

Supplementary Table 1. Oral health indicators included in the survey

Items	Grading
Self-perceived oral condition	1. Very good 2. Good 3. Fair 4. Poor 5. Very poor 9. No response
Chewing difficulties	1. Very uncomfortable 2. Uncomfortable 3. So-so 4. Not uncomfortable 5. Not uncomfortable at all 8. Not applicable 9. No response
History of one or more permanent tooth decay	0. No 1. Yes
Current permanent tooth decay	0. No 1. Yes
History of toothache in the preceding year	0. No 1. Yes 9. No response
Reasons for activity limitations (dental and oral issues)	0. No 1. Yes 8. Not applicable 9. No response
Dental nerve treatment	0. No 1. Yes 8. Not applicable 9. No response
Treatment for gum disease	0. No 1. Yes 8. Not applicable 9. No response
Treatment for simple cavities	0. No 1. Yes 8. Not applicable 9. No response
Tooth extraction or intraoral surgery	0. No 1. Yes 8. Not applicable 9. No response
Creation or repair of dental prostheses	0. No 1. Yes 8. Not applicable 9. No response
Oral examination in the preceding year	0. No 1. Yes 9. No response