## APPENDIX

Department of Preventive Dentistry,

Faculty of Dentistry,

University of Nigeria Teaching Hospital,

Enugu state, Nigeria.

14th April, 2023.

Dear Respondent,

We are undergraduates in the above-named institution. We are carrying out a research work on **ORAL HEALTH STATUS OF OUTPATIENTS WITH MENTAL DISORDERS IN A SPECIALIST TERTIARY HOSPITAL IN ENUGU STATE, NIGERIA**. This study is aimed at assessing the oral health status of outpatients with mental disorders, and also to determine the possible causes of poor oral health in this population.

We believe you can contribute immensely to the success of this research through your cooperation and response to all the items on the questionnaire. Please, do respond to each item freely as it applies to you. We assure you that your answers will remain anonymous and confidential, and will be used solely for academic purposes.

Please kindly note that you are not compelled to answer this questionnaire and you can kindly quit whenever you wish to.

Thank you for your cooperation.

_____

Signature/Date.

# QUESTIONNAIRE

**Please fill in or tick [✓□] the correct response to each of the following items as it applies to you.**

## SECTION ONE:

## DEMOGRAPHICS

**1. What is your age bracket?**
a) <18 years old [ ]
b) 18-25 years old [ ]
c) 26-35 years old [ ]
d) 36-45 years old [ ]
e) 46-55 years old [ ]
f) 55 years and above [ ]

**2. What is your gender?**
a) Male [ ] b) Female [ ] c) Others [ ]

**3. What is your ethnicity or race?**
a) Igbo [ ]
b) Hausa [ ]
c) Yoruba [ ]
d) Others, please specify [ ]

**4. Where do you live?**
a) Urban area [ ]
b) Rural area [ ]

**5. What is your highest degree or level of education?**
a) Primary [ ]
b) Secondary [ ]
c) Tertiary [ ]
d) None [ ]

**6. What is your marital status?**
a) Single, never married [ ]
b) Married [ ]
c) Divorced/Separated/Widowed [ ]

**7. What is your employment status?**

a) Employed [ ]
b) Unemployed [ ]
c) Student [ ]
d) Not able to work (PWD) [ ]

**8. What is your average monthly income?**
a) Poor <₦10,000 [ ]
b) Lower middle class ₦10,000- ₦50,000 [ ]
c) Middle class ₦51,000- ₦200,000 [
d) Upper middle class ₦201,000- ₦500,000 [ ]
e) Wealthy >₦500,000 [ ]

## SECTION TWO:

## MEDICAL HISTORY

**1. Medical Diagnosis**
a) Schizophrenia [ ]
b) Anxiety disorder [ ]
c) Bipolar disorder [ ]
d) Depression [ ]

**2. Duration of illness**
a) <3months [ ]
b) 3-6 months [ ]
c) 6 months- 1year [ ]
d) 1 year- 5 years [ ]
e) >5 years [ ]

**3. Current/previous medications** _____
**4. Any other systemic illness (comorbidities)** _____
**5. Family Medical History (specify, if any)** _____

## SECTION THREE:

## SOCIAL HISTORY

**1. Do you live alone?**
a) Yes [ ] b) No [ ]

If No, specify relative lived with ———————————

**2. Do you take caffeine?**
a) Coffee [ ] b) Tea [ ] c) Coca-Cola [ ] d) None [ ]

**3. Do you drink alcohol?**
a) Yes [ ] b) No [ ]
If yes, please specify type ———————————-

**3a.What quantity do you take in a week?**
a) Bottles of beer/or other alcoholic beverage [ ]
b) Wine Glass [ ] Bottles [ ]
c) Hard Liquor Glass [ ] Bottles [ ]
d) Native gin [ ]
e) Palm wine [ ]
f) Others, specify_____

**4. Do you smoke cigarettes currently?**
a) Yes [ ] b) No [ ]
If yes, please specify
a) Packs per day———————————-
b) Number of years———————————

**5. Are you a previous cigarette smoker?**
a) Yes [ ] b) No [ ]
b) How long did you smoke? _____
c) When did you stop? _____

**6. Do you use recreational drugs or stimulants?**
a) Yes [ ] b) No [ ]
If yes, which drug(s)? Specify ———————————-
b) How long have you been using it? _____
c) How often do you use it? _____

## SECTION FOUR:

## ORAL HEALTH BEHAVIOURS

**1. On average, how many times a day do you brush your teeth?**
a) Once a day [ ]

b) Twice a day [ ]
c) After every meal [ ]
d) Every two days [ ]
e) Once a week [ ]
f) Rarely [ ]

**2. Do you brush yourself?**
a) Yes [ ] b) No [ ]

**3. If no, are you assisted to brush?**
a) Yes [ ] b) No [ ]

**4. What do you use to brush?**
a) Toothbrush [ ]
b) Chewing stick [ ]
c) Toothbrush and chewing stick [ ]
d) Others, please specify [ ]

**5. What is the texture of the toothbrush?**
a) Soft [ ]
b) Medium [ ]
c) Hard [ ]
d) I don't use toothbrush [ ]

**6. What type of toothpaste/cleaning agent do you use?**
a) Fluoridated [ ] please specify———————
b) Herbal [ ] please specify———————-
c) Dental powder [ ]
d) Others, specify_____

**7. Do you consume any cariogenic diet (sugary foods, carbonated drinks, chocolates/ sweets)?**
a) Yes [ ] b) No [ ]

**8. If yes, how often?**
a) Every day [ ]
b) Every week [ ]
c) Occasionally [ ]

**9. Have you ever visited a dentist?**
a) Yes [ ] b) No [ ]

**10. If yes, were you nervous?**

a) Yes [ ]  b) No [ ]

**11. What treatment was done for you?** ———————————————

**12. If No, any reason? Please specify** ———————————————

## SECTION FIVE:

## INTRA ORAL EXAMINATION

**1. Halitosis**
a) Perceived [ ]  b) Not perceived [ ]

**2. Stains**
a) Present [ ]  b) Absent [ ]

**3. Calculus**
a) Present [ ]  b) Absent [ ]

**4. Plaque**
a) Present [ ]  b) Absent [ ]

**5. Gingival Index**
a) 0- Normal gingiva [ ]
b) 1- Mild gingivitis [ ]
c) 2- Moderate gingivitis [ ]
d) 3- Severe gingivitis [ ]

**6. Simplified Oral Hygiene Index Score (OHI-S)**
a) (0-1.2) Good [ ]
b) (1.3-3.0) Fair [ ]
c) (>3.1) Poor [ ]
d) Not assessable [ ]

**7. DMFT Index**
a) D ———
b) M ———
c) F ———-
d) Total DMF (T)- value = ————-