

⑪ Birth weight	() g
⑫ Nutrition during infancy	Breast milk Formula Mixed (powdered milk) (breast milk + formula)
⑬ Drinking Water during infancy	Tapwater Well water (bottled) Mineral water Others
⑭ Place of birth ① if moved from place of birth,specify in ② and ③ names of towns/cities	①age () - ()
	②age () - ()
	③age () - ()
⑮ Do you wish to receive results of Examinations?	() Yes () No * Currently there is no facility available in Japan to conduct such examinations. We are preparing and planning to set up such facility in two years' time.
⑯ Do you agree with the following procedure? (a) The individual results of our surveys will not be published. (b) The outcomes, supporting data and the results of analyses will be used to make our recommendations to Central Government and its agencies.	() Yes () No



Personal Record Card

Name ()

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Personal Record Card

Name ()

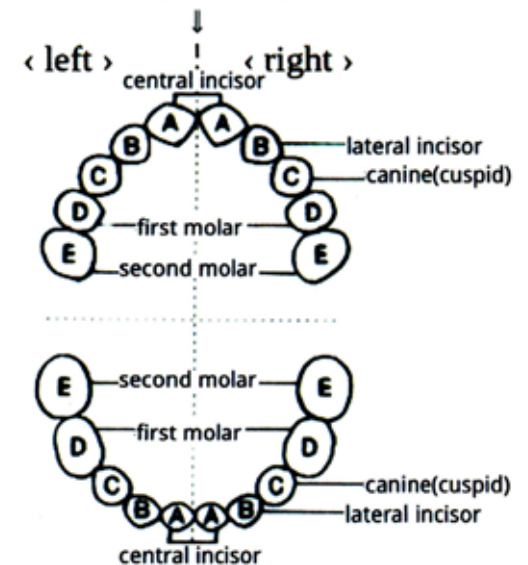
Personal Record Card of Shed Milk Teeth

① Child's Name	
② Sex	Male Female
③ Date of Birth	Year () Month() Date ()
④ Place of Birth	
⑤ Present Address	
⑥ Name of Guardian	
⑦ Telephone Number	
⑧ Email Address	
⑨ Shed Date	Year () Month() Date ()

Personal Record Card of Shed Milk Teeth

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☆ Please colour in the shed teeth☆

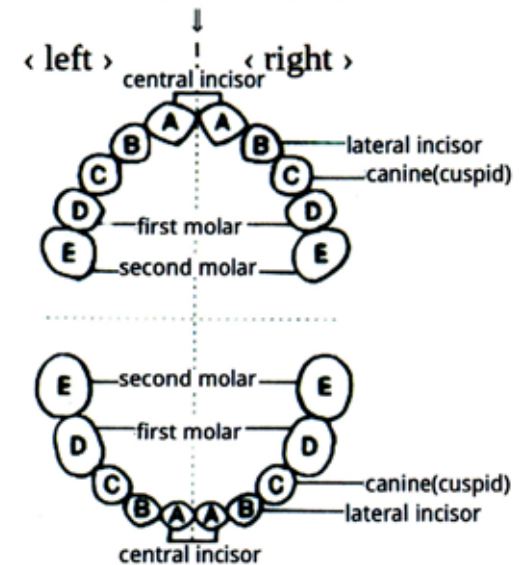


Upper Teeth :
 A=central incisor
 B=lateral incisor
 C=canine(cuspid)
 D=first molar
 E=second molar

Lower Teeth:
 A=central incisor
 B=lateral incisor
 C=canine(cuspid)
 D=first molar
 E=second molar

@Shed Teeth - Upper: Right() Left() Lower: Right() Left()

☆ Please colour in the shed teeth☆



Upper Teeth :
 A=central incisor
 B=lateral incisor
 C=canine(cuspid)
 D=first molar
 E=second molar

Lower Teeth:
 A=central incisor
 B=lateral incisor
 C=canine(cuspid)
 D=first molar
 E=second molar

@Shed Teeth - Upper: Right() Left() Lower: Right() Left()