QUESTIONNAIRE

1. How old are you? ---------- years
2. Gender: Male / Female / Prefer not to disclose
3. Do you smoke cigarettes? Yes / No
4. If you answered "Yes" to question #3, please indicate the number of cigarettes smoked daily?
5. If your answer to question #3 is yes, then please indicate how many years you have been smoking cigarettes?
6. Do you use any other forms of nicotine products? Yes / No
7. Does anyone else in your direct family smoke? Yes / No
8. Do you brush your teeth daily?
9. How many times do you brush teeth daily? Once / Twice / Not at all
10. Do you floss teeth daily? Yes / No
11. How often do you floss teeth daily? Once / Twice / Not at all
12. When did you last visit a dentist or dental hygienist? Within 6 months / within 1 year/ within 1 to 2 years / Over 2 years ago / Do not remember