**Oral Health Questionnaire**

Child name :

Gender : □Male □Female

Place of birth :

Date of birth (DD-MM-YYYY):

Class :

School :

Family monthly income:

Contact number (for further follow-up):

The educational level of the parents who live with the child:

| | Father | Mother |
|---|---|---|
| Primary or below | □ | □ |
| Secondary | □ | □ |
| College or above | □ | □ |

How often does your child brush his/her teeth?

□ Never / irregularly

□ Once a day

□ Twice a day

□ Three times a day or more

Did your child visit a dentist in the last 12 months?

□ Yes □ No

Does your child have digestive disorder or vomits frequently?

□ Yes □ No

**Part A: Dietary habit of your child**

1) How often does your child have soft drinks?
   □ 6, 7 times a week or more (almost every day or more)
   □ 3 times a week (alternate days)
   □ Once a week
   □ Less than once a week / never

2) How often does your child have citric tea / drinks containing lemon?
   □ 6, 7 times a week or more (almost every day or more)
   □ 3 times a week (alternate days)
   □ Once a week
   □ Less than once a week / never

3) How often does your child drink fruit juice?
   □ 6, 7 times a week or more (almost every day or more)
   □ 3 times a week (alternate days)
   □ Once a week
   □ Less than once a week / never

4) How often does your child have vitamin C supplement drinks?
   □ 6, 7 times a week or more (almost every day or more)
   □ 3 times a week (alternate days)
   □ Once a week
   □ Less than once a week / never

5) How often does your child have chewing gum?
   □ 6, 7 times a week or more (almost every day or more)
   □ 3 times a week (alternate days)
   □ Once a week
   □ Less than once a week / never

**Pert B: Parent's dental knowledge**

1) The causes of dental decay include:

| | Yes | No | Don't know |
|---|---|---|---|
| a) Too much consumption of candies | □ | □ | □ |
| b) Unclean teeth | □ | □ | □ |
| c) Tooth worms attack | □ | □ | □ |
| d) "Hot air" | □ | □ | □ |

2) Preventions of tooth decay include:

| | Yes | No | Don't know |
|---|---|---|---|
| a) Using miswak | □ | □ | □ |
| b) Gargle with salted water | □ | □ | □ |
| c) Use of fluoridated toothpaste | □ | □ | □ |
| d) Decrease frequency of sugar consumption | □ | □ | □ |

3) Effects of fluoride to teeth include:

| | Yes | No | Don't know |
|---|---|---|---|
| a) No effect | □ | □ | □ |
| b) Prevent tooth decay | □ | □ | □ |
| c) Tooth whitening | □ | □ | □ |
| d) Prevent periodontal disease | □ | □ | □ |

4) Which of the following food can cause tooth decay?

| | Yes | No | Don't know |
|---|---|---|---|
| a) Soft drinks | □ | □ | □ |
| b) Ice-cream | □ | □ | □ |
| c) Cheese | □ | □ | □ |
| d) Peanuts | □ | □ | □ |

5) The causes of gum bleeding include:

| | Yes | No | Don't know |
|---|---|---|---|
| a) Unclean teeth | □ | □ | □ |
| b) It Is a normal phenomenon | □ | □ | □ |

6) Methods to prevent periodontal disease include:

| | Yes | No | Don't know |
|---|---|---|---|
| a) Tooth brushing | □ | □ | □ |
| b) Saline mouth-rinsing | □ | □ | □ |
| c) Regular scaling (professional tooth cleaning) | □ | □ | □ |