted schools under the Ministry of Education (MOE) and state, and registered private schools in all States and Federal Territories in Malaysia.

Nonetheless, those children who had been selected in this survey and transferred to other schools after giving consent for oral health examination, suffering from chronic diseases and was not suitable for oral health examination, reported as deceased, quit school or on were using orthodontic braces were categorised as not eligible to participate in the survey and excluded from this survey.

2.2 Sampling Frame

The list as of April 2016, of the government, government-assisted schools under the MOE and state, registered private schools which were stratified by urban and rural within each state and Federal Territories in Malaysia served as the primary sampling frame of this survey. Residential schools and schools with P3 category were excluded from the sampling frame of this survey. The residential schools were excluded because the school's location did not represent actual location of a child. The schools with P3 category were excluded due to logistic reasons as these schools were located on an island, without the availability of land transportation to go to the nearest town and, only sea/water transportation method is available.

The secondary sampling frame of this survey comprising the name list of Malaysian and non-Malaysian schoolchildren born in year 2005 in government, government-assisted schools and registered private schools selected to participate in this survey.

2.3 Sampling Plan

To ensure representativeness of the samples in this survey, a two-stage stratified cluster sampling technique based on stratification of primary schools by state and location (urban/rural) was used.

2.4 Sample Size Determination

The sample size of the survey was calculated using a single proportion formula.

$$n_{SRS} \geq \frac{Z^2_{\alpha/2}\,(p)(1-p)}{e^2}$$

Description:

- Prevalence of caries for 12 year-olds from NOHSS 2007[9] being 41.5 %
- Margin of error at 7.5%
- Confidence interval of 95%

To ensure optimum sample size, the following adjustments were made:

- Adjusted n(srs) for the total number of target population (N) based on the population size for schoolchildren in 2016

$$n \geq \frac{n_{SRS}}{1 + \frac{n_{SRS}}{N}}$$

- Adjusted for the design effect (deff) of 2 (based on previous national school children survey done in 2007[9]), n(complex) = n * deff
- Adjusted the n(complex) taking into account expected non-response rate of 20%, n(adj) = n(complex) * (1 + non-response rate)
- The sample size was then adjusted according to the need of the analysis, whether the estimate was going to be done at the national, urban and rural level or the state, urban and rural level.
- The Federal Territory of Putrajaya and the Federal Territory of Labuan was separated from the Federal Territory Kuala Lumpur and Sabah state respectively. Thus, the number of secondary strata used in this survey was 29.

Based on the requirements of the objectives and above mentioned considerations, the sample size in each urban and rural stratum within each state was **420** children and the targeted sample size of 12-year-old schoolchildren for this survey was **12,200 children**. **Table 1**.

The sample size was non-proportionately allocated to the number of 12-year-old Malaysian and non-Malaysian schoolchildren attending the government and government-assisted schools under the Ministry of Education (MOE) and state, and registered private schools within each state and location. For logistic reasons, thirty students (30) were targeted to be examined in the selected schools. For school with less than 30 children, all children in these schools were included in the survey. The necessary number of schoolchildren per school was selected using Simple Random Sampling (SRS) Technique.[11]

2.5 Sampling Design

Malaysia was stratified into 16 states (including Federal Territory of Kuala Lumpur, Putrajaya and Labuan). This was followed by stratification of schools based on their location (urban/rural) as defined by the Ministry of Education. The schools were stratified according to state and location (urban and rural). The selection of schools was based on the enrolment of 12 year-old children of each school in year 2016 using an Excel File. The schools were randomly selected using the probability proportional to school enrolment size. A total of 399 schools were selected to participate in this survey and the distribution of selected schools are as shown in **Figure 1**. The list of 12 year-old school children in the selected schools were obtained through the local school authorities and the children were randomly selected within each state and location (urban and rural).

2.6 Weight Calculation

A weightage factor was applied to each student record to adjust for non-response and for the varying probabilities of selection. The weight used for estimation is given by:

$$W = W1 \times W2 \times F \times PS$$

Where;

W1 = the inverse of the probability of selecting the school
W2 = the inverse of the probability of selecting the student within the school
F = the inverse of the response rate of school level and student
PS = a post stratification adjustment factor

The weighted results can be used to make important inferences about the oral health status and treatment needs of 12 year-old schoolchildren, at both national and state level.

[11] Randomsampling_20020220_DR Ayub Ling Naing. Ling Naing @ Mohd. Ayub Sadiq, 2002.

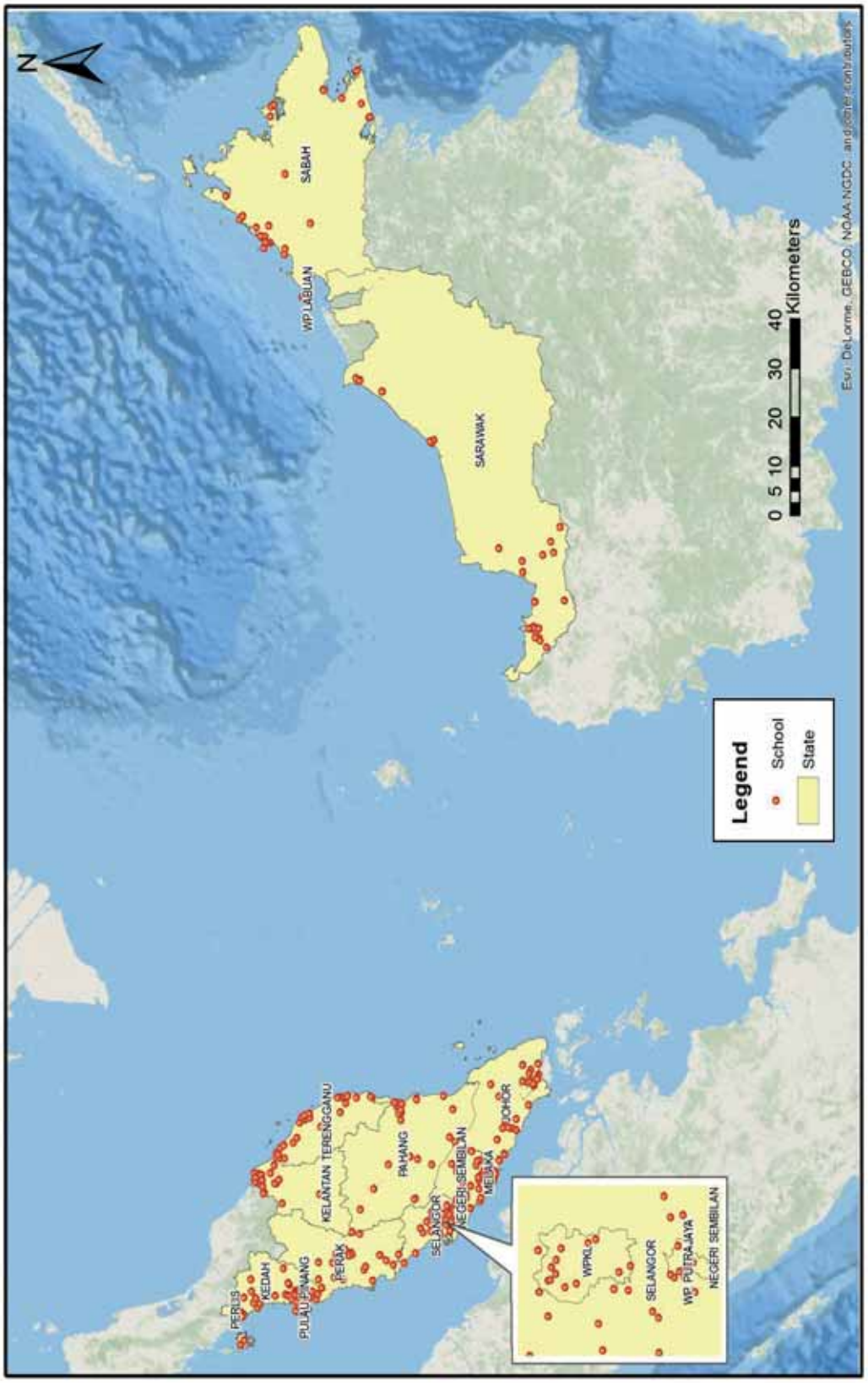
Table 1: Projected Sample Size of 12-year-old Schoolchildren for NHMS 2017: NOHSS 2017 by State and Location

State / FT	Estimated number of 12-year-old Schoolchildren, 2016			Sample Size (School)			Sample Size (Children)		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Perlis	3,822	1,112	2,710	26	12	14	840	420	420
Kedah	33,645	13,404	20,241	28	14	14	840	420	420
Penang	22,323	11,999	10,324	28	14	14	840	420	420
Perak	35,510	17,012	18,498	28	14	14	840	420	420
Selangor	86,414	62,829	23,585	28	14	14	840	420	420
N.Sembilan	16,872	9,155	7,717	28	14	14	840	420	420
FT KL	20,467	20,467	0	14	14	-	420	420	-
Melaka	13,286	5,095	8,191	28	14	14	840	420	420
Johor	54,436	31,914	22,522	28	14	14	840	420	420
Pahang	23,956	8,354	15,602	28	14	14	840	420	420
Terengganu	20,493	9,563	10,930	28	14	14	840	420	420
Kelantan	29,906	7,098	22,808	28	14	14	840	420	420
Sabah	43,030	14,326	28,704	28	14	14	840	420	420
FT Labuan	1,294	1,294	0	12	12	-	420	420	-
Sarawak	40,153	18,493	21,660	28	14	14	840	420	420
FT Putrajaya	1,731	1,731	0	11	11	-	440	440	-
Total	**447,338**	**233,846**	**213,492**	**399**	**217**	**182**	**12,200**	**6,740**	**5,460**

Note:

- Projected sample size based on the estimated number of 12-year-old Malaysian school children attending government and government-assisted schools under the Ministry of Education, and registered private schools as of 30 April 2016
- Totals may differ due to rounding off errors

FIGURE 1 : MAP OF SCHOOLS SELECTED FOR NHMS 2017: NOHSS 2017



2.7 Field Preparation and Logistic Support

To ensure adequate field preparation and logisic support for the survey, various survey committees were established and key personnel for specific roles in the survey were identified. In addition to these, training of Examiners, State Coordinators and Field Supervisors were carried out prior to field data collection.

2.7.1 Survey Committees

NHMS 2017: NOHSS 2017 was conducted under the National Health and Morbidity Survey 2017. A National Technical Advisory Committee (**Appendix 1**) was formed to endorse the technical implementation of the survey. In addition to this, a Central Research Coordinating Team (**Appendix 2**) was also formed to coordinate all activities for the conduct of the survey, including submission of the survey grant, protocol development, organizing standardization and calibration sessions. At the State level, conduct of the survey was coordinated by the State Deputy Directors of Health (Dental) in their respective states.

2.7.2 Examiners

The Gold Standard Examiner and Benchmark Examiner for the various oral health examinations were identified for the survey as in **Appendix 3**. Government Dental Officers comprising both Dental Public Health Specialists (DPHS) and non-DPHS were selected as field examiners (**Appendix 3**). Examiners also referred any child requiring urgent dental treatment to the nearest dental clinic, during the survey.

The responsibilities of each examiner included the following:

- Ensuring simple random sampling of the necessary numbers of schoolchildren per school based on instructions from the Oral Health Division
- Recruiting and training survey team members (Examiners shall train their recorders (Dental Nurses or Dental Surgery Assistants) and other support staff (Attendants and Drivers) for data collection
- Making arrangements for itinerary to schools with relevant state personnel
- Ensuring the following information are sent to district/area personnel in advance of visits
    - lists of selected schools,
    - name lists of selected children in the schools,
    - format on education level/income range for parents/guardian of selected children complete with personal ID number and relevant information,
    - letters to heads of schools, class teachers, parents/guardians and,
    - consent forms.
- Ensuring that every selected child is assigned a personal ID number and a survey form in advance of the school visit
- Ensuring that relevant information on the survey form are filled for each selected child (personal ID, state, location, name of child and name of school) and that such information was duplicated on the parents/guardian questionnaire before these are detached and sent to districts/areas for distribution and collection prior to the survey visit

- Maintaining quality of completed survey forms in terms of accuracy and completeness of the forms
- Ensuring safe conveyance of all completed survey forms including the name list of selected children to the relevant centre for verification by field supervisors

2.7.3 State Coordinators

At least one State Coordinator from each state was identified for the survey (**Appendix 4**). State Coordinators were tasked with the following responsibilities:

- Establishing a state level committee for all logistics and conduct of data collection with the chairman being the State Deputy Director of Health (Dental)
- Ensuring fair distribution of schools and subjects among all examiners trained to examine 12-year-olds in the state
- Ensuring fair distribution of all equipment, instruments and materials provided from central level among all examiners in the state
- Organising the verification of data on completed survey forms before the survey forms are sent to the Oral Health Division at the end of data collection
- Ensuring the safe relay of copies of completed survey forms to the Oral Health Division
- Reporting of monthly survey expenditures to the Oral Health Division before the 25th of each month
- Ensuring all results on intra-examiner variability for all examiners in the state are relayed to the Oral Health Division at the end of data collection.

2.7.4 Standardisation and Calibration of Examiners

All 36 selected examiners had to undergo standardisation and calibration in February 2017 prior to field data collection. The objectives of this training were to achieve the following:

i. uniform interpretation, understanding and application of the recording instructions and criteria;
ii. calibration of examiners against those with experience in the chosen index/indices;
iii. reasonable consistency with minimal intra-examiner and inter-examiner variability; and
iv. familiarisation with the survey form, indices, field procedures and equipment to be used.

All training sessions involved the combined use of colour slides and clinical examination of subjects at selected schools. The results of the standardisation and calibration are as shown in **Addendum 1**.

To maintain intra-examiner concordance for caries status, all examiners were required to randomly examine 1 child per 20 child (or 5 in 100 children) examined during the field data collection.

2.7.5 Training of Field Supervisors

Suitable Dental Officers and Dental Therapists were identified as Field Supervisors for the survey (**Appendix 4**). They were trained to facilitate the survey in the following aspects:

- Communicate with school authorities (bringing along letter of survey notification as in **Appendix 5**) to obtain the list of eligible children for the survey before the Survey Teams visit the schools for field data collection.
- Account for the status of all selected children in each school (whether examined, refused, absent, transferred and no longer attending the school or children who are unco-operative),
- Verification of accuracy and completeness of survey forms and,
- Ensuring safe delivery of all survey forms to the Oral Health Division after verification is completed at the State level.

2.8 Survey Instruments and Data Collection

Data collection for NOHSS 2017: NOHSS 2017 utilized manual survey formats as well as electronic data entry files in MS Access (namely; '**Admin File' and 'Survey File**') for the purpose of data collection and monitoring the progress of the survey. The **'Admin File'** was used to keep track of the examination status for the selected children during the data collection period while **'Survey File'** stored the clinical examination data.

A 'Data Management Manual' was also developed to facilitate the use of the '**Admin File'** and **'Survey File**.' All Examiners, State Coordinators and Field Supervisors were trained in management of the '**Admin File'** and **'Survey File**.'

2.8.1 Schoolchildren Information Form for NHMS 2017: NOHSS 2017 (Appendix 6)

This manual form was sent by the Field Supervisor or local appointed staff, together with the approval letter from MOE to the School Headmaster/Headmistress and a letter from the Principal Director of Oral Health (**Appendix 5**) before the Examiners visit the school for data collection. The form was distributed to teachers in the selected schools to obtain the list of all 12-year-old schoolchildren in the class/school together to acquire the required information on date of birth, gender, ethnicity and citizenship. Through this form, 30 children born in year 2005 (eligible children) were randomly selected from the list. For school with less than 30 children, all children born in 2005 were included in the survey.

The required letters, information sheet and consent forms for parents/guardian (**Addendum 2/3/4/5**), Education Level and Income Level Forms for Parents/Guardian (**Appendix 7/Appendix 8**) were then sent to the schools so that the school teachers can convey these documents to the parents/guardians of selected eligible children.

2.8.2 Daily Registration Form (Appendix 9)

The socio-demographic data of these eligible children (selected for the survey as in Appendix 8) were then entered into the MS Access '**Admin File**.' Through this file, the daily register (Appendix 9) for selected children in each school was printed out by the Examiner for their school visits. A new sheet was used for each new school visited. Completed forms were kept until after the completion of the survey report.

During the examination, the Examiners ensured the Oral Health Survey Format (Appendix 10) and the Education/Income Level Format (Appendix 7/Appendix 8) were attached together for each child.

After completion of examination, the record of subjects who have been successfully examined and those who have not been examined were updated in Appendix 9, through electronic transfer into the 'Admin File' once the examiners were able to access their file.

There was no substitution for absentees on the day of examination unless the absenteeism numbers was very high (10-15% of number of children to be examined). Within logistic possibilities, mopping up for absentees was carried out to a maximum of three times.

2.8.3 Oral Health Survey Format (Appendix 10)

NHMS 2017: NOHSS 2017 collected data on four oral conditions as follows; denture wearing status and need, trauma/injury to incisors, periodontal condition, dental caries status and treatment need for caries. The Oral Health Survey Format used for this data collection is as shown in Appendix 10, with recording instructions and examination criteria as in Appendix 11. The indices used in NHMS 2017: NOHSS 2017 are as shown in Table 2:

Table 2: Indices for Oral Health Examination in NHMS 2017: NOHSS 2017

Oral Health Condition	Indices
Denture wearing status and need	Index criteria as defined by the WHO 2013[12]
Injuries to Incisors	Index criteria used in previous survey (NOHSS 2007)[9]
Periodontal condition	Community Periodontal Index Modified (WHO 2013)[12]
Dental caries status	DMFT Index (modified from the WHO 2013)[12]
Treatment need for caries	Caries Treatment Need Index (WHO 2013)[12]

[12] World Health Organisation. Oral Health Survey: Basic methods. Fifth Edition. WHO, Geneva, 2013

2.8.4 Format for Response Rate of Schoolchildren (Appendix 12)

The response rate of schoolchildren for each examiner by school was compiled according to the format in **Appendix 12**, which could be generated from the '**Admin File**'.

Non-respondents to the survey included children born in 2005 whose parents/guardians did not consent for their participation in the survey, children for whom consent has been obtained but refused to be examined and children with parental/guardian's consent but were absent up to a maximum of three times during the survey teams' visit to the schools concerned.

To compile the national response rate, all the State Examiners were requested to email their **Appendix 12** as generated through their '**Admin File**' to the Oral Health Division, MOH on a bi-weekly basis or as required for any notified dates. At the same time, a copy was also sent to their respective State Coordinator for compilation at state level.

2.8.5 Data Collection

Fieldwork/data collection was conducted from March - April 2017 concurrently in all states. The oral health examination and management of the education level and income level forms for parents/guardian (**Appendix 7/Appendix 8**) was conducted as follows:

i. Examination of subjects utilized disposable instruments where feasible.

ii. Examination of subjects utilized disposable mouth mirrors and blunted probes (These probes were used for removing debris only).

iii. The Education Level and Income Level Forms for Parents/Guardian (**Appendix 7/Appendix 8**) were collected from the teacher/child.

iv. The Examiner/Assistant checked the personal particulars of each subject in the survey form and in the received Education Level and Income Forms for Parents/Guardian (**Appendix 7/Appendix 8**) before stapling the forms together with the Oral Health Survey Format (**Appendix 10**).

v. For proper examination, each subject was seated on a portable chair with the examiner seated on a stool behind the subject. The recorder was seated in front of the subject close to the examiner. This position allowed the examiner to verify the accuracy of the clinical recording by the recorder.

vi. Examiners were requested to transfer the hardcopy records into their respective electronic form [Daily Register (**Appendix 9**) into **Admin file**; and Survey Format (**Appendix 10**) into the '**Survey file**'] by the end of each day.

Portable equipments and disposable instruments were used for the oral health examination. However, for gingival bleeding assessments, CPI probes were pre-sterilised in packs for use in the survey. The list of equipment and materials for this survey is as shown in **Appendix 13**. Data collection involved a total of 399 schools in this survey (**Appendix 14**).

2.9 Data Management

A Microsoft Access format-based data entry file ('**Survey File**') was designed and used for data-entry of the oral health examination data. All data of individual children examined were treated with confidence.

To minimize data entry error, data was entered and later verified by the Examiner themselves as well as by the State Coordinator/Field Supervisor at a different time. In each State, verification of data recorded in the Oral Health Examination Format (**Appendix 10**) against data entered into the '**Survey File**' was carried out according to the quantum specified as follows; **100% of survey records by examiners, 50% of survey records by Field Supervisors and 30% of survey records by the State Coordinator.**

The Oral Health Survey Format (**Appendix 10**) and the Education/Income Level of Parents/Guardians Form (**Appendix 7/Appendix 8**) for all children examined was sent to the Oral Health Division, MOH after completion of the survey at State level.

Following this, the data was processed and analysed using the Statistical Package for Social Sciences (SPSS) version 20.0. Prevalence estimates with 95% Confidence Interval were generated. Mean values of relevant quantitative variables, with standard errors and the 95% Confidence Interval were also generated.

2.10 Project Schedule

The implementation of NHMS 2017: NOHSS 2017 is summarized in **Figure 2** and the project schedule, including the Trial Run for this study (by the State of Negeri Sembilan in July 2016) is shown in **Figure 3**.

FIGURE 2: FLOW CHART FOR IMPLEMENTATION OF NHMS 2017: NOHSS 2017

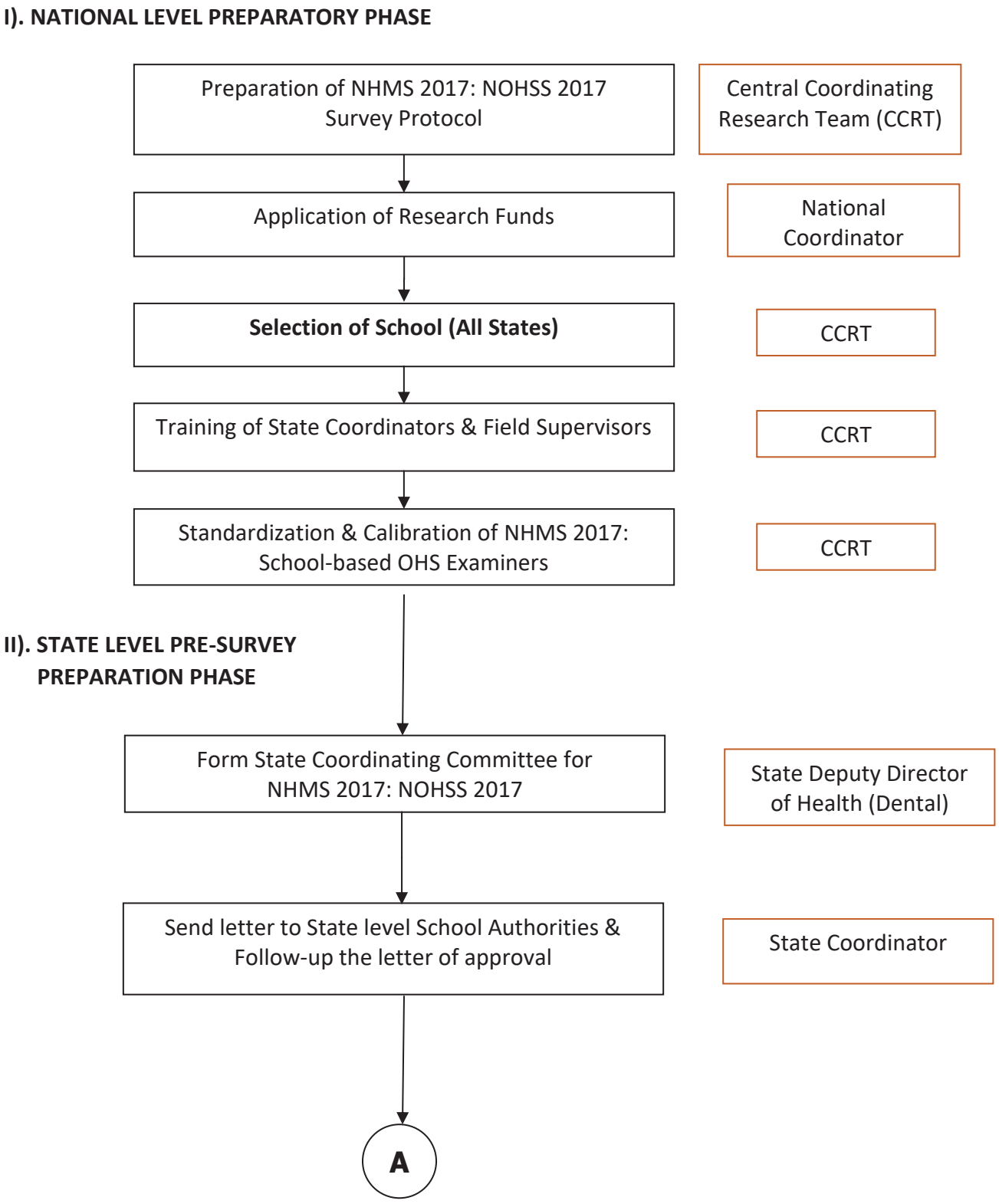


FIGURE 2: FLOW CHART FOR IMPLEMENTATION OF NHMS 2017: NOHSS 2017 (cont.)

II). STATE LEVEL PRE-SURVEY PREPARATION PHASE (cont.)

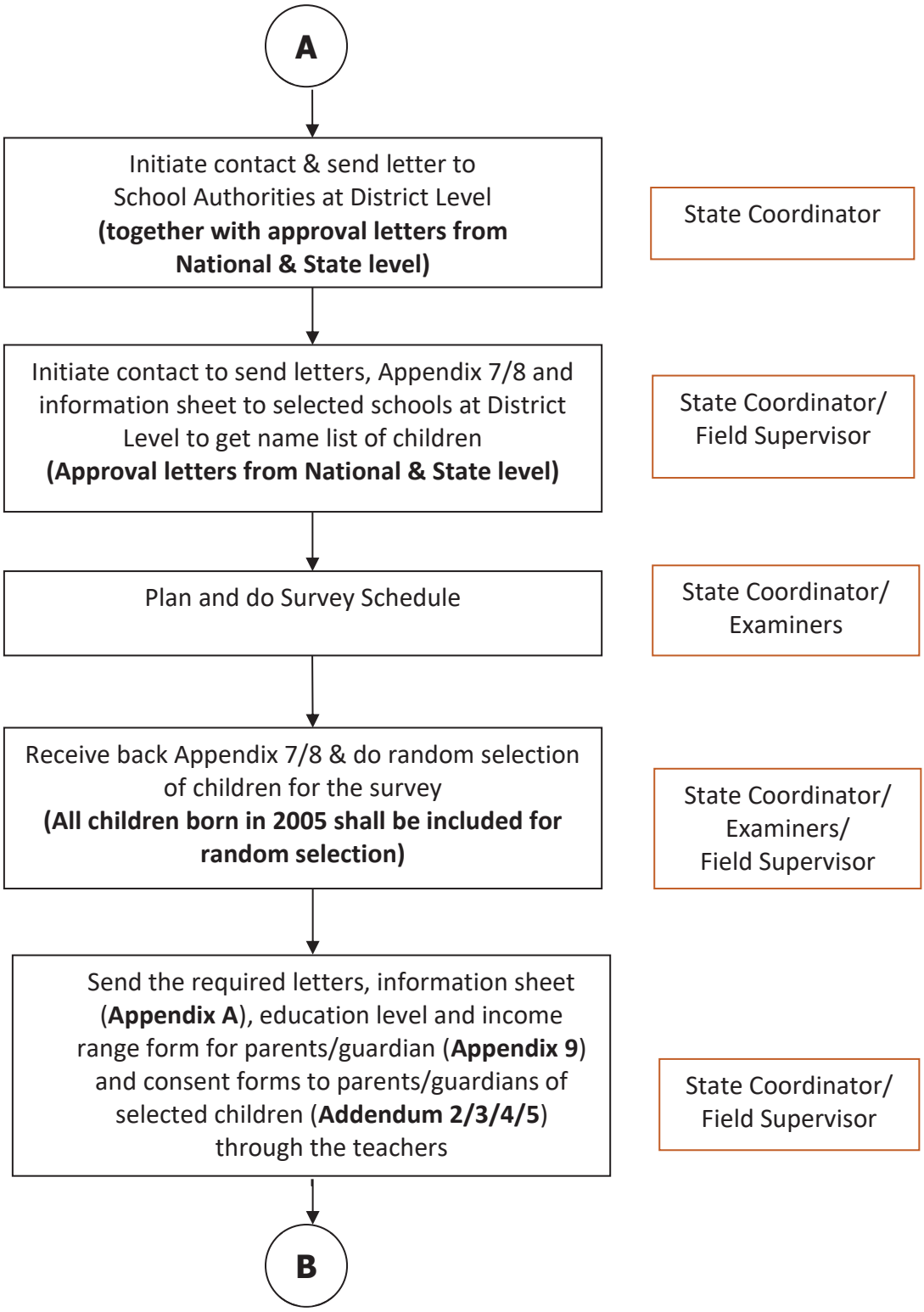


FIGURE 2: FLOW CHART FOR IMPLEMENTATION OF NHMS 2017: NOHSS 2017 (cont.)

III). STATE LEVEL DATA COLLECTION PHASE

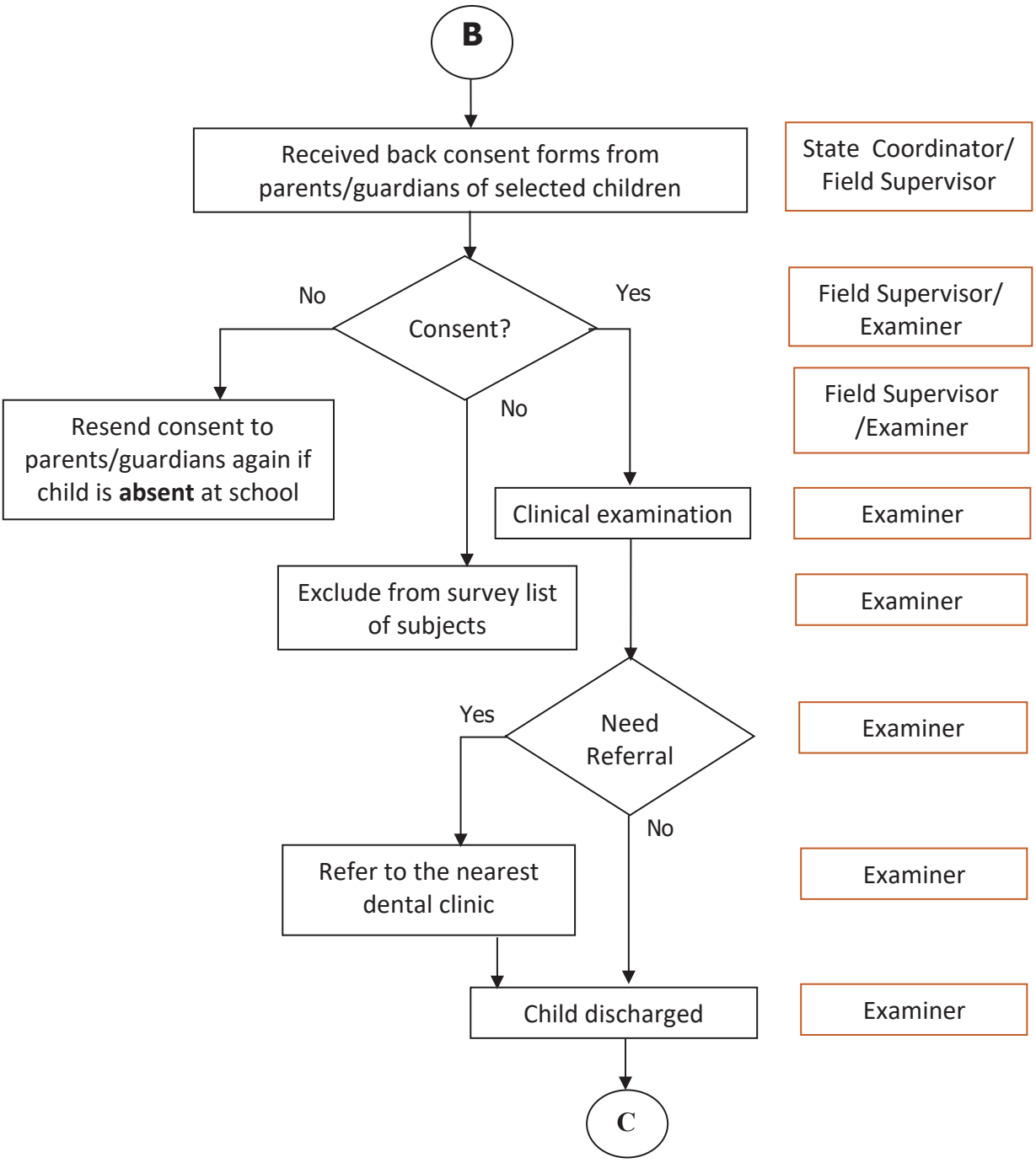


FIGURE 2: FLOW CHART FOR IMPLEMENTATION OF NHMS 2017: NOHSS 2017 (cont.)

IV). STATE LEVEL POST-DATA COLLECTION PHASE

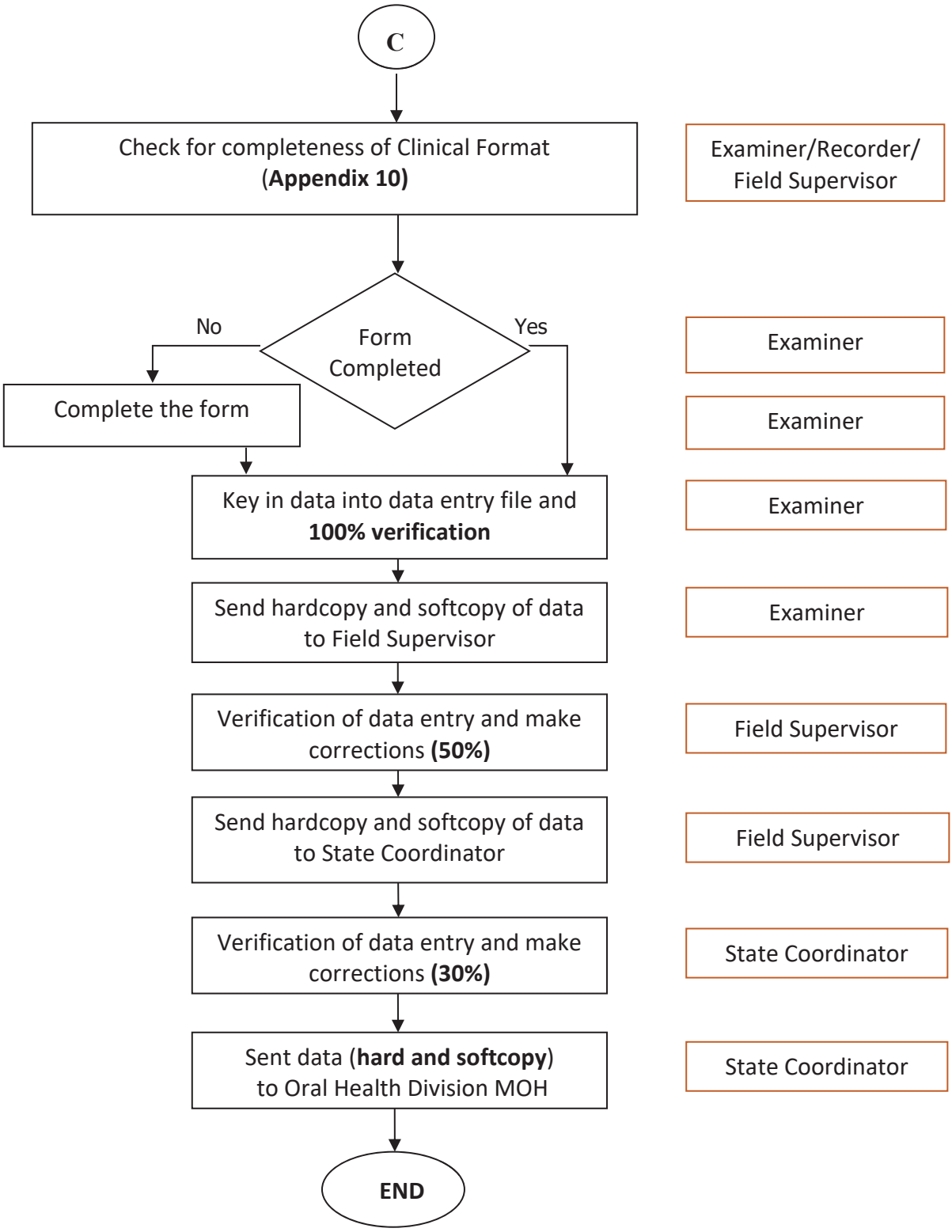


FIGURE 3 : GANTT CHART FOR NHMS 2017: NOHSS 2017

Project Activities	2015					2016												2017											
	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Protocol Building (First Draft)																													
Obtain sampling frame from Min Education																													
Collection of Sampling Frame																													
Standardisation and calibration of Benchmark Examiner against Gold Standard Examiner *																													
Trial Run																													
Exposure and Consensus of Protocol *																													
Finalising Protocol *																													
Printing of Protocol																													
State Coordinator & Field Supervisor Training																													
Data entry training for Examiners, State Coordinators and Field Supervisors																													
Standardisation & Calibration of Examiners *																													
Field data collection*																													
Data entry																													
Data management and analysis*																													
Preparation of Survey Report																													
Printing of Survey Report *																													

(*) indicates planned milestones.

APPENDICES

APPENDIX 1

NATIONAL TECHNICAL ADVISORY COMMITTEE

Datuk Dr Noor Aliyah Ismail
Principal Director of Oral Health
Oral Health Division, MOH

Dr Hj. Tahir Aris
Director
Institute for Public Health, MOH

Dr Yaw Siew Lian (Principal Investigator)
Principal Deputy Director
Oral Health Division, MOH

Dr Muhammad Fadhli Mohd Yusof
Public Health Physician (Researcher)
Institute for Public Health, MOH

Dr Nurrul Ashikin Abdullah
(National Coordinator)
Senior Principal Assistant
Oral Health Division, MOH

Dr Natifah Che Salleh (National Coordinator)
Senior Principal Assistant
Oral Health Division, MOH

Norazizah Ibrahim Wong
Statistician
Institute for Public Health, MOH

Dr Ihsan Ismail
Head of Program Evaluation
Planning & Policy Research Division, MOE

Datin Dr Rohani Embong
Director
Oral Health Policy & Strategic Planning
Division, MOH

Dr Rohani Mahmood
Head of Restorative Dentistry Specialist
Oral Health Division, MOH

Datuk Dr Khairiyah Abdul Muttalib
Dean
Faculty of Dentistry, SEGi University

Datin Dr Salmiah Bustanuddin
Deputy Director (Oral Health)
Selangor State Health Department, MOH

Yusnidah Mahat
Head of Unit HEM
Religious School Development Sector
Islamic Education Division, MOE

Sanoyah Yusof
Assistant Director
Health Unit
School Management Division, MOE

Siti Muti'ah Hairan
Assistant Director
Private Education Division, MOE

APPENDIX 2

CENTRAL RESEARCH COORDINATING TEAM

Dr Yaw Siew Lian
Senior Deputy Director
Oral Health Division, MOH

Dr Natifah Che Salleh
Senior Principal Assistant
Oral Health Division, MOH

Dr Nurrul Ashikin Abdullah
Senior Principal Assistant
Oral Health Division, MOH

Haziah Hassan
Dental Matron
Oral Health Division, MOH

Nuruliyana Mohd. Don
Personal Assistant
Epidemiology and Oral Health Research Section
Oral Health Division, MOH

EXAMINERS FOR NHMS 2017: NOHSS 2017

I. GOLD STANDARD / BENCHMARK EXAMINERS

Dental Caries

Gold Standard Examiner	:	Dr Salleh Zakaria BDS (Malaya), MPH (UM)
Benchmark Examiner	:	Dr Azura Abdullah DDS (Tokyo), MPH (UM)

Periodontal Condition

Gold Standard Examiner	:	Dr Adibah Mohd Rahim BDS (Malaya)
Benchmark Examiner	:	Dr Jessina Sharis Othman BDS (Malaya), MCM (USM)

II. FIELD EXAMINERS

Perlis	Dr Ch'ng Yen Theng DDS (USM)
	Dr Nurul Fatin Azizan BDS (Cardiff University, UK)
Kedah	Dr Jamaliah Omar BDS (Malaya), MSc (UCL, London)
	Dr Nurul Asyura Roslan DDS (UKM)
Penang	Dr Noorul Nadiah Noor Zamry DDS (UKM)
	Dr Chai Han Jen BDS (MAHE)

EXAMINERS FOR NHMS 2017: NOHSS 2017

II. FIELD EXAMINERS (cont.)

Perak	Dr Law Chai Hoon BDS (Malaya), MCD (UM)
	Dr Khairol Niza Ahmad BDS (Malaya), MPH (Oral Health) (UM)
Selangor	Dr Misah Md Ramli BDS (Malaya), MCD (UM)
	Dr Kamariah Omar BDS (Malaya), MCD (UM)
	Dr Nor Haslina Mohd Hashim DDS (Airlangga), MCD (UM)
Federal Territory Kuala Lumpur	Dr Aini Norhaida Othman BDS (Malaya)
	Dr Nur Syuhada Abu Bakar BDS (Liverpool)
Federal Territory Putrajaya	Dr Yusra Zahir BDS (UM)
Negeri Sembilan	Dr Zakiah Muhammad BDS (Dublin), MPH (Oral Health) (UM)
	Dr Muhammad Farid Nurdin DDS (UKM)
Melaka	Dr Mohd Aidie Ismail BDS (UiTM)
	Dr Nur Ruzanna Shaharuddin DDS (USM)

EXAMINERS FOR NHMS 2017: NOHSS 2017

II. FIELD EXAMINERS (cont.)

Johor	Dr Sabarina Omar BDS (Malaya), DDPHRCS (England), MSc (London)
	Dr Hasni Md Zain BDS (Malaya), MPH (UM)
	Dr Roslinda Abdul Samad BDS (Malaya), DDPHRCS (England), MSc (London)
Pahang	Dr Suzana Sharif BDS (Malaya), MDPH (USM), DrDPH (USM)
	Dr Ishak Shaifuddin Ibrahim BDS (Malaya), MCD (UM)
	Dr Muhammad Zulkefli Ramlay BDS (Malaya), MDPH (USM), DrDPH (USM)
Terengganu	Dr Zaihan Othman BDS (Malaya), MDPH (USM), DrDPH (USM)
	Dr Che Wan Nor Ashikin Che Wan Ahmad Pauzi DDS (Airlangga)
Kelantan	Dr Asmani Abd Razak BDS (Malaya), MCM (USM)
	Dr Jessina Sharis Othman BDS (Malaya), MCM (USM)
	Dr Norizah Ab. Rahman DDS (Airlangga)

EXAMINERS FOR NHMS 2017: NOHSS 2017

II. FIELD EXAMINERS (cont.)

Sabah	Dr Zaiton Hj Tahir BDS (Malaya), MCD (UM)
	Datin Dr Norinah Mustapha BDS (Malaya), MCD (UM)
	Dr Adelina Akan BDS (Malaya)
Sarawak	Dr Andrew Eddy BDS (Malaya), MSc (London), DDPHRCS (London)
	Dr Aminuddin Mohd. Natar BDS (Malaya), MCD (UM)
	Dr Wong Chu Bing BDS (Malaya)
Federal Territory Labuan	Dr Yii Siew Hie BDS (BAPUJI Dental College)

APPENDIX 4

STATE COORDINATORS AND FIELD SUPERVISORS FOR NHMS 2017: NOHSS 2017

1. STATE COORDINATORS

Perlis	Dr Izwan Abd Hamid
Kedah	Dr Shuhairi Mohamed
Pulau Pinang	Dr Enny Esdayantey Abdul Manab
Perak	Dr Nama Bibi Saerah Hj. Abd Karim
Selangor	Dr Rozihan bt Mat Hasan @ Husin
Federal Territory Kuala Lumpur	Dr Siti Zuriana Mohd Zamzuri
Federal Territory Putrajaya	Dr Lydia Mason Lionel
Negeri Sembilan	Dr Maznah Mohd Nor
Melaka	Dr Norizan Othman
Johor	Dr Sheila Rani Ramalingam
Pahang	Dr Rapeah Mohd Yassin
Terengganu	Dr Rusli Ismail
Kelantan	Dr Kamariah Seman
Sabah	Dr Lawrence Mah Hon Kheong
Sarawak	Dr Hwang Yew Lang Dr Roslina Mohd Fadzillah Mah
Federal Territory Labuan	Dr Zubaidah Japri

STATE COORDINATORS AND FIELD SUPERVISORS FOR NHMS 2017: NOHSS 2017

1. FIELD SUPERVISORS

Perlis	Dr Rohana Mat Arip Dr Maizura Abd Rahman
Kedah	Dr Hilmun Hanim Baharuddin Dr Ahmad Fadhil Mohamad Shahidi
Pulau Pinang	Dr Noor Baiti Bab Dr Ting Teck Pei
Perak	Dr Nurkurshiah Selamat Dr Mohanthas Thanimalai
Selangor	Dr Madelyne Savarimuthu Farizah Arshad Fuziah Sulan
Federal Territory Kuala Lumpur	Zarina Othman Halimah Sapari Saadiah Saad
Federal Territory Putrajaya	Siew Kean
Negeri Sembilan	Dr Nurul Ain Azmi Noormalia Harun
Melaka	Dr Nurul Ashikin Husin Dr Harlina Ali Hanafiah
Johor	Dr Jamaliah Abd Rahman Dr Habibah Yacob @ Ya'akub
Pahang	Halimah Idris Sim Ung Lai

STATE COORDINATORS AND FIELD SUPERVISORS FOR NHMS 2017: NOHSS 2017

1. FIELD SUPERVISORS (cont.)

Terengganu	Dr Mohd Norfadzilly Mohd Hulaime Zainab Mohideen
Kelantan	Dr Badariah Tambi Chek Dr Wan Salina Wan Sulaiman
Sabah	Halimah Momin Jalinah Yusof Salvia Rajip
Sarawak	Lili Gindi Goh Siew Hee Hamirah Andi Mappeasse Madonna James
Federal Territory Labuan	Roslinah Mohamad Kassim

APPENDIX 5

LETTER OF NOTIFICATION OF SURVEY TO SCHOOL AUTHORITIES

Ruj. Kami : KKM.600-56/5/6( )

Tarikh :

Guru Besar
Sekolah …….

Y.Bhg. Dato'/Datin/Tuan/Puan,

KAJISELIDIK EPIDEMIOLOGI KESIHATAN PERGIGIAN MURID-MURID SEKOLAH PERINGKAT KEBANGSAAN TAHUN 2017 (*NHMS 2017: NOHSS 2017*)

Dengan segala hormatnya saya merujuk pada perkara yang tersebut di atas.

2. Sukacita dimaklumkan bahawa Bahagian Kesihatan Pergigian, Kementerian Kesihatan Malaysia (KKM) akan menjalankan satu Kajiselidik Epidemiologi Kesihatan Pergigian Murid-Murid Sekolah Peringkat Kebangsaan Tahun 2017 (*NHMS 2017: NOHSS 2017*) yang melibatkan murid-murid sekolah pada bulan Mac hingga April 2017.

3. Objektif kajiselidik *NHMS 2017: NOHSS 2017* adalah untuk mendapat gambaran status kesihatan pergigian murid sekolah di Malaysia. Diharapkan hasil penemuan kajiselidik membantu KKM mempertingkatkan lagi perkhidmatan pergigian untuk murid-murid sekolah.

4. Sebagai persediaan untuk kajiselidik berkenaan, sekolah Y.Bhg. Dato'/Datin/Tuan/Puan telah terpilih secara rawak untuk terlibat dalam pemeriksaan pergigian keatas murid-murid sekolah. Setiap murid-murid sekolah akan diperiksa oleh seorang Doktor Pergigian dari Kementerian Kesihatan Malaysia.

5. Butiran sesi tersebut adalah seperti berikut:

a. Pemeriksaan pergigian hanya akan dijalankan keatas murid-murid sekolah dimana kebenaran telah didapati daripada ibubapa/penjaga mereka
b. Pemeriksaan akan menggunakan cermin mulut sahaja **TANPA** melibatkan sebarang prosedur rawatan Pergigian
c. Sekiranya murid-murid sekolah yang diperiksa memerlukan rawatan, ia akan dirujuk kepada Pegawai Pergigian / Jururawat Pergigian untuk rawatan lanjutan.
d. Pihak Perkhidmatan Pergigian tempatan akan memberitahu tarikh lawatan ke sekolah Y.Bhg. Dato'/Tuan/Puan selanjutnya.

6. Dimaklumkan bahawa Bahagian ini telah mendapat kelulusan dari Kementerian Pendidikan Malaysia untuk menjalankan kajiselidik tersebut**.** Sehubungan itu, sekiranya Y.Bhg. Dato'/Datin/Tuan/Puan tiada halangan tentang pemilihan sekolah Tuan sebagai tempat untuk menjalani kajiselidik kebangsaan *NHMS 2017: NOHSS 2017*, sukacita sekiranya pihak Y.Bhg.

Dato'/Datin/Tuan/Puan dapat membantu kami untuk mengedarkan surat kebenaran kepada ibu-bapa/penjaga murid-murid sekolah di sekolah Y.Bhg. Dato'/Datin/Tuan/Puan pada awal tahun 2017 bagi tujuan mendapat kebenaran ibu-bapa/penjaga.

7. Segala sokongan dan kerjasama Y.Bhg. Dato'/Datin/Tuan/Puan dalam menjayakan kajiselidik NHMS 2017: NOHSS 2017 ini amatlah dihargai.

Sekian, terima kasih.

Saya yang menurut perintah.

"BERKHIDMAT UNTUK NEGARA"

Saya yang menurut perintah,

(DATUK DR NOOR ALIYAH BINTI ISMAIL)
Pengarah Kanan Kesihatan Pergigian
Kementerian Kesihatan Malaysia

APPENDIX 6

SCHOOLCHILDREN INFORMATION FORM FOR NHMS 2017: NOHSS 2017

State: ..... **District/Division:** .....**Name of School:** .....**Class :**.....

Location of School: ☐ **Urban** ☐ **Rural** **Type of School:** **Government** ☐ **Private** ☐ **School Code:** ☐☐ ☐☐
State code **ID**

Date of Visit: 1st visit ....., **2nd visit**....., **3rd visit**..... **Name of Examiner/ Examiner's Code:** .....

Number of student for sampling procedure (*For Ministry of Health office use only*)	**No.**	**Name of Student**	**Class**	**Date of Birth**	**Gender**	**Ethnicity**	**Citizenship Status** (Tick (✓) where applicable)	
							Citizen	**Non-citizen**

BORANG BERKENAAN TARAF PENDIDIKAN DAN PENDAPATAN IBU/BAPA/PENJAGA BAGI KAJISELIDIK NHMS 2017: NOHSS 2017

Kepada Ibu / Bapa / Penjaga:

Dengan segala hormat dimaklumkan bahawa anak tuan/puan terpilih secara rawak untuk menyertai **Kajiselidik Kesihatan Pergigian Murid-murid Sekolah 2017** Kementerian Kesihatan Malaysia. Hasil dari kajiselidik ini akan menyumbang kepada perancangan perkhidmatan kesihatan pergigian murid-murid sekolah.

Untuk menjayakan kajiselidik ini, kami amat memerlukan sokongan dan kerjasama tuan/puan untuk menyumbangkan maklumat berkaitan di ruang yang disediakan di bawah.

Semua maklumat ini akan di anggap **sulit,** tiada maklumat peribadi perseorangan akan disebarkan dan semua maklumat hanya akan digunakan bagi tujuan kajiselidik ini sahaja. Sukacita sekiranya tuan/puan dapat mengembalikan borang yang telah diisi kepada guru kelas anak tuan/puan secepat mungkin.

Atas segala sokongan dan kerjasama tuan/puan, kami ucapkan ribuan terima kasih.

(Dr Yaw Siew Lian)
Penyelidik Utama
NHMS 2017: National Oral Health Survey of Schoolchildren 2017

Diisi oleh Pihak Perhidmatan Pergigian

No. ID : ☐☐ ☐☐☐ Kod Pemeriksa ID	Nama Kanak-kanak : …….
Kod Negeri: ☐☐ Kod Sekolah: ☐☐☐☐ Kod Negeri ID	Kelas : ……..
Lokasi: ☐ 1 = Bandar 2 = Luar Bandar	Nama Sekolah : ……

Sila rujuk muka surat sebelah….

Untuk diisi oleh ibu/bapa atau penjaga:

Taraf Pendidikan (yang telah dicapai)

Tanda (✓) di kotak yang berkaitan

Taraf Pendidikan		**Bapa**		**Ibu**		**Penjaga** (jika berkaitan sahaja)
1. Ijazah atau setaraf						
2. Diploma atau setaraf						
3. Sijil atau setaraf						
4. STPM atau setaraf						
5. SPM atau setaraf						
6. PMR atau setaraf						
7. Sekolah Rendah						
8. Tiada pendidikan rasmi						

Nota :

- Jika pelajar tinggal di rumah bersama kedua ibu dan bapa, sila isikan kedua-dua ruangan tahap pendidikan.
- Ruang untuk 'penjaga' hanya diisi jika pelajar tidak tinggal bersama kedua ibu bapa.
- Pendapatan bulanan merujuk kepada pendapatan isi rumah yang digabungkan. Jika kedua-dua ibu bapa bekerja, jumlah pendapatan merujuk kepada pendapatan gabungan kedua-duanya.

Anggaran Pendapatan Keluarga Sebulan

Tanda (✓) di kotak yang berkaitan

1. RM 5,000 dan ke atas	
2. RM 4,500 - 4,999	
3. RM 4,000 - 4,499	
4. RM 3,500 - 3,999	
5. RM 3,000 - 3,499	
6. RM 2,500 - 2,999	
7. RM 2,000 - 2,499	
8. RM 1,500 - 1,999	
9. RM 1,000 - 1,499	
10. RM 500 - 999	
11. RM 499 ke bawah	
12. Tidak berkaitan (sila jelaskan).....	

Kami memohon kerjasama ibubapa/ penjaga untuk memulangkan keratan ini kepada guru kelas setelah diisi. Terima kasih.

FORMAT ON EDUCATIONAL LEVEL AND INCOME LEVEL OF PARENTS/GUARDIAN FOR NHMS 2017: NOHSS 2017

Dear Parents/Guardian:

We are pleased to inform that your child has been selected to participate in the NHMS 2017: National Oral Health Survey 2017. The findings of this survey shall be used in the planning of oral healthcare services for schoolchildren in the country.

To ensure the success of this survey, we need your support and cooperation in providing the necessary information in the space given below.

All information obtained will be strictly confidential and shall be used for the purpose of the survey only. We would very much appreciate if you could kindly return the filled form below to your children's class teacher as soon as possible

Thank you for your kind attention in this matter.

Dr Yaw Siew Lian
Principal Investigator
NHMS 2017: National Oral Health Survey of Schoolchildren 2017

To be completed by Oral Health Services:

Personal ID : ☐☐ ☐☐☐ (Examiner Code, ID)	Name of Child: …….....
State Code: ☐☐ School Code: ☐☐☐☐ (State Code, ID)	Class:……..……..……
Location: ☐ 1 = Urban 2 = Rural	Name of School: ……

Please turn over to the next page …….

To be completed by Parents / Guardian:

Education levels achieved (Tick (✓) where applicable)							
Educational status		**Father**		**Mother**		**Guardian** (if applies)	
1. Degree or equivalent							
2. Diploma or equivalent							
3. Certificate or equivalent							
4. STPM or equivalent							
5. SPM or equivalent							
6. PMR or equivalent							
7. Primary School							
8. No formal education							

Estimated Monthly Household Income (Tick (✓) where applicable)	
1. RM 5,000 and above	
2. RM 4,500 - 4,999	
3. RM 4,000 - 4,499	
4. RM 3,500 - 3,999	
5. RM 3,000 - 3,499	
6. RM 2,500 - 2,999	
7. RM 2,000 - 2,499	
8. RM 1,500 - 1,999	
9. RM 1,000 - 1,499	
10. RM 500 - 999	
11. RM 499 and below	
12. Not applicable (please specify)	

Note :

- If the student stays with his/her parents, please fill the education level for both the father and mother.
- If the student does not stay with his/her parents, please fill the education level for the guardian only.
- Monthly income refers to the combined household income. If both parents are working, total income refers to the combination of both.

Please kindly return the form after you have filled it to your children's class teacher. Thank you.

DAILY REGISTRATION FORM FOR NHMS 2017: NOHSS 2017

State: ..... District/Division: ..... Name of School: ..... Class:.....

Location of School: ☐ Urban ☐ Rural Type of School: Government ☐ Private ☐ School Code: ☐☐ ☐☐ (State code / ID)

Date of Visit: 1st visit ....., 2nd visit....., 3rd visit..... Name of Examiner/ Examiner's Code: .....

No.	Personal Identification Number (ID)	Name of student (Born in 2005 and selected)	Class	Date of birth	Gender	Ethnicity	Citizenship Status		Parental Consent Obtained (Tick (✓) where applicable)			Parental consent not obtained
							Citizen	Non-citizen	Consented with full examination	Consented but not examined due to wearing of fixed appliance	Consented but not examined due to other reason	
1		2	3	4	5	6	7	8	9	10	11	12
			TOTAL	NA	NA	NA						

Note:

- Column 10: 'Consented but not examined due to wearing of fixed appliance' is defined as children with any appliance that is fixed to the majority of teeth that hinders the conduct of a proper oral health assessment.
- Column 11: 'Consented but not examined due to other reasons' includes children whose parents had given consent but were not examined due to various reasons for example; the child was absent during the survey period at the kindergarten, the child refused examination, the child was unfit for examination or was transferred after consent was obtained.
- Column 12: 'Parental consent not obtained includes children whose parents had not given consent or failed to return the consent form before/during the data collection period
- NA : Not Applicable

ORAL HEALTH SURVEY FORMAT FOR NHMS 2017: NOHSS 2017

Appendix 11

ORAL HEALTH SURVEY FORMAT
NHMS 2017: SCHOOL-BASED ORAL HEALTH SURVEY

Personal ID : ☐☐ (Examiner Code) ☐☐☐ (ID) **Date of Survey :** ☐☐ – ☐☐ – ☐☐☐☐ (dd – mm – yyyy)

State Code : ☐☐ **School Code :** ☐☐ (State Code) ☐☐ (ID) **Location :** ☐ *1 = Urban, 2 = Rural*

Name of School : **Type :** ☐ *1 = Government, 2 = Private*

A. GENERAL INFORMATION

A1. Ethnic Group ☐

1 = Malay
2 = Chinese
3 = Indian
4 = Dayak
5 = Ethnicity (please specify):

.....

A2. Gender : ☐ *1 = Male 2 = Female*

A3. Date of Birth: ☐☐ – ☐☐ – ☐☐☐☐ (dd – mm – yyyy)

A4. Age : ☐
(will be automatically computed)

A5. Citizen : ☐ *1 = Citizen 2 = Non-citizen*

A6. FIXED APPLIANCE ☐ *0 = No, 1 = Yes* ***(If Yes, stop here and do not proceed further)***

B. DENTURE STATUS

Wearing Denture

U ☐ L ☐

0 = None
1 = Wearing partial
2 = Wearing full

Need Denture

U ☐ L ☐

0 = No need
1 = Need partial
2 = Need full
3 = Need of denture repair/replacement

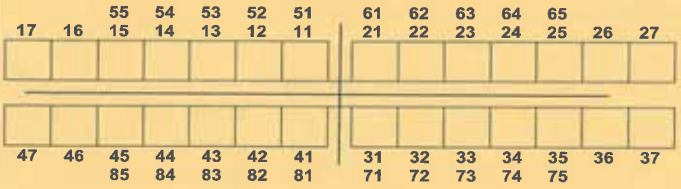
C. INJURIES TO INCISORS
Tooth/Teeth Involved

12	11	21	22
42	41	31	32

0 = Absence of trauma or injury
1 = Present, treated, no problem
2 = Present, treated, with problem
3 = Present, not treated, no problem
4 = Present, not treated, with problem
9 = Not recorded, tooth absent

ORAL HEALTH SURVEY FORMAT FOR NHMS 2017: NOHSS 2017

D. PERIODONTAL STATUS



Gingival Bleeding Score

0 = Absence of condition
1 = Presence of condition
8 = Tooth not present
9 = Tooth excluded

Highest Score Overall *(Score 0 or 1)* ☐

E. CARIES STATUS AND TREATMENT NEED

UPPER PERMANENT TEETH

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
STATUS																
TNEED																

LOWER PERMANENT TEETH

	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
STATUS																
TNEED																

CARIES-FREE (DMFT=0) ☐ *0 = Not Caries-free, 1 = Yes, Caries-free*

PERMANENT DENTITION

CODES	DENTAL CARIES STATUS
0	Sound
1	Caries
2	Filled, with caries
3	Filled, no caries
4	Missing due to caries
5	Missing for any other reasons
6	Fissure Sealant
7	Fixed dental prosthesis abutment/special crown or veneer/implant
8	Unerupted
9	Not recorded
10	Trauma

CODES	TREATMENT NEED
0	None
12	For preventive, caries-arresting care
13	Fissure sealant
1	1-surface filling
11	Simple fillings on more than 1 surface
2	≥ 2 - surface filling (compound filling)
3	Extraction
4	Pulp Care
5	Complex treatment (e.g veneer, crown)
6	Denture need due to missing carious teeth
7	Need for any type of oral healthcare not due to caries
9	Not recorded

Name of Examiner : .....

Date of Examination : .....

NATIONAL HEALTH MORBIDITY SURVEY 2017: NATIONAL ORAL HEALTH SURVEY OF SCHOOLCHILDREN 2017 (NHMS 2017: NOHSS 2017)

RECORDING INSTRUCTIONS AND

ORAL HEALTH EXAMINATION CRITERIA

NATIONAL HEALTH MORBIDITY SURVEY 2017:
NATIONAL ORAL HEALTH SURVEY OF SCHOOLCHILDREN 2017
(NHMS 2017: NOHSS 2017)

RECORDING INSTRUCTIONS AND ORAL HEALTH EXAMINATION CRITERIA

- The fields for Personal ID up to Name of School shall be filled into the Oral Health Survey Format (**Appendix 10**) before the survey team's visit to the school. The duplication of such information on the Education/Income Level Form for Parents/Guardian (**Appendix 7/8**) will enable these questionnaire to be detached, distributed, and collected back in advance of visits.
- Pre-requisite items for distribution before school visits:
  Letter to Heads of schools and copies of approval letters for conduct of the survey (from the Ministry of Education, Malaysia and from the State Education Department)
- Items for distribution to parents/guardians and collection, as applicable:
  a. Questionnaire for parents/guardian of the child (for information on education levels and income range as in **Appendix 7/8**)
  b. Letters to parents/guardian on NHMS 2017: NOHSS 2017
  c. NHMS 2017: NOHSS 2017 Consent Form

GENERAL INSTRUCTIONS

1. Instruct all subjects to rinse the mouth before conduct of oral health examination.
2. Do not remove debris before start of assessment.
3. Children with fixed appliance shall be given a personal identification number and basic data shall be collected, but such children shall be excluded from further oral health examination.
4. Clinical assessment shall be done following the prescribed order of the survey format. If necessary, remove debris or moisture with cotton wool prior to dental caries assessment.
5. Record all entries in the survey form using a **blue ballpoint pen**.
6. If an error is made, strike through the entry and enter the correct entry.
7. Enter the specified codes in the boxes provided.
8. Fill all boxes. Do not leave any blank boxes (a blank space may be interpreted as an oversight on the examiner's part).

RECORDING INSTRUCTIONS FOR FILLING OF SURVEY FORMS

Personal ID	Enter the 5-digit personal ID number of the child. The first 2 digits is the examiner code followed by the 3-digit serial number. For example, the first subject for Examiner with code 05 will be 0 5 — Examiner Code 0 0 1 — ID beginning 001 The second subject will be 0 5 0 0 2 and so on. The personal ID for each child is **unique.** ***There must be no duplication of personal ID.*** Personal ID for the state should run <u>continuously</u> from school to school for each examiner. <u>All selected children in each school shall be assigned a personal ID number</u>. **The assigned personal ID of each child must be duplicated on the questionnaire for parents/guardian**.
Date of Survey	Use the format dd/mm/yyyy e.g. 01 March 2017 0 1 - 0 3 - 2 0 1 7 dd mm yyyy

State Code	Code: 01 = Federal Territory Kuala Lumpur (FTKL) 02 = Perlis 03 = Kedah 04 = Pulau Pinang 05 = Perak 06 = Selangor 07 = Negeri Sembilan 08 = Malacca 09 = Johor 10 = Pahang 12 = Terengganu 13 = Kelantan 14 = Sabah 15 = Sarawak 16 = FT Labuan 17 = FT Putrajaya
School Code	Code for the selected schools shall be assigned by the Oral Health Division, MOH.
Location	Code the *location of the school as follows: 1 = urban 2 = rural Code for location of the school must be filled into the questionnaire for parents/guardian. *Classification of location is according to the Ministry of Education
Name of School	Record the name of the school in the space provided.
Type of School	Tick (/) the type of the school in the box provided as follows: 1 = Government 2 = Private

A. GENERAL INFORMATION	
A1. Ethnic group	*Code: 1 = Malay 2 = Chinese 3 = Indian 4 = Dayak 5 = Other ethnic groups (please specify): …… 9 = Not relevant (eg. Non-citizen) *Based on *Surat Ketua Pengarah MAMPU, bertarikh 27 April 2016, no. rujukan MAMPU.600-1/8/5 (1) bertajuk: Keputusan Kerajaan Mengenai Klasifikasi Kaum Dalam Borang-Borang Rasmi Kerajaan*
A2. Gender	Code: 1 = Male 2 = Female
A3. Date of Birth	Use the format dd/mm/yyyy e.g. 14 November 2005 1 4 - 1 1 - 2 0 0 5 dd mm yyyy
A4. Age	Age shall be automatically computed in the data entry file.
A5. Citizenship	Code: 1 = Citizen 2 = Non-citizen
A6. Fixed Appliance	Code: 0 = No 1 = Yes If '1= Yes', end here. Do not proceed further for oral health assessment. A fixed appliance is defined as any appliance that is fixed to most of the teeth and it hinders the conduct of a proper oral health assessment.

B. DENTURE STATUS

Record denture status of the child based on the wearing of denture or the need for denture. Need for denture is based on normative needs. All boxes must be filled. The codes are as follows:

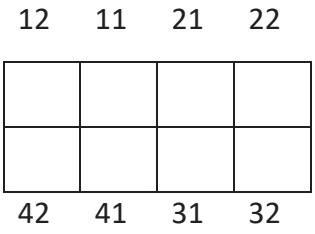
Wearing denture	Code: 0 = None 1 = Wearing partial 2 = Wearing full
Need denture	Code: 0 = No need 1 = Need partial 2 = Need full 3 = Need of denture repair/replacement

C. TRAUMA/INJURIES TO INCISORS

The criteria for trauma/injuries to incisors are adapted from the NOHSS 2007.[9] Based on consensus from past surveys, modifications have been made pertaining to language for ease of interpretation and understanding. These modifications do not affect the application of the criteria.

The following should be observed during examination and recording:

1. Examine only the eight index teeth as shown below:



2. No box should be left blank.

CODES FOR TRAUMA/INJURIES TO INCISORS	
Code 0	**ABSENCE OF TRAUMA/INJURY** There is **no sign or symptom** of trauma/injury detected in the index tooth.
Code 1	**PRESENT, TREATED AND WITHOUT PROBLEM** Consider injury/trauma as '**present'** in the index tooth if one or more of the following condition is present: • fracture involves enamel • fracture involves dentine • fracture involves pulp • dark discolouration compared to other teeth • intrusion/extrusion • mobility (grade II and III) Consider the trauma/injury in the index tooth as '**treated'** if one or more of the following conditions are present: • there is a history of permanent filling done for the injury, or • Root canal therapy has been completed, with permanent restoration done Consider the index tooth as having **'no problem'** if there is no complain from the child or there is/are no problem(s) observed by the examiner.
Code 2	**PRESENT, TREATED AND WITH PROBLEM** The trauma/injury in the index tooth is '**present',** and it has been '**treated'** (refer as condition in Code '1').

Code 2 (cont.)	Consider the injury/trauma in the index tooth as '**with problem'** if one or more of the following condition(s) is/are present: • sensitivity due to fracture involving dentine or pulp • presence of swelling/abcess or fistula on the labial or lingual/palatal • fracture with caries • mobility grade II or III • discoloration • intrusion/extrusion • discolored or defective restoration
Code 3	**PRESENT, NOT TREATED AND WITHOUT PROBLEM** The trauma /injury in the index tooth is '**present'** as follows: • the fracture involves enamel or dentine, or both enamel and dentine • the trauma/injury is '**not treated'** • 'no problem' is detected (there is no complain from the child or there is/are no problem(s) observed by the examiner)
Code 4	**PRESENT, NOT TREATED AND WITH PROBLEM** The trauma/injury is '**present'** (refer Code '1') in the index tooth. However, it is '**not treated'** and there is/are '**problem' (s)** (refer code '2').
Code 9	**NOT RECORDED** When the **index tooth** is **totally** absent.

D. PERIODONTAL STATUS

The Community Periodontal Index (CPI) Modified, adapted from WHO Oral Health Surveys Basic Methods 5th edition (2013)[11] is used. A**ll teeth** are **examined for absence or presence of gingival bleeding**. Do not check for calculus or pockets. The following is to be noted:

1. Both deciduous and permanent teeth present should be probed and scored in the corresponding box.

2. If the permanent and deciduous teeth occupy the same tooth space, record the highest score of the teeth examined.

The Probing Procedure (Using the CPI Probe)

The WHO Periodontal Probe (CPITN-E) is used for probing. This probe is a lightweight CPI probe with a 0.5 mm ball tip with a band marking between 3.5 mm and 5.5 mm (this marking is only used to detect and measure pocket depth in those aged **more** than **15 years**).

Assessment for Gingival Bleeding

1. Carefully insert the tip of the WHO CPI Probe between the gingiva and the tooth to assess the absence or presence of bleeding response.

2. **A sensing force of not more than 20 grams should be used during insertion of the probe**. A practical test for establishing this force is to place the probe under the thumb nail and press until blanching occurs.

   Alternatively, examiners can use a mirror and insert the probe into the gingival sulcus of their own anterior teeth using the lightest possible force that will allow movement of the probe ball tip along the tooth surface.

3. When the probe is inserted, the ball tip should follow the anatomical configuration of the surface of the tooth root. **If the patient feels pain during probing, this is indicative of too much force.** Insert the probe tip gently into the gingival sulcus and explore the total extent of the sulcus.

D. PERIODONTAL STATUS (cont.)

4. The sulcus is explored by using the 'walking stroke' (an up and down movement of the periodontal probe in short bobbing strokes with a forward increments of about 1 mm). With each down stroke, the probe returns to touch the junctional epithelium. The probe is not removed from the sulcus with each upward strokes by ensuring a good hand rest.

5. The probe is placed in the sulcus of the disto-buccal surface of the first molar as close as possible to the contact point with the second molar, keeping the probe parallel to the long axis of the tooth. The probe is then moved gently, using the '**walking stroke**', along the buccal sulcus to the mesio-buccal surface towards the contact area of the premolar. A similar procedure is undertaken for the lingual surfaces, starting with the distolingual surface of the first molar.

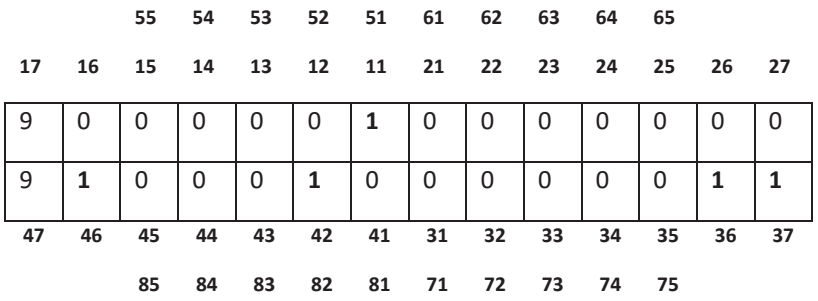
Examination and recording

1. Examine in the usual order starting from UR, followed by UL, LL, and ending with the LR.

2. Record the highest score for the whole mouth in the appropriate box provided. No box should be left blank.

CODES FOR PERIODONTAL CONDITIONS

Code 0	**ABSENCE OF CONDITION** When no bleeding is observed, record a Code '0' for the tooth.
Code 1	**PRESENCE OF CONDITION** Use Code '1' only if bleeding is observed after gentle probing, irrespective of whether calculus or no calculus is detected. Examine the gingival margin of the index tooth before allowing the patient to swallow or close his mouth. At times, delayed bleeding may occur 10 – 20 seconds after probing.

Code 8	**TOOTH NOT PRESENT** When there is **no deciduous or permanent tooth** present in the area.
Code 9	**TOOTH EXCLUDED** Use Code '9' for a tooth <u>that is present</u> but CPI assessment is not possible for whatever reason (e.g. tooth indicated for extraction, gingival hyperplasia, partial eruption, presence of calculus).
Highest Overall Score	**Of all the teeth examined, record the highest score or the worst condition of teeth examined.** For example:  The highest overall score/worst condition is '1' (not '0').

E. DENTAL CARIES STATUS AND TREATMENT NEEDS

The criteria for dental caries status is adapted from WHO Oral Health Surveys Basic Methods, 5th edition (2013).[12] Based on consensus from past surveys, modifications have been made pertaining to language for ease of interpretation and understanding. These do not affect the application of the criteria.

Instructions for Dental Caries Assessment

1. Examine permanent teeth. If a permanent and a deciduous tooth occupy the same tooth space, the status of the **permanent tooth only** should be recorded. If the deciduous tooth is present with no sign of the permanent tooth in a 12-year-old child, chart the permanent tooth as unerupted.
2. Consider a tooth as present in the mouth when **any part of the tooth is visible**.
3. Undertake oral examination using two plane mouth mirrors. Use one mirror as a cheek retractor.
4. Undertake **visual caries assessment**. There shall be **no invasive probing**, use of dental radiography or fibre optic transillumination.
5. To facilitate caries assessment, it is recommended that examiners use a blunt probe (e.g. a CPI probe) to remove debris and materia alba, where necessary.
6. Examine teeth in the accepted order – from upper right (UR) to upper left (UL), lower left (LL) and ending with lower right quadrant (LR).
7. Exercise care to identify and diagnose tooth-coloured fillings.
8. Every box must be filled.

CODES FOR ASSESSMENT OF DENTAL CARIES STATUS	
Code 0	**SOUND** Record a tooth as 'sound' if it shows **no** evidence of treated or untreated clinical caries. Consider a crown as SOUND if the following conditions are present: i. white and / or chalky spots; ii. discoloured or rough spots that are not soft to touch with a blunt probe; iii. stained pits and fissures in the enamel that **do not have** visual signs of undermined enamel, or softening of the floor or walls detectable with a blunt probe; iv. dark, shiny, hard, pitted areas showing signs of enamel defects; v. arrested caries which is smooth and does not catch on probing**,** <u>in an intact crown</u>; vi. lesions that, on the basis of their distribution and history, or visual / tactile examination, appear to be due to abrasion; and vii. exposed dentinal surfaces due to attrition or erosion. **If in doubt, record as SOUND.** (Exclude the stages of caries that precede cavitation, as well as other conditions similar to the early stages of caries, because they cannot be reliably diagnosed).
Code 1	**DECAY** Record 'decay' (caries) as present when: i. A lesion in a pit or fissure, or on a smooth tooth surface has an unmistakable cavity into dentine, with undermined enamel or a detectably softened floor or wall.

Code 1 (cont.)	**DECAY** ii. A tooth has a temporary filling or dressing. iii. A tooth has a dislodged filling / dislodged crown. iv. A tooth has been sealed but is carious. Use the probe only to remove food debris / material alba that may obstruct the view of the examiner. **If in doubt, record as SOUND.**
Code 2	**FILLED, WITH DECAY** Consider a tooth surface as '**filled, with decay'** when it has one or more permanent restorations and there is decay in one or more area. There is no need to distinguish between primary and secondary caries (i.e. the same code applies whether or not the carious lesions are in physical association with the existing restorations). A tooth is also recorded as filled with decay, if it has a partially dislodged restoration and the cavity is into dentine (a fully dislodged restoration will be recorded as Code '1').
Code 3	**FILLED, NO DECAY** Record a tooth as '**filled, no decay**' when one or more permanent restorations are present, and there is no caries anywhere on the tooth. A tooth that has been crowned due to decay is also recorded in this category. *A crown placed due to other reasons other than decay e.g. trauma or as a bridge abutment or crown is recorded as Code '7' (bridge abutment/crown/ veneer).* Attempt to obtain the reason for crowning of the tooth, from the child (for eg. trauma or caries).

Code 4	**MISSING DUE TO CARIES** Use Code '4' for tooth/teeth that have been extracted due to caries only. Attempt to obtain the reason for the missing tooth, from the child.
Code 5	**MISSING DUE TO OTHER REASONS** Code '5' is used for missing permanent teeth, which may be due to the following: • congenitally absent, or • extracted for orthodontic reasons, or • extracted because of periodontal disease, trauma (eg.avulsed) or any other reason not due to caries. A missing tooth that has been replaced by any prosthesis is considered missing and should be recorded as Code '4' or '5', whichever is the most likely reason for the loss. It may be difficult to distinguish between unerupted (Code '8') and missing teeth (Code '4' or Code '5'). To ascertain which code is the most appropriate, examine/consider the following: • eruption time • caries status of other teeth • the appearance of the alveolar ridge in the area of the tooth space in question • whether the contralateral tooth is present • ask the child to elicit the reason for the missing tooth/teeth

Code 6	**FISSURE SEALANT** Use Code '6' • for teeth in which a fissure sealant has been placed on any surface; or • for teeth in which the occlusal fissure has been enlarged with a rounded or flame-shaped bur, and a composite material placed. When in doubt, as to the depth of the composite resin restoration, score as a Fissure Sealant. However, if a tooth with a sealant has caries, it should be scored as Decay (Code 1).
Code 7	**BRIDGE ABUTMENT / CROWN / VENEER** Use Code '7' to indicate a tooth with a crown or a veneer, or which forms part of a fixed bridge placed **for reasons not due to caries.**
Code 8	**UNERUPTED** Use this code only for unerupted permanent teeth (the tooth cannot be visualized at all). To ascertain which code is the most appropriate, examine/consider the following: • eruption time • caries status of other teeth in the mouth • the appearance of the alveolar ridge in the area of the tooth space in question • whether the contralateral tooth is present • elicit the reason for the missing tooth/teeth by asking the child

Code 9	**NOT RECORDED** **Use Code '9' for a tooth <u>that is present</u> but caries assessment is not possible for whatever reason** (e.g. gingival hyperplasia, presence of calculus).
Code 10	**TRAUMA** Record a tooth as Code '10' when some of its surfaces are missing and/or the tooth is affected by trauma (e.g. discoloured, etc) and there is no evidence of caries. Ask the child to elicit the reasons for the state of the tooth. A tooth may have been traumatised yet has an intact crown. In this case, look for other signs of trauma/injury such as pain, pathological mobility, discolouration, sinus, or abscess.

SCORING OF SURFACES

A score for caries on any one surface overrides other scores. For example;

- If one surface of a tooth is carious while other surfaces are sound, the overall tooth code is Code '1'.
- In the event that one surface is carious and caries assessment is not possible for the other surfaces, the tooth code is Code '1'.

F. ASSESSMENT OF CARIES TREATMENT NEEDS

- The criteria for dental caries status are adapted from NOHSS 2007.[12] Based on consensus from past surveys, modifications have been made pertaining to language for ease of interpretation and understanding. These do not affect the application of the criteria.

- After recording the caries status of a tooth, it is recommended that examiners record treatment need for each tooth in the box directly below before examining the next tooth.

- Decide on the most appropriate, and most probable treatment for the average child in the community/country. This may include leaving the tooth alone and not recommending treatment.

- Your assessment of treatment need is based on the consideration of the whole tooth, including the root surfaces if visible.

CODES FOR ASSESSMENT OF CARIES TREATMENT NEEDS IN PERMANENT TEETH

Code 0	**NO TREATMENT REQUIRED** Use this code if a tooth is SOUND, or if no treatment is required for the tooth.
Code 12	**PREVENTIVE, CARIES-ARRESTING CARE** Use this code for a tooth that should be given preventive, caries-arresting care e.g. topical fluoride application.

Code 13	**FISSURE SEALANT** Consider the following factors to determine whether a tooth requires fissure sealant application: 1. presence of deep and/or complex fissure patterns on occlusal or buccal or palatal surfaces of the tooth; 2. tooth surface(s) exhibit incipient enamel lesions e.g. chalky-white lesions; or 3. tooth surface(s) exhibit shallow enamel caries with no entry into dentine. **Do not consider for fissure sealant application if:** 1. tooth exhibits shallow and coalescent fissures; 2. tooth exhibits frank caries or caries that has entered dentine; or 3. tooth exhibits signs of approximal caries. **Note: A sealant is considered unsatisfactory** if partial loss has resulted in exposure of a fissure, pit or junction or surface of the dentine and re-sealing is needed.
Code 1	**1-SURFACE FILLING** Use this code for a filling that involves only one surface of the tooth. This includes 1 or more fillings **on the same surface** of a tooth – for example, 2 separate pits on the same surface).
Code 11	**SIMPLE FILLING ON MORE THAN ONE SURFACE** Use this code when a tooth require simple fillings on more than one surface.
Code 2	**≥ 2 - SURFACE FILLING** Use this code for a compound filling, which involves more than one surface of the tooth.

One of the above Codes '12', '13', '1' or '2' may be used to indicate the treatment required to:

i. treat initial, primary or secondary caries
ii. replace unsatisfactory fillings or sealants

Note: A filling is considered unsatisfactory if one or more of the following exist:

i) Deficient margin to an existing restoration that is likely to permit leakage into the dentine. The decision as to whether a margin is deficient should be based on the examiner's clinical judgement, or evidence obtained from the insertion of blunt probe at the margin, or the presence of severe staining of the tooth structure;

ii) an overhanging margin of an existing restoration causes obvious local irritation to the gingiva and cannot be removed by re-contouring of the restoration;

iii) a fracture of an existing restoration causes it to be loose, or permits leakage into the dentine;

iv) discoloration of the tooth.

Code 3	**EXTRACTION** Record a tooth as 'indicated for extraction' after considering the treatment available, when caries has destroyed the tooth to the extent that it cannot be restored (e.g. there is an obvious and open pulp exposure and restoration of the tooth is not possible, or only the roots remain, or only a line rim of enamel remains). The following conditions <u>will not be recorded:</u> • a tooth needs to be extracted to make way for prosthesis; or • an extraction is required for orthodontic or cosmetic reasons, or because of impaction.
Code 4	**PULP CARE AND RESTORATION** This code is used to indicate that a tooth needs pulp care prior to restoration with a filling or crown due to deep and extensive caries. **Note:** Never insert a probe into the depth of a cavity to confirm the presence of a suspected pulp exposure.

Code 5	**COMPLEX CARE** Use this code when the caries is so extensive that it cannot be restored (but pulp is not involved) and the tooth space need complex treatment e.g. a veneer, crown or bridge.
Code 6	**NEED FOR DENTURE** Use this code when a space exists due to missing carious tooth/teeth only.
Code 7	**NEED FOR OTHER CARE** This code is used for condition present which is **NOT DUE TO CARIES** for eaxmple; trauma or tooth/teeth is missing due to other reason.
Code 9	**NOT RECORDED** Use this code when assessment for caries treatment need is **not possible** e.g. • when a permanent tooth is not yet erupted, or • when a tooth is obscured and assessment of treatment need is impossible e.g. it is covered by calculus or a mucosal flap etc. • when a space for missing tooth (due to any reason) does not need to be replaced e.g. orthodontic extraction and there is insufficient space for denture placement.
Caries-Free	Consider **permanent teeth only** when coding for caries-free status (DMFT= 0) as follows: Code 0 = Not Caries-free Code 1 = Yes, Caries-free

RECORDING OF EXAMINER DETAILS	
Name of Examiner	Record your name in brief or use your name chop.
Date of Examination	Record the date of your examination.

FORMAT FOR RESPONSE RATE OF SCHOOLCHILDREN

State: …… **Name of Examiner/Examiner's Code:**……

Month(s):…… (eg. March 2017, March/April 2017)

No.	District	Name of School	School Code	Citizenship		No. of Children					
				Citizen	Non-citizen	Total Children Selected (Col. 8+12)	Total Consented (Col. 9+10+11)	Parental Consent Obtained			Parental consent not obtained
								Consented with full examination	Consented but not examined due to wearing of fixed appliance	Consented but not examined due to other reason(s)	
1	2	3	4	5	6	7	8	9	10	11	12
TOTAL											
Final Response Rate for State = _____% (Formula to use : Numerator = Total for Column 9; Denominator = Total for Column 7)											

Note :

- Column 10: 'Consented but not examined due to wearing of fixed appliance' is defined as children with any appliance that is fixed to the majority of teeth and a proper oral health assessment is not feasible.
- Column 11: 'Consented but not examined due to other reason(s)', includes children whose parents had given consent but who were not examined due to various reasons eg. the child was absent during the survey period at the kindergarten, the child refused examination, the child was unfit for examination or the child was transferred to other schools.
- Column 12: 'Parental consent not obtained', includes children whose parents had not given consent or fail to return the consent form before/during the data collection period

RECOMMENDED LIST OF EQUIPMENT AND MATERIALS

No.	Equipment / Material	Quantity
1.	Portable dental chair	1 unit
2.	Portable operating stool	1 unit
3.	Portable operating light, halogen (Waldmann)	1 unit
4.	CPI probe (Pre-sterilsed)	at least 30 pc per visit
5.	Disposable mouth mirrors with handle	As required
6.	Disposable probes	As required
7.	Disposable tweezers	As required
8.	Disposable trays	As required
9.	Paper cups	As required
10.	Disposable face masks	
11.	Disposable gloves	
12.	Disposable aprons	
13.	Disposable bibs	
14.	Hand rubs	
15.	Sterilised gauze	
16.	Sterilised cotton wool rolls	
17.	Blue / red ball-point pens	As required
18.	Recording clipboard	1 pc (optional)
19.	Oral Hygiene Kit for children	As required
20.	Plastic bags for clinical waste	As required
21.	Garbage bags for domestic waste	As required
22.	Green cloths	As required
23.	Dental spittoon	As required

RECOMMENDED LIST OF EQUIPMENT AND MATERIALS

No.	Equipment / Material	Quantity
24.	Survey forms ☐ List of names for selected subjects (**Appendix 6**) ☐ Daily registration of subjects examined (**Appendix 9**) ☐ Oral Health Survey Format for NHMS 2017: NOHSS 2017 (**Appendix 10**) ☐ Education level and income range forms for parents/guardian (**Appendix 7/Appendix 8**) ☐ Consent slip (as in **Addendum 2/3/4/5**)	As required

APPENDIX 14

LIST OF SELECTED SCHOOLS FOR NHMS 2017: NOHSS 2017

STATE	NAME OF SCHOOL	
FTKL	SJK(C) Jinjang Utara	SK Marian Convent Setapak (M)
	SJK(C) Kepong 2	SK Puteri Pandan 2
	SJK(C) Kepong 3	SK Segambut
	SJK(C) Yoke Nam	SK Seri Bintang Utara
	SK Batu Muda	SK Seri Delima
	SK Bukit Jalil	SK Seri Hartamas
	SK La Salle 1 Jinjang	SK Setapak Indah
PERLIS	Sekolah Kebangsaan Putra	Sekolah Agama Al-Islahiyah (Rendah)
	SK Dato Wan Ahmad	SK Arau
	SK Jalan Raja Syed Alwi	SK Chuping
	SK Jejawi	SK Dato Kayaman
	SK Kampong Salang	SK Guar Nangka
	SK Kuala Perlis	SK Long Boh
	SK Seberang Ramai	SK Panggas
	SK Sena	SK Pauh
	SK Seri Perlis	SK Santan
	SRJK(C) Khoon Aik	SK Seri Tunjong
	SRK Seri Indera	SK Simpang Ampat
	SRK Stella Maris (M)	SK Sungai Berembang
	Sek Tengku Budriah	SRJK(C) Kong Aik
KEDAH	Sekolah Rendah Islam Darul Aman (SRIDA)	SJK(C) Choong Hwa
	SJK(C) Sin Min 'A'	SK Batu Pekaka
	SK Alor Mengkudu	SK Binjal
	SK Dato' Wan Mohd Saman	SK Bukit Jambul
	SK Father Barre's Convent (M)	SK Bukit Tembaga
	SK Haji Ismail	SK Dalam Wang
	SK Hutan Kampong	SK Datin Fatimah

STATE	NAME OF SCHOOL	
KEDAH	SK Jalan Pegawai	SK Ewa
	SK Lunas Jaya	SK Kuala Ketil
	SK Pendang	SK Langgar
	SK Sg Menghulu	SK Permatang Tok Dik
	SK Sri Gedong	SK Sungai Tiang
	SK Taman Aman	SRI Islah,
	SK Taman Hi-Tech	SRIDU, Telok Bagan
P.PINANG	SJK(C) Chung Hwa Confucian 'A'	SJK(C) Mah Hua
	SJK(C) Kwang Hwa (Butterworth(	SJK(C) Sin Ya
	SJK(C) Kwang Hwa	SK Bandar Baru Perda
	SJK(C) Mak Mandin	SK Batu Feringghi
	SJK(C) Sin Kang	SK Batu Kawan
	SJK(C) Union	SK Bukit Minyak
	SK Jelutong Barat	SK Bumbong Lima
	SK Mutiara Perdana	SK Jalan Baharu, Perai
	SK Padang Tembak	SK Kampung Selamat
	SK Seberang Jaya	SK Permatang Damar Laut
	SK Seri Permai	SK Sungai Acheh
	SK Sg Gelugor	SK Sungai Duri
	SK Sungai Bakap	SK Taman Senangan
	SK Titi Teras	SK Tasek Gelugor
PERAK	Sekolah Rendah Tenby Ipoh	SJK(C) Keow Min
	SJK(C) Ave Maria Convent	SJK(C) Kuala Kuang
	SJK(C) Chung Cheng	SK (RTBK) Pondok Tanjong
	SJK(C) Gunong Rapat	SK Alor Pongsu
	SJK(C) Hua Lian (3)	SK Bota Kiri
	SJK(C) Sin Hwa	SK Chepor
	SJK(T) Saint Mary's	SK Kampung Muhibah
	SJK(T) St Teresa's Convent	SK Kayan
	SJK(T) Tanjong Rambutan	SK Lenggong
	SK Dato' Ahmad Said Tambahan	SK Padang Changkat
	SK Dato' Laksamana Raja Mahkota	SK Pekan Rabu

STATE	NAME OF SCHOOL	
PERAK	SK Jalan Pegoh	SK Periang
	SK Sri Kinta	SK Sungai Samak
	SK Sungai Rapat	SK Toh Johan
SELANGOR	SK Lembah Subang	SJK(C) Jenjarom
	SJK(C) Chen Moh	SJK(C) Pin Hwa (1)
	SJK(C) Yak Chee	SJK(T) Bestari Jaya
	SK Bukit Jelutong	SJK(T) Ladang Sg Tinggi
	SK Bukit Rimau	SK Labohan Dagang
	SK Cyberjaya	SK Olak Lempit
	SK Gombak Utara	SK Panchang Pedena
	SK Jalan 3	SK Puncak Alam 2
	SK Puchong Utama 2	SK Puncak Alam 3
	SK Puchong Utama 3	SK Seri Kundang
	SK Seksyen 7	SK Seri Sekinchan
	SK Selayang Jaya	SK Sg Kelambu
	SK Sinaran Budi	SK Sijangkang
	SK Taman Jasmin	SK Sungai Kapar Indah
N.SEMBILAN	SJK(C) Chung Hua	SK Intan Perdana
	SJK(C) Chung Hua Kuala Pilah	SJK(C) Chung Hua Mantin
	SJK(C) Chung Hua Tampin	SJK(C) Chung Pin
	SJK(C) Kg Baru Mambau	SJK(T) Ladang Regent
	SJK(T) Lorong Java	SJK(T) Ladang Sengkang
	SK Dr Sulaiman	SK (Felda) Palong 3
	SK Gemas	SK (Felda) Palong 9
	SK King George V	SK Air Kuning Selatan
	SK Lavender Heights	SK Batang Benar
	SK Senawang	SK Batu Kikir
	SK Seremban Jaya 2	SK Chuah
	SK Taman Semarak	SK Kompleks KLIA
	SK Taman Sri Mawar	SK Pusat Juasseh
	SK Tunku Muda Serting	SK Sungai Sampo

STATE	NAME OF SCHOOL	
MALACCA	SJK(C) Ayer Keroh	SK Tanjung Minyak 2
	SJK(C) Bukit Beruang	SJK(C) Chabau
	SJK(C) Katholik	SJK(C) Machap Baru
	SJK(C) Keh Seng	SK Ayer Molek
	SJK(C) Pay Teck	SK Cherana Puteh
	SJK(C) Ping Ming	SK Kesang Tua
	SJK(C) Wen Hua	SK Lereh
	SJK(C) Yok Bin	SK Nyalas
	SJK(C) Yu Hsien	SK Padang Sebang
	SK (P) Methodist 1 (M)	SK Padang Temu
	SK Bachang	SK Sg Rambai
	SK Batu Berendam 2	SK Taman Bukit Rambai
	SK Peringgit	SK Tangga Batu
	SK Tun Syed Ahmad Shahabudin	SK Tanjung Minyak
JOHOR	SJK(C) Chiau Min	SJK(T) Ladang Ulu Tiram
	SJK(C) Kuo Kuang	SJK(T) Ladang Yong Peng
	SJK(C) Tiram	SK Jelotong
	SJK(T) Jalan Yahya Awal	SK Kahang
	SK Bandar	SK Kangkar Pulai 2
	SK Bandar Putra	SK Paya Redan
	SK Ismail (2)	SK Sejagong
	SK Parit Kadzi	SK Seri Binjai
	SK Pengkalan Rinting	SK Seri Sedohok
	SK Putra Utama	SK Seri Senang Hati
	SK Senai Utama	SK Sinar Bahagia
	SK Taman Cendana	SK Sri Pulai Perdana
	SK Taman Kota Jaya	SK Taman Perling
	SK Tunku Mahmood 1	SK Tenaga Setia
PAHANG	Sekolah Rendah Islam Al-Irsyad	SJK(C) Kuala Terla
	SJK(C) Chung Ching	SK (Felda) Jengka 18
	SJK(C) Ketari	SK (Felda) Sg Panching Selatan

STATE	NAME OF SCHOOL	
PAHANG	SJK(C) Khai Mun Chamang	SK Jaya Gading
	SK Ahmad	SK Kedaik
	SK Bukit Sekilau	SK Merchong Jaya
	SK Bunut Rendang	SK Pedah
	SK Cenderawasih	SK Penjom
	SK Kampung Belukar	SK Perantau Damai
	SK Kempadang	SK Ringlet
	SK Perempuan Methodist	SK Sungai Gau
	SK Semambu	SK Sungai Soi
	SK Seri Terentang	SK Teluk Gunung
	SK Sri Buntar	SK LKTP Selancar 1
TERENGGANU	SK Balai Besar	SK Beting Lintang
	SK Bandar Dungun	SK Bukit Besi
	SK Bukit Mentok	SK Bukit Kuang
	SK Bukit Tunggal	SK Darau
	SK Kampong Tengah	SK Felda Seri Rasau
	SK Kampung Buloh	SK Kampung Baharu
	SK Kg Chabang	SK Kg. Rahmat
	SK Kompleks Gong Badak	SK Kuala Setiu
	SK Paya Resak	SK Kubang Ikan
	SK Permaisuri Nur Zahirah	SK Maras
	SK Seri Paka	SK Nyiur Tujuh
	SK Sultan Ismail	SK Pauh
	SK Teluk Ketapang	SK Pulau Serai
	SK Tengku Ampuan Mariam	SK Tengku Mahmud 2
KELANTAN	Sek.Ren.Agama Tengku Amalin A'ishah Putri	SK Berangan (2)
	Sekolah Islam Al-Hikmah	SK Bukit Merbau
	SJK(C) Chung Cheng	SK Bunut Susu
	SJK(C) Peir Chih	SK Chabang Empat
	SK Bunut Payong	SK Gual Tinggi
	SK Jeli (1)	SK Kampong Keling

STATE	NAME OF SCHOOL	
KELANTAN	SK Kamil (2)	SK Kampong Laut
	SK Kubang Kerian 3	SK Kem
	SK Lundang	SK Lubok Setol
	SK Pasir Puteh (L)	SK Palekbang
	SK Sri Suria (2)	SK Pangkal Meleret
	SK Sri Suria (3)	SK Salor
	SK Sultan Ibrahim (1)	SK Sri Kiambang
	SK Zainab (1)	SK Star
SABAH	SJK(C) Hing Hwa	SJK(C) Chung Hwa Tamparuli
	SJK(C) Hwa Shiong	SK Balung
	SJK(C) Pui Gin	SK Batu 16 Gum-Gum
	SJK(C) Siew Ching	SK Binakaan
	SJK(C) St Joseph (M)	SK Gana
	SJK(C) Yick Nam	SK Jawi-Jawi
	SK Bandar	SK Madai
	SK Bubul	SK Peladok
	SK Kepayan	SK Pulau Gaya
	SK Lahad Datu II	SK Tampasuk I
	SK Sembulan	SK Tigaman
	SK Taman Tawau	SK Tudan
	SK Tanjung Aru II	SK Unggun Menggatal
	SRJK(C) Chung Hwa Kg Air K.Kinabalu	SK Wonod
SARAWAK	SJK(C) Chung Hua 2	SJK(C) Chung Hua Musi
	SJK(C) Chung Hua 3	SJK(C) Chung Hua Sibuti
	SJK(C) Chung Hua Lutong	SJK(C) Chung Hua Simanggang
	SJK(C) Chung Hua No.4,Kuching	SJK(C) Chung Hua Tondong
	SJK(C) Chung Hua Tudan	SK Abang Abdul Rahman
	SJK(C) St Paul(M)	SK Balai Ringin
	SK Agama	SK Jagoi
	SK Anchi	SK Ja'ie
	SK Batu Lintang	SK Kem Skrang

STATE	NAME OF SCHOOL	
SARAWAK	SK Kidurong II	SK Lubok Antu
	SK Madrasah Datuk Hj. Abdul Kadir Hasan	SK Lubok Nibong
	SK Maj Gen Datu Ibrahim	SK Methodist Anglo-Chinese
	SK Sg. Tisang	SK St John (M)
	SK Tanjung Batu	SK St. Augustine (M)
FT LABUAN	SK Bebuloh	SK Pekan II WP Labuan
	SK Bukit Kallam	SK Rancha-Rancha
	SK Kerupang	SK Sungai Bedaun
	SK Lubok Temiang	SK Tanjung Aru
	SK Pantai	SK Patau-Patau
	SK Pekan 1 WP Labuan	SRK St Anne's Convent
FT PUTRAJAYA	SK Putrajaya Presint 11(3)	SK Putrajaya Presint 18(1)
	SK Putrajaya Presint 11(1)	SK Putrajaya Presint 8(1)
	SK Putrajaya Presint 11(2)	SK Putrajaya Presint 8(2)
	SK Putrajaya Presint 14(1)	SK Putrajaya Presint 9(2)
	SK Putrajaya Presint 16(2)	SK Putrajaya Presint 9(1)
	SK Putrajaya Presint 16(1)	

ADDENDUM

RESULTS OF STANDARDIZATION AND CALIBRATION OF EXAMINERS IN NHMS 2017: NOHSS 2017

In preparation for field data collection in NHMS 2017: NOHSS, three series of standardization and calibration sessions for examiners were held in February 2017. The Gold Standard, Benchmark Examiners and Field Examiners for the survey are as in **Appendix 3**. A total of thirty-six (36) examiners were standardized and calibrated for this Survey.

The objectives of the standardization and calibration session were to ensure the following:

- Uniform interpretation, understanding and application of; recording instructions, diagnostic criteria and examination procedures,
- Examiners were calibrated against those with experience in the selected WHO[12] indices,
- Consistency with minimal intra-examiner and inter-examiner variability, and
- Familiarization with survey forms, field procedures and equipment to be used.

The sessions involved standardization and calibration for the following conditions/indices:

- Dental caries status using DMFT index modified from the WHO, 2013[12]
- Treatment need for caries using index from the WHO 2013[12]
- Periodontal conditions using Community Periodontal Index modified from the WHO, 2013[12]

The standardization and calibration sessions were held in February 2017 over three separate exercises in the states of Selangor, Melaka and Negeri Sembilan. The thirty-six (36) selected examiners were divided into three groups according to states. A total of 232 twelve -year-old schoolchildren in the states concerned were selected as subjects for the sessions. Schools involved in the standardization and calibration sessions were excluded from the actual survey.

The following standards were set for the outcome of the calibration sessions:

- Caries Status: ≥ 0.8 Kappa score of concordance
- Caries Treatment Need: ≥ 0.7 Kappa score of concordance
- Periodontal Condition: ≥ 0.8 Dice score of concordance

The interpretation of the Kappa Agreement Score was set as below:

Kappa Score	Agreement
< 0	Poor
0.0 – 0.20	Slight
0.21 – 0.40	Fair
0.41 – 0.60	Moderate
0.61 – 0.80	Substantial
> 0.80	Almost perfect

The results for the standardization and calibration are shown in **Table 3, 4 and 5.** All examiners achieved the standards set and based on this, the examiners were assessed as competent to carry out clinical examinations in the field.

Table 3: Kappa Scores for Caries Status (Standard set: Kappa score ≥ 0.80)

Examiner Code	Inter-examiner		Intra-examiner	
	Kappa	Observed % Agreement	Kappa	Observed % Agreement
E1	0.85	99.4	1.0	100
E2	1.0	100	1.0	100
E3	0.88	99.2	0.90	99.0
E4	0.96	99.8	1.0	100
E5	0.95	99.8	1.0	100
E6	1.0	100	1.0	100
E7	0.90	99.6	1.0	100
E8	0.95	99.8	1.0	100
E9	0.94	99.6	1.0	100
E10	0.91	99.4	1.0	100
E11	0.93	99.6	1.0	100
E12	1.0	100	1.0	100
E13	1.0	100	1.0	100
E14	1.0	100	1.0	100
E15	1.0	100	1.0	100
E16	1.0	100	1.0	100
E17	1.0	100	1.0	100
E18	0.96	99.8	1.0	100
E19	0.98	99.8	1.0	100
E20	0.98	99.8	0.87	99.0
E21	0.97	99.8	1.0	100
E22	1.0	100	1.0	100
E23	0.96	99.6	1.0	100
E24	0.96	99.6	0.85	99.0
E25	1.0	100	1.0	100
E26	1.0	100	1.0	100
E27	1.0	100	1.0	100
E28	1.0	100	1.0	100
E29	1.0	100	1.0	100
E30	1.0	100	1.0	100
E31	1.0	100	1.0	100
E32	1.0	100	1.0	100
E33	1.0	100	1.0	100
E34	1.0	100	1.0	100
E35	1.0	100	1.0	100
E36	1.0	100	1.0	100

Table 4: Kappa Scores for Caries Treatment Needs (Standard set: Kappa score ≥ 0.70)

Examiner Code	Inter-examiner		Intra-examiner	
	Kappa	Observed % Agreement	Kappa	Observed % Agreement
E1	0.90	99.4	1.0	100
E2	0.96	99.8	1.0	100
E3	0.77	97.5	0.79	97.5
E4	0.81	98.9	1.0	100
E5	0.96	99.8	1.0	100
E6	1.0	100	1.0	100
E7	0.80	99.0	1.0	100
E8	0.93	99.6	1.0	100
E9	0.71	96.9	0.93	99.0
E10	0.74	97.1	0.87	98.3
E11	0.76	97.6	0.85	98.0
E12	1.0	100	1.0	100
E13	1.0	100	1.0	100
E14	97.0	99.6	1.0	100
E15	0.82	98.9	1.0	80.0
E16	0.84	99.0	1.0	80.0
E17	1.0	100	1.0	100
E18	1.0	100	1.0	100
E19	0.91	97.8	1.0	100
E20	0.89	97.7	0.96	99.0
E21	0.81	94.6	1.00	100
E22	0.90	97.4	0.88	96.9
E23	0.89	97.4	0.87	96.8
E24	0.75	93.8	0.89	97.6
E25	0.82	98.9	1.0	100
E26	0.82	98.9	1.0	100
E27	0.85	98.9	0.85	99.3
E28	1.0	100	1.0	100
E29	0.89	99.3	1.0	100
E30	1.0	100	1.0	100
E31	1.0	100	0.79	98.5
E32	0.92	99.7	1.0	100
E33	1.0	100	1.0	100
E34	1.0	100	1.0	100
E35	1.0	100	1.0	100
E36	1.0	100	1.0	100

Table 5: Inter- examiner Dice Scores for CPI (Standard set: Dice score ≥ 0.80)

Examiner Code	Dice Score	Observed % Agreement
E1	0.98	100
E2	0.98	100
E3	0.98	100
E4	0.98	100
E5	0.98	100
E6	0.99	100
E7	0.96	100
E8	0.94	100
E9	1.0	100
E10	0.98	100
E11	0.90	100
E12	0.96	100
E13	0.98	100
E14	1.0	100
E15	0.99	100
E16	0.99	100
E17	0.98	100
E18	0.97	100
E19	0.98	100
E20	1.0	100
E21	1.0	100
E22	0.98	100
E23	0.98	100
E24	0.98	100
E25	0.99	100
E26	0.99	100
E27	0.99	100
E28	Examiner served as benchmark examiner in the survey	
E29	0.99	100
E30	1.0	100
E31	1.0	100
E32	1.0	100
E33	1.0	100
E34	1.0	100
E35	1.0	100
E36	0.98	100

ADDENDUM 2

Ruj:

Tarikh:

Ibu bapa/Penjaga kepada…….

Nama Sekolah……..

YBhg. Dato'/Datin/Tuan/Puan,

SURAT PEMBERITAHUAN : KAJISELIDIK EPIDEMIOLOGI KESIHATAN PERGIGIAN MURID-MURID SEKOLAH RENDAH PERINGKAT KEBANGSAAN TAHUN 2017 (*NHMS 2017: NOHSS 2017*)

Dengan segala hormatnya saya merujuk pada perkara di atas.

2. Sukacita dimaklumkan bahawa Bahagian Kesihatan Pergigian, Kementerian Kesihatan Malaysia (KKM) akan menjalankan satu kajiselidik seperti di atas pada bulan Mac hingga April 2017. Objektif kajiselidik adalah untuk mendapatkan status kesihatan pergigian murid-murid sekolah. Penemuan kajiselidik akan dapat membantu pihak kami untuk mempertingkatkan lagi perkhidmatan pergigian untuk golongan murid-murid sekolah.

3. Lebih kurang 12,200 murid-murid sekolah di seluruh Malaysia akan terlibat dalam kajiselidik ini dimana pemeriksaan mulut dan gigi oleh Pegawai Pergigian dari KKM akan dijalankan TANPA MELIBATKAN SEBARANG RAWATAN PERGIGIAN. Walau bagaimanapun, sekiranya anak anda/murid-murid jagaan anda memerlukan rawatan pergigian yang segera, beliau akan dirujuk untuk rawatan. Maklumat lanjutan berkenaan kajiselidik ini adalah seperti di Lampiran 1.

4. Sehubungan ini, dimaklumkan anak/murid-murid jagaan YBhg. Dato'/Datin/Tuan/Puan adalah terpilih secara rambang. Sukacita sekiranya Y. Bhg. Dato'/Datin/Tuan/Puan dapat memberi maklumbalas tentang kebenaran untuk anak/murid jagaan Y. Bhg. Dato'/Datin/Tuan/Puan untuk menyertai kajiselidik ini sebelum tarikh di bawah. Lawatan pasukan penyelidik ke sekolah adalah dijadualkan pada satu tarikh tentatif iaitu _____ke _____ Sekiranya terdapat sebarang perubahan tarikh lawatan, pihak sekolah dimana anak tuan/puan berada akan dimaklum nanti.

5. Segala sokongan dan kerjasama YBhg. Dato'/Datin/Tuan/Puan amatlah dihargai dan diucapkan terima kasih.

Saya yang menurut perintah,

( )

Timbalan Pengarah Kesihatan Negeri (Pergigian)

Negeri_____

LAMPIRAN 1

Risalah Maklumat Berkenaan Kajiselidik Kebangsaan Epidemiologi Kesihatan Pergigian Murid-Murid Sekolah Tahun 2017

Pengenalan

Bahagian Kesihatan Pergigian, Kementerian Kesihatan Malaysia (KKM) sedang menjalankan satu kajiselidik kesihatan pergigian bagi murid-murid sekolah yang berumur 12 tahun di Malaysia. Sukacita dimaklumkan anak tuan/puan telah dipilih untuk menyertai kajiselidik ini. Sehubungan ini sila baca penerangan mengenai kajiselidik ini dengan teliti. Sekiranya terdapat sebarang kemusykilan tuan/puan boleh memohon penjelasan dari pegawai kami. Penyertaan kajiselidik adalah secara sukarela. Walau bagaimanapun, sokongan dan kerjasama tuan/puan amatlah dialu-alukan dan dihargai.

Kajiselidik ini telah diluluskan oleh Jawatankuasa Penyelidikan dan Etika Perubatan di Kementerian Kesihatan Malaysia.

Soalan 1: Kajiselidik ini mengenai apa?

Kajiselidik ini adalah kajiselidik kesihatan pergigian untuk murid-murid sekolah yang berumur 12 tahun di Malaysia. Ianya dijalankan sepuluh tahun sekali dan tujuan kajiselidik ini adalah untuk mengumpul maklumat tentang status kesihatan mulut murid-murid sekolah di negara ini dan serta keperluan rawatan mereka.

Maklumat yang dikumpul akan digunakan untuk mempertingkatkan perkhidmatan kesihatan mulut bagi murid-murid sekolah di Malaysia. Kajiselidik ini akan dijalankan serentak di semua negeri di Malaysia. Seramai 12,200 orang murid-murid sekolah yang berumur 12 tahun telah dipilih secara rambang oleh Bahagian Kesihatan Pergigian untuk menyertai kajiselidik ini dari Mac hingga April 2017.

Satu pasukan pergigian seramai 5 orang yang diketuai oleh seorang Pegawai Pergigian akan melawat sekolah dimana anak anda berada. Pegawai Pergigian ini telah dilantik khas oleh Kementerian Kesihatan Malaysia untuk menjalani kajiselidik ini.

Soalan 2: Apakah doktor akan buat kepada anak saya semasa kajiselidik ini?

Pegawai Pergigian akan memeriksa keadaan gigi dan gusi anak anda. Sekiranya anak anda memerlukan rawatan, surat rujukan akan diberi kepada anda untuk membawa anak anda mendapat rawatan lanjutan di klinik pergigian kerajaan.

Tiada rawatan pergigian diberi oleh Pegawai Pergigian semasa kajiselidik.

Soalan 3: Apakah risiko kepada anak saya dalam kajiselidik ini?

Tiada risiko untuk anak anda dalam kajiselidik ini. Kajiselidik ini dijalankan dengan amalan higin yang terkawal dan hanya bahan serta peralatan pemeriksaan sekali guna sahaja yang akan digunapakai untuk pemeriksaan.

Soalan 4: Apakah faedah kajiselidik ini?

Kami berharap dengan penyertaan anak anda dalam kajiselidik ini, keperluan anak anda dapat diambil kira dalam perancangan perkhidmatan pergigian yang lebih sempurna ke arah gigi sepanjang hayat untuk murid-murid sekolah di negara ini.

Soalan 5: Adakah segala maklumat peribadi anak saya dalam kajiselidik ini sulit?

Segala maklumat yang dikumpulkan adalah dianggap sulit dan akan digunakan untuk tujuan kajiselidik ini sahaja.

Soalan 6: Apakah yang anda perlu buat?

Sekiranya anda bersetuju untuk memberi kebenaran untuk anak anda mengambil bahagian dalam kaji selidik ini, anda perlu :

a) memberi persetujuan secara bertulis dalam borang yang akan diberi kepada anda oleh pihak sekolah dimana anak anda berada (Borang ini adalah diberikan kepada anak tuan/puan oleh pihak sekolah bagi pihak KKM),

b) kembalikan kebenaran bertulis dalam borang kepada pihak sekolah (Borang kebenaran akan diserah kepada KKM kemudiannya). Sila juga memberitahu anak anda terhadap kebenaran yang tuan/puan berikan.

Soalan 7: Siapakah boleh saya hubungi sekiranya saya ingin tahu lebih lanjut tentang kajiselidik ini?

Sekiranya anda ingin tahu lebih lanjut tentang kajiselidik ini, anda boleh menghubungi pegawai yang berikut:

Nama Pegawai Pemeriksa *NHMS 2017: NOHSS 2017*: _____

Tempat bertugas: _____

Nombor telefon: _____

TERIMA KASIH ATAS KERJASAMA ANDA

Bahagian Kesihatan Pergigian
Kementerian Kesihatan Malaysia
Februari 2017

Surat Kebenaran Ibu-bapa/Penjaga

Tuan/Puan,

Saya telah membaca risalah maklumat berkenaan Kajiselidik Kebangsaan Epidemiologi Kesihatan Pergigian Murid-murid Sekolah Rendah Tahun 2017 dan saya memberi *kebenaran / tidak memberi kebenaran untuk anak/jagaan saya _____ (sila isikan nama anak/jagaan anda) untuk mendapat pemeriksaan gigi dan mulut bagi Kajiselidik Kebangsaan Epidemiologi Kesihatan Pergigian Murid-murid Sekolah Rendah Tahun 2017 (*NHMS 2017: NOHSS 2017*).

Potong mana yang tidak berkenaan

Tandatangan Ibubapa/Penjaga :_____

Nama Ibu-bapa/Penjaga :_____

No. Kad Pengenalan :_____

Alamat :_____

_____

No. telefon :_____

Tarikh :_____

Saksi :

Tandatangan :_____

Nama :_____

No. Kad Pengenalan :_____

Alamat :_____

_____

Nombor Telefon :_____

Tarikh :_____

Tarikh:

Pegawai Pergigian,

Klinik Pergigian Kerajaan .....

Tuan/Puan,

RUJUKAN UNTUK RAWATAN PERGIGIAN

Adalah dimaklumkan bahawa pembawa surat ini seperti nama di bawah telah mengambil bahagian di dalam Kajiselidik Epidemiologi Pergigian Murid-murid Sekolah Rendah Tahun 2017 (NHMS 2017: NOHSS 2017) yang dikendalikan oleh Bahagian Kesihatan Pergigian, Kementerian Kesihatan Malaysia:

Nama: .....

Tarikh Lahir: .....

Beliau memerlukan rawatan pergigian yang awal dengan masalah yang dihadapi seperti dibawah. Sukacita sekiranya tuan/puan dapat memberi keutamaan rawatan kepada beliau.

.....

.....

.....

Masalah yang dihadapi (untuk diisi oleh pegawai yang merujuk)

Sekian, terima kasih.

'BERKHIDMAT UNTUK NEGARA'

Saya yang menurut perintah,

(DR)

Pegawai Pergigian dan Pemeriksa NHMS 2017: NOHSS 2017
Kementerian Kesihatan Malaysia

Ref:

Date:

Parent/Guardian to ……..

Name of School……..

Y. Bhg. Datuk/Datin/Sir/Madam,

LETTER OF NOTIFICATION: NHMS 2017 – NOHSS 2017

The above matter is referred to.

2. Please be informed that the Oral Health Division, Ministry of Health Malaysia (MOH) will be conducting the NHMS 2017: NOHSS 2017 in Malaysia from March to April 2017. The objective of this survey is to obtain information on the oral health status of schoolchildren in Malaysia for the planning of oral healthcare services for schoolchildren in the country.

3. An estimated 12,200 schoolchildren throughout Malaysia will be involved and the child's oral condition will be examined by Dental Officers from MOH. There will be no dental treatment during the survey. However, if your child needs urgent dental treatment, he/she will be referred for treatment. For more information on the survey, please see Appendix 1.

4. We would like to inform you that your child has been randomly selected for the survey which is tentatively scheduled from ……to……. If there are any changes to this schedule, we will inform the management of the school where your child is. Please kindly complete the consent form attached to indicate whether you consent or do not consent to your child's participation in this national oral health survey.

We would like to thank you for your kind attention in this matter.

Yours Sincerely,

( )

Deputy Director of Health (Dental)

State _____

Appendix 1

PATIENT INFORMATION SHEET FOR NHMS 2017: NOHSS 2017

Introduction

The Oral Health Division in the Ministry of Health will be conducting the National Health and Morbidity Survey 2017: National Oral Health Survey of Schoolchildren 2017 (NHMS 2017: NOHSS 2017). We are pleased to inform you that your child has been selected for this survey.

This information sheet gives you details about this survey and will help you to decide if you would like to give consent for your child to participate. Please read this sheet thoroughly and ask any questions that you may have. Participation in this research is voluntary and we hope you will help us in this survey.

This study has been approved by the Ministry of Health Research and Medical Ethics Committee.

Q1: What is the survey about?

This survey is an oral health survey. It is carried out once in ten years by the Ministry of Health. The aim of this survey is to obtain information on the oral health status of 12-year-old schoolchildren in the country and their treatment needs.

The information obtained from the study will be used for improving the oral health services for schoolchildren in Malaysia. The study will be conducted in all states in Malaysia. A total of about 12,200 schoolchildren has been randomly chosen by the Oral Health Division for this survey. The survey will be conducted from March to April 2017.

A team of five dental personnels from the local government dental clinic will visit the school that your child is in. The survey team will be headed by an authorized Government Dentist from the Ministry of Health Malaysia.

Q2: What will the dentist do for your child?

The Government Dentist authorized for this survey will:

a) examine your child's teeth and gum condition

b) give a letter of referral to your child for you to bring your child for further treatment at the government dental clinic if your child requires urgent dental treatment. No dental treatment shall be carried out during the survey.

Q3: Are there any risks for your child in this survey?

There are no risks involved for your child in this survey. The survey will be carried out with the highest standard of hygiene and only disposable materials and instruments will be used for the oral examination.

Q4: What are the benefits of this survey?

We hope that with your child's participation in this survey, we will understand more about your child's needs for oral healthcare. This will also help us plan for better oral healthcare services in the country towards so that children can have good oral health and keep their teeth for a lifetime.

Q5: Will the information obtained in this survey and my child's identity remain confidential?

All information obtained will be strictly confidential and used for the purpose of the survey only.

Q6: What you need to do if you would like to give consent for your child to take part in the survey?

If you would like to give consent for your child to take part in this survey, you will need to:

a) sign the consent form as attached (this form will be distributed by the school where your child is, on behalf of the Ministry of Health).

b) return the consent form to the school where your child is (the form will be returned to Ministry of Health by the school). Please also inform your child that you have given consent for him/her to take part in the survey.

Q7: Who should I contact if I have additional questions about the survey?

If you have any further questions about the survey, please contact the dentist who will be examining your child during the survey as follows:

Name of NHMS 2017: NOHSS 2017 Examiner : _____

Place of Work : _____

Phone Contact : _____

THANK YOU FOR YOUR COOPERATION

Oral Health Division
Ministry of Health Malaysia
February 2017

Parental/Guardian Consent Form

Dear Sir/Madam,

I have read the information sheet on the NHMS 2017: School-based Oral Health Survey and I hereby *give consent / do not give consent for my child / child under my care as follows _____ (please fill in the name of your child/child under your care*) to be examined in the NHMS 2017: National Oral Health Survey of Schoolchildren 2017.

Delete where not applicable

Signature of Parent/Guardian :_____

Name of Parent/Guardian :_____

Identity Card Number :_____

Address :_____

_____

Contact Number :_____

Date :_____

Witness:

Signature : _____

Name : _____

Identity Card Number : _____

Address : _____

_____

Contact Number : _____

Date : _____

Date:

Dental Officer,

Government Dental Clinic .....

Dear Dr,

REFERRAL FOR DENTAL TREATMENT

Please be informed that the bearer of this letter as named below has taken part in the NHMS 2017: National Oral Health Survey of Schoolchildren 2017:

Name: .....

Date of Birth: .....

He/She needs further dental treatment. I would be grateful for your further management.

.....

.....

.....

(Dental problem is to be filled by referring NHMS 2017: NOHSS 2017 Examiner)

Thank you.

Your Sincerely,

(DR)

Examiner for NHMS 2017: NOHSS 2017

Ministry of Health Malaysia

参考号：

日期：

学生（姓名）.....父母/监护人

校名 .....

尊贵的拿督/拿汀/先生/女士，

通知书：2017 年全国小学生口腔健康流行病学调查

谨此通知有关上述事宜。

2. 敬请留意，马来西亚卫生部口腔健康处将在 2017 年 3 月至 4 月进行上述调查。我们调查目的是为了得知年龄 12 岁学生的口腔健康状况。调查结果可用来协助本局改善为学生们所提供的牙科服务。

3. 全国各地约 1 万 2 千 5 百名学生将参与这项调查。当中，来自马来西亚卫生部牙科医生将为学生进行口腔及牙齿的检查，**但不会提供任何的牙科护理治疗**。如果您的孩子/监护生急需牙科护理治疗，本局将发出推荐书让其进行后续治疗。有关这项调查的进一步信息请参见附件 1。

4. 谨此通知尊贵的拿督/拿汀/先生/女士， 您的孩子/监护生已成功被抽选参加这项调查。敬请尊贵的拿督/拿汀/先生/女士能在下述日期前给我们答复。调查组到访学校的暂定日期是 _____至 _____。若到访日期有所更改，贵先生/女士孩子就读学校将获另行通知。

5. 我们非常感谢尊贵的拿督/拿汀/先生/女士给予的所有支持和合作。

负责人，

（ ）

州卫生局助理总监（口腔部）

.....州

附件 1

2017 年全国学生口腔健康流行病学问卷调查信息册子

简介

马来西亚卫生部口腔健康处将会在全国向年龄 12 岁学生的口腔健康状况展开调查。谨此通知贵先生/女士， 您的孩子已成功被抽选参加这项调查。请仔细阅读这项调查一切说明。若有任何疑问，可向我们的负责人员查证。这项调查是自愿参与的。但是，我们期盼能得到贵先生/女士的支持与合作。

这项调查是经马来西亚卫生部医学研究和伦理委员会批准进行。

问题 1：这是一项什么调查？

这是针对年龄 12 岁马来西亚学生口腔健康状况所展开的一项调查。调查是每十年进行一次，目的是为了收集有关全国学生口腔健康状况的信息和各学生所需治疗。

收集得知信息将被用于改善马来西亚学生口腔健康医疗服务。本次调查将在马来西亚各州同时进行。 全国共有 1 万 2 千 5 百名经口腔卫生部成功抽选、年龄 12 岁学生将参与自 2017 年 3 月至 4 月期间所进行的调查。

由一名牙科医生带领的 5 人牙科组将到访您孩子就读的学校。带领的牙科医生是经马来西亚卫生部任命进行这项调查的。

问题 2：在这项调查过程中，牙医会为我的孩子做些什么？

牙科医生会为您的孩子进行牙齿和牙龈健康状况检查。如果您的孩子需要牙科护理治疗，我们将发出推荐信，好让您可带领孩子到政府牙科诊所接受相关治疗。

在调查过程中，牙科医生是不会为学生进行牙齿护理治疗的。

问题 3：在调查过程中，我的孩子会面对哪些风险？

您的孩子在这项调查中不会有任何的风险。本次调查着重卫生细节，检查所用的设材属即用即丢器具。

问题 4：这项调查有什么好处？

我们希望通过您孩子在本次调查的参与，您孩子口腔健康的需要可得到关注，好让我们可以规划更完整的牙科服务计划，迈向本国学生拥有终生健康牙齿方向的道路上。

问题 5：在这项调查中，我孩子的个人信息是否得以保密？

一切所收集的信息皆属机密信息，并且仅限用在本调查而已。

问题 6：您需要做些什么？

如果您同意让您的孩子参与本次调查，你需要：

a）在您孩子就读学校所分发的表格上，以书面形式填上同意让孩子参与（学校将代表卫生部把表格提供给您的孩子），

b）将书面同意表格交返校方（同意表格之后将被移交给卫生部）。也请您告诉孩子您所作出的同意。

问题 7：若本人想知道更多关于这项调查， 可与谁联系？

若您想了解更多关于这项调查的信息，您可以联系以下负责人员：

2017 年口腔健康检查机制检查员姓名：_____

检查员工作处：_____电话：_____

感谢您的合作

2017 年 1 月

马来西亚卫生部口腔卫生处

家长/监护人同意书

尊敬的先生/女士，

本人已经阅读了有关 2017 年全国小学生口腔健康流行病学调查信息册子，本人*同意/不同意让孩子/监护生_____（请填写孩子/监护生名字）参与 2017 年全国小学生口腔健康流行病学调查的牙齿与口腔检查。

*请删去不适用处

家长/监护人签名：_____

家长/监护人姓名：_____

身份证号：_____

地址：_____

_____

电话：_____

日期:_____

证人: _____

签名：_____

姓名:_____

身份证号：_____

地址：_____

_____

电话：_____

日期:_____

日期：

致：

牙科医生，

.....政府牙科诊所

尊敬的先生/女士，

牙科护理治疗推荐书

谨此通知，下述提名及本信持有人，已经参与由马来西亚卫生部口腔处主办的 2017 年全国小学生口腔健康流行病学调查（2017 年口腔健康检查机制）。

姓名：.....

出生日期：.....

此参与者需要初步牙科护理治疗，他/她面临如下牙科问题。
希望贵先生/女士能够给予他/她优先的护理治疗。

.....

.....

参与者牙科问题（由推荐负责人填写）

诚谢。

“为国服务”

负责人，

（　　医生）

马来西亚卫生部牙科医生

2017 年口腔健康检查机制检查员

第 4/4 页

மேற்கோள் :
தேதி :

..... பெற்றோர் / பாதுகாவலர்
பள்ளியின் பெயர் : .....
மதிப்புக்குரிய டத்தோ/டத்தின் /திரு /திருமதி ,

அறிவிப்புக் கடிதம்: 2017-ஆம் ஆண்டு **தேசிய நிலையிலான தொடக்கப்பள்ளி மாணவர் பல் சுகாதார ஆய்வு**

வணக்கம். மேற்குறிப்பிட்ட பொருளைக் மேற்கோளாகக் கொள்கிறேன்.

2. மலேசிய சுகாதார அமைச்சின் (KKM) பல் சுகாதாரப் பிரிவு, பிப்ரவரி முதல் ஏப்ரல் 2017 வரை மேற்குறிப்பிட்ட ஆய்வை மேற்கொள்ளவிருப்பதை மகிழ்வுடன் தெரிவிக்கிறோம். 12 வயது நிரம்பிய மாணவர்களின் பல் சுகாதார நிலையை தெரிந்து கொள்வதுதான் இந்த ஆய்வின் நோக்கமாகும். இந்த ஆய்வு முடிவுகள், மாணவர்களுக்கான பல் சுகாதார சேவையை மேம்படுத்துவதற்கு எங்களுக்குத் துணையாக இருக்கும்.

3. எவ்வித பல் சிகிச்சையுமின்றி மேற்கொள்ளப்படும் இந்த ஆய்வில், மலேசியா முழுவதுமிருக்கும் பள்ளிகளிலிருந்து ஏறக்குறைய 12,200 மாணவர்கள் ஈடுபடுத்தப்பட்டு; அவர்களின் வாயும் பற்களும் KKM-இன் பல் சுகாதார அதிகாரிகளால் பரிசோதிக்கப்படும். இருப்பினும், உங்கள் குழந்தைகளுக்கு / உங்கள் பராமரிப்பில் உள்ள பிள்ளைகளுக்கு உடனடி பல் சிகிச்சை தேவைப்பட்டால், அவர்கள் சிகிச்சைக்காக பரிந்துரைக்கப்படுவர். பின் இணைப்பு 1-இல் இந்த ஆய்வு குறித்த மேலதிக விவரங்கள் இடம்பெற்றுள்ளன.

4. இதன் தொடர்பில், மதிப்புக்குரிய டத்தோ/டத்தின்/திரு/திருமதி , தங்கள் குழந்தைகள் / தங்கள் பராமரிப்பில் உள்ள பிள்ளைகள் பரவலான முறையில் தேர்ந்தெடுக்கப்பட்டனர் என்பதைத் தெரிவிக்கிறோம். குறிப்பிட்ட திகதிக்குள் மதிப்புக்குரிய டத்தோ/டத்தின்/திரு/திருமதி அவர்கள் பதில் தருவீர்களாயின் நாங்கள் மகிழ்ச்சி கொள்வோம். பள்ளிக்கு ஆய்வுக் குழுவினரின் வருகை பின்வரும்படி அட்டவணையிடப்பட்டுள்ளது, அதாவது _____ முதல் _____ வரை. மாற்றமிருப்பின், தங்கள் குழந்தைகள் படிக்கும் பள்ளிகளுக்குத் தெரிவிக்கப்படும்.

5. மதிப்புக்குரிய டத்தோ/டத்தின்/திரு/திருமதி அவர்களின் ஆதரவுக்கும் ஒத்துழைப்புக்கும் நன்றி.

ஆணைக்கிணங்க,

( )
மாநில சுகாதாரத் துறை (பல்) துணை இயக்குநர்
மாநிலம்

பின் இணைப்பு 1

2017-ஆம் ஆண்டு தேசிய நிலையிலான தொடக்கப்பள்ளி மாணவர் பல் சுகாதார ஆய்வு குறித்த விளக்க ஏடு

அறிமுகம்

மலேசியாவில் 12 வயது நிரம்பிய மாணவர்களிடையே பல் சுகாதாரம் குறித்த ஆய்வை மலேசிய சுகாதார அமைச்சின் (KKM) பல் சுகாதாரப் பிரிவு மேற்கொள்கிறது. தங்கள் குழந்தை இந்த ஆய்வுக்கு தேர்தெடுக்கப்பட்டுள்ளதை மகிழ்வுடன் தெரிவிக்கிறோம். இதன் தொடர்பில், இந்த ஆய்வு குறித்த விளக்கத்தை தயவு செய்து கவனமாக வாசிக்கவும். இது குறித்து ஏதாவது சிக்கலிருப்பின் எங்கள் அதிகாரிகளிடமிருந்து நீங்கள் விளக்கம் கோரலாம் இந்த ஆய்வில் கலந்து கொள்வது விருப்ப அடிப்படையிலானது. இருப்பினும், தங்களின் ஆதரவுக்கும் ஒத்துழைப்புக்கும் நன்றி.

மலேசிய சுகாதார அமைச்சின் மருத்துவ அறவியல் மற்றும் ஆய்வு செயற்குழு இந்த ஆய்வுக்கு அனுமதி வழங்கியுள்ளது.

கேள்வி 1 : இந்த ஆய்வு எதைப் பற்றியது ?

மலேசியாவில் 12 வயது நிரம்பிய மாணவர்களிடையே பல் சுகாதாரம் குறித்த ஆய்வாக இந்த ஆய்வு அமைகிறது. இது பத்து ஆண்டுகளுக்கு ஒரு முறை மேற்கொள்ளப்படுகிறது. மாணவர்களின் வாய் சுகாதார நிலை குறித்த தகவல்களைத் திரட்டி, அவர்களின் வாய் சிகிச்சைத் தேவைகளை தெரிந்து கொள்வதுதான் இந்த ஆய்வின் நோக்கமாகும்.

திரட்டப்படும் தகவல்கள் மலேசியாவிலுள்ள மாணவர்களுக்கான வாய் சுகாதார சேவையை மேம்படுத்தப் பயன்படுத்தப்படும். மலேசியாவிலுள்ள எல்லா மாநிலங்களிலும் இந்த ஆய்வு ஒரே நேரத்தில் நடத்தப்படும். பிப்ரவரி முதல் ஏப்ரல் 2017 வரை நடத்தப்படும் இந்த ஆய்வில் கலந்துகொள்ள 12 வயது நிரம்பிய 12,200 மாணவர்கள், பல் சுகாதாரப் பிரிவினால் பரவலாகத் தேர்ந்தெடுக்கப்பட்டுள்ளனர். பல் சுகாதார அதிகாரி ஒருவரின் தலைமையில் 5 பேரடங்கிய பல் சுகாதாரக் குழுவினர் தங்கள் குழந்தைகள் படிக்கும் பள்ளிக்குச் செல்வர். இந்த ஆய்வுக்காக, மலேசிய சுகாதார அமைச்சினால் அந்தப் பல் சுகாதார அதிகாரி சிறப்பாக நியமனம் செய்யப்பட்டுள்ளார்.

கேள்வி 2 : இந்த ஆய்வின்போது மருத்துவர் என் குழந்தையை என்ன செய்வார் ?

பல் சுகாதார அதிகாரி தங்கள் குழந்தையின் பல் மற்றும் ஈறுகளை பரிசோதனை செய்வார். தங்கள் குழந்தைக்கு சிகிச்சை தேவைப்பட்டால், அரசாங்கப் பல் கிளினிக்கில் சிகிச்சை பெற்றுக்கொள்வதற்கான மேற்கோள் கடிதம் குழந்தையின் மூலம் உங்களிடம் சேர்ப்பிக்கப்படும். ஆய்வின்போது, பல் சுகாதார அதிகாரியினால் எவ்வித சிகிச்சையும் அளிக்கப்படாது.

கேள்வி 3 : இந்த ஆய்வில் என் குழந்தைக்கு இடர் ஏதும் ஏற்படுமா?

இந்த ஆய்வில் தங்கள் குழந்தைக்கு இடரேதும் ஏற்படாது. இந்த ஆய்வு கட்டுப்படுத்தப்பட்ட சூழலில் தூய்மையான முறையில் மேற்கொள்ளப்படுவதுடன் ஒரு முறை பயன்படுத்தி வீசப்படும் பரிசோதனை உபகரணங்கள் மட்டுமே பயன்படுத்தப்படும்.

கேள்வி 4 : இந்த ஆய்வின் பயன் யாது?

நாட்டிலுள்ள மாணவர்களுக்கான 'வாழ்நாள் முழுமைக்குமான பற்கள் ' என்ற திட்டத்தின் கீழ், மேலும் முழுமையான பல் சுகாதார சேவையைத் திட்டமிடுவதற்கு, இந்த ஆய்வில் தங்கள் குழந்தை பங்கேற்பதன் மூலம், அவரது தேவையும் இணைத்துக் கொள்ளப்படுமென நாங்கள் எதிர்பார்க்கிறோம்.

4-இல் முதலாவது பக்கம்

கேள்வி 5 : இந்த ஆய்வில் பெறப்படும் என் குழந்தையின் சுய விவரங்கள் இரகசியமாக இருக்குமா?

திரட்டப்படும் எல்லாத் தகவல்களும் இரகசியமானவை என்பதுடன் அவை இந்த ஆய்வு நோக்கத்துக்காக மட்டுமே பயன்படுத்தப்படும்.

கேள்வி 6 : நான் என்ன செய்ய வேண்டும்?

தங்கள் குழந்தை இந்த ஆய்வில் பங்குபெற நீங்கள் அனுமதி அளித்தீர்கள் என்றால், நீங்கள் :

a) குழந்தை படிக்கும் பள்ளியிலிருந்து உங்களிடம் சேர்ப்பிக்கப்படும் பாரத்தில், நீங்கள் எழுத்துப்பூர்வ அனுமதியை வழங்க வேண்டும். (KKM-ம் சார்பாக, பள்ளி இந்த பாரத்தை தங்கள் குழந்தையிடம் வழங்கும்).

b) இந்த எழுத்துப்பூர்வ அனுமதியை பள்ளியில் ஒப்படைக்கவும் (இந்த அனுமதி பாரம் பின்னர் KKM-டம் சேர்ப்பிக்கப்படும்). நீங்கள் அனுமதி வழங்கியுள்ளதை தங்கள் குழந்தைகளிடமும் தெரிவிக்கவும்.

கேள்வி 7 : இந்த ஆய்வு தொடர்பான மேலதிக விவரங்களைப் பெற நான் யாரைத் தொடர்பு கொள்ளலாம்?

இந்த ஆய்வு தொடர்பான மேலதிக விவரங்களைப் பெறவேண்டுமெனில் நீங்கள் பின்குறிப்பிடப்பட்டுள்ள அதிகாரியைத் தொடர்பு கொள்ளலாம்.

NOHSS 2017 பரிசோதனை அதிகாரியின் பெயர் : _____

பணியிடம் : _____ தொலைப்பேசி எண் : _____

தங்கள் ஒத்துழைப்புக்கு நன்றி

பல் சுகாதாரப் பிரிவு
மலேசிய சுகாதார அமைச்சு
ஜனவரி 2017

பெற்றோர் / பாதுகாவலர் அனுமதிக் கடிதம்

திரு /திருமதி ,

2017-ஆம் ஆண்டு தேசிய நிலையிலான தொடக்கப்பள்ளி மாணவர் பல் சுகாதாரத் தொற்றுநோயியல் ஆய்வு குறித்த விளக்க ஏட்டைப் படித்தேன். என் குழந்தை / என் பாதுகாப்பில் உள்ள பிள்ளை _____ (குழந்தை / பாதுகாப்பில் உள்ள பிள்ளையின் பெயரை எழுதவும்), 2017-ஆம் ஆண்டு தேசிய நிலையிலான தொடக்கப்பள்ளி மாணவர் பல் சுகாதார ஆய்வில் பல் மற்றும் வாய் பரிசோதனைக்கு உட்படுத்தப்பட; இந்த ஆய்வில் பங்கேற்க அனுமதி *தருகிறேன் / தரவில்லை.

*தேவையற்றதை வெட்டி விடவும்

பெற்றோர் / பாதுகாவலர் கையொப்பம் :_____

பெற்றோர் / பாதுகாவலர் பெயர் :_____

அடையாள அட்டை எண் :_____

முகவரி :_____

தொலைப்பேசி எண் :_____

திகதி :_____

சாட்சி :

கையொப்பம் :_____

பெயர் :_____

அடையாள அட்டை எண் :_____

முகவரி :_____

தொலைப்பேசி எண் :_____

திகதி : _____

4-இல் 3-ஆவது பக்கம்

திகதி :

பல் சுகாதார அதிகாரி,

..... அரசாங்கப் பல் கிளினிக்

திரு /திருமதி ,

பல் சிகிச்சைக்கான மேற்கோள்

இந்தக் கடிதத்தைக் கொண்டு வரும் பெயர் குறிப்பிடப்பட்டுள்ள நபர், மலேசிய சுகாதார அமைச்சின் பல் சுகாதாரப் பிரிவினால் மேற்கொள்ளப்பட்ட 2017-ஆம் ஆண்டு தேசிய நிலையிலான தொடக்கப்பள்ளி மாணவர் பல் சுகாதார ஆய்வில் (NOHSS 2017) பங்கேற்றவர் என்பது இதன் வழி தெரிவித்துக் கொள்ளப்படுகிறது.

பெயர் : .....

பிறந்த திகதி : .....

கீழ் குறிப்பிடப்பட்டுள்ள பிரச்சனைக்காக இவருக்கு தொடக்க நிலை பல் சிகிச்சை தேவைப்படுகிறது. இவருக்கு சிகிச்சையளிப்பதற்கு முதன்மையளிப்பீர்களெனில் மகிழ்ச்சி.

எதிர்நோக்கப்படும் பிரச்சனை (பரிசோதனை செய்த அதிகாரியால் நிரப்பப்பட வேண்டும்).

நன்றி.

'நாட்டுக்கான சேவை'

ஆணைக்கிணங்க ,

(டாக்டர்.)

பல் சுகாதார அதிகாரி,
மலேசிய சுகாதார அமைச்சு
NOHSS 2017 பரிசோதனையாளர் என்ற முறையில்

4-இல் 4-ஆவது பக்கம்

ADDENDUM 6

'SURAT PENGENALAN PEMERIKSA' (LETTER OF INTRODUCTION FOR EXAMINERS)

Ruj.:

Tarikh:

Y Bhg. Dato/Datin/Tuan/Puan,

SURAT PENGENALAN PEMERIKSA KAJISELIDIK EPIDEMIOLOGI PERGIGIAN MURID-MURID SEKOLAH TAHUN 2017 PERINGKAT KEBANGSAAN (*NHMS 2017: NOHSS 2017*)

Pembawa surat ini adalah seorang Pakar Kesihatan Awam Pergigian / Pegawai Pergigian seperti berikut:

Nama:_____

No. Pendaftaran Majlis Pergigian Malaysia:_____

Alamat tempat kerja:_____

No. telefon tempat kerja:_____

No. telefon Pejabat Pergigian Negeri:_____

2. Beliau adalah seorang Pakar Kesihatan Awam Pergigian / Pegawai Pergigian dari Kementerian Kesihatan Malaysia (KKM) yang telah dipilih dan dilatih untuk mengetuai satu pasukan pergigian (terdiri dari 4-5 anggota sokongan dari KKM) bagi tujuan pengendalian Kajiselidik Epidemiologi Kesihatan Pergigian Murid-murid Sekolah Tahun 2017. Beliau akan memeriksa kesihatan pergigian murid-murid sekolah yang terpilih. **Tiada rawatan pergigian akan dijalankan di sekolah yang dilawati semasa lawatan beliau untuk kajiselidik ini.**

3. Sekiranya terdapat sebarang kemusykilan, tuan/puan bolehlah menghubungi nombor telefon yang diberi di atas untuk mendapatkan pengesahan.

Sekian, terima kasih.

'BERKHIDMAT UNTUK NEGARA'

Saya yang menurut perintah,

(DATUK DR NOOR ALIYAH BINTI ISMAIL)

Pengarah Kanan (Kesihatan Pergigian)
Kementerian Kesihatan Malaysia

ISBN 978-983-2387-35-0