PRE-PHASE QUESTIONNAIRE_CONTROL GROUP

WELCOME TEXT –

We are conducting a study to understand oral habits and behaviour. There would be 2 online surveys for this study, the first one to be taken today and the next session would be after 3 weeks.
Each session will take around 10-15 minutes to complete and you would also be given a gift after each survey.

All answers that you provide in this survey will be treated confidentially. We would be very grateful if you could spare us some time and participate in this study. This study is approved by UNIVERSITAS TRISAKTI, Indonesia Ethics committee - 041/S3/KEPK/FKG/12/2023.

At the end of the survey, you will be eligible to receive a token of our appreciation of IDR 25,000 of vouchers.

Would you like to participate in the survey?

1. Yes
2. No

QPP1	**CLOSE IF CODED 2**	Code	Route
	Participation in this survey is voluntary. Your responses will be used to perform our research and prepare reports and analyses for our clients. We will keep your information confidential and will only share it with trusted third parties who are required to keep this information confidential. Neither your name nor any other identifying information will be used in any reports or analyses that we prepare for our clients. For more information about how NielsenIQ uses and protects your information in connection with this survey, please visit: https://platformsolutions.nielseniq.com/ourweb/privacyniq/en/privacy.asp Are you aware of the privacy policy and do you AGREE that we can proceed with the interview? To begin, click on the button below. As you move through the survey, please use the buttons at the bottom of each screen. Do not use your browser buttons. If you would like to pause the survey to return to it later, simply close the browser window and click on your original link to return. [SA]		
	Agree	1	
	Disagree	2	CLOSE

QCC1	**CLOSE IF CODED 2**	Code	Route
	Confidentiality		

	Respondents shall keep confidential and not disclose to any third parties the contents and any information associated with any surveys, except as required by law. Intellectual Property and Copyright Notice Copyright © 2023 NielsenIQ. All rights reserved. The copyright and the material contained in this survey belong to and remain the property of NielsenIQ. Do not use, disclose, reproduce, copy, distribute, modify, transmit, republish (including framing any part of this survey) or revise the contents of this survey without the prior written consent of NielsenIQ. No title or intellectual property rights are transferred to you or any third party through the use of access to this survey. All rights, title and interest in and to all aspects of this survey remain the sole property of NielsenIQ. By clicking below you acknowledge that you accept the foregoing terms, and represent that you are 18 years of age or older or if under 18 years of age you have the consent of your parent or legal guardian to participate in this survey and to this Confidentiality Agreement. [SA]		
	Agree	1	
	Disagree	2	CLOSE

SCREENER & PROFILING QUESTIONS

QR1	**ASK ALL** **TERMINATE IF CODED OTHERS** Which city are you located in? [SA]	Code	Route
	Jakarta	1	
	Bandung	2	
	Surabaya	3	
	Medan	4	
	Semarang	5	
	Makassar	6	
	Others	97	

QR2	**ASK ALL** **TERMINATE IF CODED 1-4 & 7** **CODE 99 IS ME** Do you or any of your family members work or operate a business in any of the following industries? [MA]	Code	Route
	Mass Media (Newspapers, TV, Radio, Magazines, etc.)	1	
	Market Research Agency	2	
	Public Relations/Promotions Agency	3	

	Advertising Agency	4	
	Gaming	5	
	Automotive	6	
	Dental care/ oral hygiene	7	
	Banking and financial services	8	
	Energy drinks and other sports beverages	9	
	None of the above	99	

QR3	**ASK ALL** **TERMINATE IF CODED 1**	Code	Route
	Whether participated in a survey related to oral health in the last 3 months [SA]		
	YES	1	
	NO	2	

QX1	**ASK ALL**	Code	Route
	Please indicate your Gender [SA]		
	Male	1	
	Female	2	

QX2	**ASK ALL** **TERMINATE IF AGE IS BELOW 15 AND ABOVE 70**	Code	Route
	Please Indicate your age [OE]		
	Numeric open end		

QX2A	**AUTOCODE AT BACKEND BASED ON QX2 RESPONSES**	Code	Route
	Bucket the age based on the responses in QX2 into the follow buckets: [SA]		
	Below 18 years	1	Terminate
	18 - 24 years	2	
	25 - 34 years	3	

	35 - 44 years	4	
	45 - 54 years	5	
	55 - 64 years	6	
	65 - 70 years	7	
	Above 70 years	8	Terminate

QN1	**ASK ALL** **RANDOMIZE ORDER** **SHOW LOGO OF THE BRANDS** **SCREEN OUT IF AFTER QN2 IF ONLY CODE 1, 2 AND 10 IS SELECTED IN QN1** Is there any of your regular brands below that you are thinking of stopping to buy or use, now or in the future? [MA]	Code	
	Pepsodent	1	
	Nestle	2	
	Giv	3	
	Nuvo	4	
	Shinzui	5	
	Biore	6	
	Ciptadent	7	
	Mama Lemon	8	
	Kodomo	9	
	L'Oreal	10	
	Wardah	11	
	No, I will continue using the brands I use regularly	98	

QN2	**ASK IF N1 = 1-11,98** **PROGRAMING LOGIC : (DON'T SHOW IN THE LINK) If respondent doesn't select all 3 brands/manuf above but selected 1 or 2, and open-ended feedback is related to the boycott, then please clean them out of the sample.** What is your reason to not consider these brands now or in the future? [OE] **Open end, no prompting**	Code	Route

QX8	**ASK ALL**	Code	Score
	Which of these best describes the highest level of education of the chief wage earner or head of your household? [SA]		
	Illiterate	1	1
	Literate but no formal / school education	2	1
	Primary incomplete	3	1
	Primary complete	4	2
	Junior / middle school incomplete	5	4
	Junior / middle school complete	6	4
	Secondary / senior / high school incomplete	7	5
	Secondary / senior / high school complete	8	6
	College / university incomplete	9	7
	College / university complete (graduate)	10	7
	Post graduate studies incomplete (no post graduate degree)	11	7
	Post graduate studies complete (post graduate degree)	12	7

QX9	**ASK ALL**	Code	Score
	How many rooms do you have in your home? [SA] Please include bathrooms, toilets and kitchens in the count, but exclude attics and basements, unless used for living accommodation.		
	1	1	3
	2	2	3
	3	3	5
	4	4	6
	5	5	7
	6	6	8
	7	7	10
	8	8	12
	9	9	13
	10	10	15

	11	11	16
	12 and above	12	18

Please show this text before showing QX10, then show QX10 on the next screen.

Statement: Thank you for your responses so far.

The next few questions on the following pages are for us to understand the patterns of life in your household.

Then on, next click, ask QX10.

QX10	**ASK ALL** **CODE 99 IS ME**	Code	Score
	Which of the following utilities do you have in your home? [MA]		
	Gas supply (piped directly into your home)	1	5
	Central heating	2	6
	None of these	99	

QX11	**ASK ALL** **RANDOMISE OPTIONS** **CODE 99 IS ME** Which of these items do you have in working order in your home? [MA]	Code	Score
	Kitchen Sink	1	5
	Fridge Freezer (i.e. the freezer section has its own door, separate from the refrigerator door)	5	3
	Vacuum Cleaner	8	5
	Electric Kettle	9	3
	Microwave Oven	10	6
	Washing Machine	11	5
	Dish Washing Machine	13	8
	Electric Mixer	15	3
	Hi-Fi / Stereo System (cassette, CD or vinyl)	20	4
	DVD Recorder (i.e. not just a DVD player)	22	7
	Electronic Car Navigation System ('Sat Nav') / GPS system	23	8
	None of the above	99	

QX12B	**ASK ALL** How many of each of the following items do you have in working order in your home? [MA] **Programming Instructions: Please add numeric boxes so that they can enter the value in it.** **ZERO'S AND NEGATIVE NUMBERS ARE NOT ALLOWED AS NUMERIC VALUE ONCE CHECK BOX IS SELECTED**	CODE	Score 1/2/3+
	(R1) Motor Cars	_____	4/8/10
	(R2) Radio Clocks	_____	6/11/14
	(R3) PC/Desktop Computers	_____	7/14/14
	(R4) Laptop Computers	_____	8/12/12
	(R5) Still Cameras (Non-Digital)	_____	6/11/11
	(R6) Personal CD Players/ Cassette Players	_____	5/10/10
	(R7) Gaming Consoles (home or portable / handheld)	_____	7/10/10
	(R8) Colour TVs CRT	_____	

	(R9) Colour TVs LCD / Plasma / LED	_____	
	(R10) None of the above		0

QH1	**AUTOCODE AT BACKEND**	Code	
	Number of color TV's		
	Sum of Colour TVs CRT and Colour TVs LCD / Plasma / LED **(QX12B R8 + QX12B R9)**		

QH2	**AUTOCODE AT BACKEND**	CODE	Score
	Scoring for color TV's		
	No Colour TV **[Condition: IF H1 = 0]**	1	0
	1 Colour TV (CRT) **[Condition: IF H1 =1 AND QX12B R8 = 1]**	2	2
	2 or more Colour TVs (CRTs Only) **[Condition: IF H1 = 2 OR MORE AND QX12B R9 = 0]**	3	6
	1 Colour TV (LCD / Plasma) **[Condition: IF H1 = 1 AND Q12XB R9 =1]**	4	7
	2 or more Colour TVs **(AT LEAST ONE LCD / Plasma/LED) [Condition: IF H1 = 2 OR MORE AND Q12XB R9 IS ATLEAST = 1]**	5	11

Scoring for Colour TVs is as follows

Answer	Score
No Colour TV	0
1 Colour TV (CRT)	2
2 or more Colour TVs (CRTs Only)	6
1 Colour TV (LCD / Plasma)	7
2 or more Colour TVs (at least one LCD / Plasma)	11

QX13	**ASK ALL** **CODE 99 IS ME** Do you have at home, or own, any of these sporting or leisure items? [SA]	Code	Score
	Golf Equipment	1	11
	None of these	99	0

CONSUMER CLASSIFICATION TOTAL SCORE

SCORING INSTRUCTION:

PLEASE USE QX8, QX9, QX10, QX11, QX12B (R1 - R7 ONLY), QH2 & QX13 SUM FOR THE CALCULATION

- **ADD UP THE SCORES (NOT THE CODES) FROM EACH CONSUMER CLASSIFICATION QUESTION**
- **MULTIPLY THE TOTAL SCORE BY 10.**
- **USING THE MATRIX BELOW DETERMINE THE RELEVANT CONSUMER CLASSIFICATION**

Score		
From	**To**	**Consumers Classification**
1	75	**0**
76	130	**1**
131	175	**2**
176	215	**3**
216	260	**4**
261	305	**5**
306	350	**6**
351	400	**7**
401	455	**8**
456	520	**9**

521	595	**10**
596	675	**11**
676	770	**12**
771	875	**13**
876	990	**14**
991	1125	**15**
1126	1275	**16**
1276	1445	**17**
1446	1850	**18**
1851	+	**19**

QX14	**AUTOCODE FOR ALL** **TERMINATE IF CODED ½** **PLEASE USE QX8, QX9, QX10, QX11, QX12B (R1 - R7 ONLY), QH2 & QX13 SUM FOR THE CALCULATION** LSM Classifications	Code	Route
	LSM 0 - 2 (1 to 175)	1	
	LSM 3 (176 to 215)	2	
	LSM 4 (216 to 260)	3	
	LSM 5 - 6 (261 to 350)	4	
	LSM 7 (351 to 400)	5	
	LSM 8+ (401+)	6	

QX17	**ASK ALL** **TERMINATE IF CODE 6 IS NOT SELECTED** **CODE 98 IS ME** **RANDOMISE OPTIONS** Which brand/s of toothpaste are currently being used in your household? [MA]	Code	Route
	Ciptadent	1	
	Formula	2	
	Kodomo	3	
	Omica	4	
	Oral-B	5	
	Pepsodent	6	
	Sensodyne	7	

Signal	8	
Others, please specify	97	
Don’t know	98	

QX18	**ASK ALL** **SHOW STIMULUS OF TELEDENTISTRY CAMPAIGN** Have you seen the following communication/advertisement from Pepsodent in the last 3 months? [SA]	Code	Route
	Yes	1	
	No	2	

QX19	**ASK ALL** **TERMINATE IF CODED YES** Have you availed the Teledentistry services (shown in the advertisement) in the past? [SA]	Code	Route
	Yes	1	
	No	2	

MAIN QUESTIONNAIRE – PRE-PHASE

QB1	**ASK ALL** How would you describe the overall condition of your teeth / denture / gums? [SA]	Code	Route
	Very Poor	1	
	Poor	2	
	Fair	3	
	Good	4	
	Very Good	5	

QB1A	**ASK ALL** To what extent have you been bothered by the problems of your mouth and teeth? [SA]	Code	Route
	Not at all	1	
	A little	2	
	Somewhat	3	
	A fair amount	4	
	A great deal	5	

QB1B	**ASK ALL**	Code	Route
	Please let us know how much you agree or disagree with the following statement. **'I feel like I am in control of my oral health (teeth/mouth/gums)'.** [SA]		
	Strongly Disagree	1	
	Somewhat Disagree	2	
	Neither agree nor disagree	3	
	Somewhat agree	4	
	Strongly agree	5	

QI1	**ASK ALL** **OPTION 99 IS ME**	Code	Route
	Which of the following do you use to clean your teeth/mouth/gums? [MA]		
	Tongue Cleaner	1	
	Floss	2	
	Mouthwash	3	
	Electric Power Toothbrush	4	
	Interdental Brush	5	
	Tooth Powder	6	
	Candy to refresh breath	7	
	Charcoal	8	
	Chewing Stick	9	
	~~Toothbrush~~	~~10~~	
	None of the above	99	

QB2	**ASK ALL**	Code	Route
	How often do you brush your teeth usually? [SA]		
	3 or more times a day	1	
	2 times per day	2	
	1 time per day	3	
	4-5 times a week	4	
	2-3 time a week	5	
	Less often than 2 times a week	6	

QB2a	**ASK ALL**	Code	Route
	In general, how long do you brush your teeth for? [SA]		
	Less than 30 seconds	1	
	30 seconds to 1 minute	2	
	More than a minute to 2 minutes	3	
	More than 2 minutes to 3 minutes	4	
	More than 3 minutes to 4 minutes	5	

	More than 4 minutes to 5 minutes	6	
	More than 5 minutes	7	
	Do not know	98	

QB6	**ASK ALL**	Code	Route
	How long is it since you last visited a dentist? [SA]		
	Less than 6 months	1	
	6-12 months	2	
	More than a year but less than 2 years	3	
	2 years or more but less than 5 years	4	
	5 years or more	5	
	Never received dental care	6	

QB7	**ASK IF CODED 6 IN B6**	Code	Route
	Which of these, if any, are the reasons why you have not been to the dentist (before today)? [MA]		
	No need to go to the dentist / nothing wrong with my teeth	1	
	I can't find a dentist	2	
	I can't afford dentist's charges	3	
	I haven't got the time to go	4	
	I am afraid of going to the dentists	5	
	Keep forgetting / Haven't got round to it	6	
	Others: Please specify	97	

QB7B	**ASK ALL**	Code	Route
	How frequently do you plan to visit a dentist in the future? [SA]		
	More than twice a year	1	
	Twice a year	2	
	Once a year	3	
	Once in 2 years	4	
	Once in 3-5 years	5	

	Less than once in 5 years	6	

QB9	**ASK ALL**	Code	Route
	Thinking about the dentist located closest to your place of residence, how long do you have to travel to meet a dentist? Please indicate the time taken to reach your dentist, assuming you take your usual mode of transport. [SA]		
	Less than 15 minutes	1	
	15-29 minutes	2	
	30-59 minutes	3	
	1-2 hours	4	
	More than couple of hours	5	
	Don't know (SHOW THIS OPTION ONLY IF CODED 6 IN B6)	6	

QB10	**ASK IF CODED 1/2/3/4/5 IN B6**	Code	Route
	Do you think that all the services which you need / might need in future from the dentist are available at your nearest dentist? [SA]		
	Very few services are available at the nearest dentist	1	
	Only a few services are available at the nearest dentist	2	
	Neutral	3	
	Most of the services are available at the nearest dentist	4	
	Yes, all the services are available at the nearest dentist	5	
	Don't know	6	

QB11	**ASK IF B6 =1-4**	Code	Route
	Approximately how much money did you spend on your last consultation with the dentist?		
	Less than Rp 100,000	1	
	Rp 100,000 – Rp 1,99,000	2	
	Rp 200,000 – Rp 2,99,000	3	
	Rp 300,000 – Rp 3,99,000	4	
	Rp 400,000 – Rp 4,99,000	5	
	Rp 500,000 – Rp 1,000,000	6	
	More than Rp 1,000,000	7	

	Don’t know / Can’t say	98	

QB12	**ASK IF B6 = 5-6**	Code	Route
	According to you, how much a single dentist consultation will cost you?		
	Less than Rp 100,000	1	
	Rp 100,000 – Rp 1,99,000	2	
	Rp 200,000 – Rp 2,99,00	3	
	Rp 300,000 – Rp 3,99,000	4	
	Rp 400,000 – Rp 4,99,000	5	
	Rp 500,000 – Rp 1,000,000	6	
	More than Rp 1,000,000	7	
	Don’t know / Can’t say	98	

QJ1	**ASK ALL** **OPTION 99 IS ME** **RANDOMISE OPTIONS**	Code	Route
	Have you had any of the following oral issues in the last 3 months? [MA]		
	Tooth ache/tooth pain	1	
	Broken tooth/teeth	2	
	Cavities that have been filled/ repaired	3	
	Cavities that have not been filled/ repaired	4	
	Tooth pulls because of a cavity	5	
	Braces/ orthodontic work	6	
	Sensitive teeth (as diagnosed/suggested by dentists or health care professionals)	7	
	Sensitive gums (as diagnosed/suggested by dentists or health care professionals)	8	
	Root Canal	9	
	Implants	10	
	Caps or crowns	11	
	Pain in my gums	12	
	Red, swollen gums	13	
	Receding gums	14	
	Gum that bleed with brushing	15	
	Gum that bleed with flossing	16	
	Plaque buildup	17	
	Tartar/ calculus buildup	18	
	Bad breath	19	
	Stains on the surface/ top of teeth	20	
	Stains inside of teeth	21	
	Others, please specify	97	
	None of the above / Do not experience any oral health problems or issues	99	

Please show this text before showing QJ2, then show QJ2 on the next screen

Statement: Poor dental and mouth conditions can affect daily life for some people. The next few questions are for us to understand how they may impact yours.

Then on, next click, ask QJ2.

QJ2 **ASK IF QJ1 = 1-21, 97**
SA PER ROW
RANDOMISE ORDER (ROWS)

Because of the state of your teeth or mouth, how often have you experienced any of the following problems during the past 3 months? [SA PER ROW]

	1. Very Often	2. Fairly often	3.Sometimes	4.Never
Difficulty in biting foods	1	2	3	4
Difficulty in chewing foods	1	2	3	4
Difficulty in cleaning mouth	1	2	3	4
Difficulty with speech / trouble pronouncing words	1	2	3	4
Felt embarrassed due to appearance of teeth	1	2	3	4
Felt tensed because of problems with teeth or mouth	1	2	3	4
Have avoided smiling/laughing because of teeth	1	2	3	4
Have problem in relaxing (including sleeping)	1	2	3	4
Difficulty doing usual work/household activities	1	2	3	4
Felt less tolerant of spouse or people who are close to you	1	2	3	4
Have reduced participation in social activities	1	2	3	4

QJ3	**ASK IF B6 = 5-6 & QJ1 = 1 – 21, 97** **ASK FOR EACH MENTIONED IN QJ1**	Code	Route
	You mentioned that you haven't visited a dentist ever or in recent times, but however, you have been facing the following oral health issues in the last 3 months. So, how come you were able to manage/address these issues? [OE]		
	(R1) Tooth ache/tooth pain	OE Box	

	(R2) Broken tooth/teeth	OE Box	
	(R3) Cavities that have not been filled/ repaired	OE Box	
	(R4) Tooth pulls because of a cavity	OE Box	
	(R5) Pain in my gums	OE Box	
	(R6) Red, swollen gums	OE Box	
	(R7) Receding gums	OE Box	
	(R8) Gum that bleed with brushing	OE Box	
	(R9) Gum that bleed with flossing	OE Box	
	(R10) Plaque buildup	OE Box	
	(R11) Tartar/ calculus buildup	OE Box	
	(R12) Bad breath	OE Box	
	(R13) Stains on the surface/ top of teeth	OE Box	
	(R14) Stains inside of teeth	OE Box	
	(R97) Others mention, please route it from QJ1	OE Box	

OTHER PROFILING QUESTIONS

QX3	**ASK ALL**	Code	Route
	Please indicate your highest level of education [SA]		
	Did not finish elementary school	1	
	Graduated from elementary school	2	
	Graduated from junior high school / equivalent	3	
	Graduated from High School	4	
	Graduated from Sarjana 1 (S1)	5	
	Graduated from Sarjana 2 (S2)	6	
	Graduated from Sarjana 3 (S3)	7	

QX4	**ASK ALL**	Code	Route
	Which of the following best describes your working status? [SA]		
	Professional/ Manager/ Executive	1	

	Self-employed/ Business owners	2	
	Skilled white-collar (e.g. secretary, nurse, bank teller etc.)	3	
	Clerical/Administrative Workers	4	
	Technicians/Skilled Workers	5	
	Construction/Sanitation Workers	6	
	Student	7	
	Housewife/Homemakers	8	
	Retired	9	
	Unemployed	10	
	Others, please specify	97	

QX5	**ASK ALL**	Code	Route
	Which of the following best describes your monthly household income before tax? Please be assured that this information will only be used for profiling purposes and will be kept confidential. [SA]		
	Less than Rp 5,000,000	1	
	Rp 5,000,000 - Rp 10,000,000	2	
	Rp 10,000,001 - Rp 15,000,000	3	
	Rp 15,000,001 - Rp 20,000,000	4	
	Rp 20,000,001 - Rp 25,000,000	5	
	Rp 25,000,001 - Rp 30,000,000	6	
	Rp 30,000,001 - Rp 35,000,000	7	
	Rp 35,000,001 - Rp 40,000,000	8	
	Rp 40,000,001 - Rp 45,000,000	9	
	Rp 45,000,001 - Rp 50,000,000	10	
	Rp 50,000,001 - Rp 60,000,000	11	
	Rp 60,000,001 - Rp 70,000,000	12	
	Rp 70,000,001 - Rp 80,000,000	13	
	Rp 80,000,001 - Rp 90,000,000	14	
	Rp 90,000,001 - Rp 100,000,000	15	
	Rp 100,000,001 and above	16	
	Prefer not to tell	98	

QX6	**ASK ALL**	Code	Route
	What best describes your current relationship status? [SA]		
	Single / unmarried	1	
	Married with no kids	2	
	Married with kids	3	
	Separated/ divorced with kids	4	
	Others	97	

QX7	**ASK ALL**	Code	Route
	Including yourself, how many members do you have living in this household? This includes children of all ages but excludes servants and guests. [OE]		
	Numeric open end		

QX15	**ASK ALL**	Code	Route
	We have come to the end of the current survey. You will be eligible to receive IDR 25,000 of vouchers. As mentioned, we will also be reaching out to you in 3 weeks for a follow-up survey. You will be eligible to receive an additional token of our appreciation of IDR 100,000 of vouchers if you complete the follow-up survey.		
	As mentioned, we will be reaching out to you in 3 weeks for a follow up survey. Could you please share your mobile number where we can send details of the follow up survey? Please share across a mobile number that you use most often, as details of the incentive for this exercise will be shared to you on this number. [OE]		
	Open end Numeric text box		

QX16	**ASK ALL**	Code	Route
	Could you also share across your email address. Please share across an email id which you check regularly. [OE]		
	Open end text box		

CLOSING TEXT –

Thank you for your precious time and effort in successfully completing the survey. Now we will contact you after 21 days of the survey for further feedback.

PRE-PHASE QUESTIONNAIRE_TEST GROUP

WELCOME TEXT –

- Thank you so much for participating in the survey. Here are a few questions for you. At the end of the survey, you will be eligible to receive a token of our appreciation of IDR 25,000 of vouchers. 'This study is approved by UNIVERSITAS TRISAKTI, Indonesia Ethics committee - 041/S3/KEPK/FKG/12/2023.'

P: DO NOT SHOW: START OF THE SURVEY FORM (BEFORE DENSTIST CONSULTATION) (IMPORTANT QUESTIONS LOI-4 MINS)

QR1	**ASK ALL** **TERMINATE IF CODED OTHERS** Which city are you located in? [SA]	Code	Route
	Jakarta	1	
	Bandung	2	
	Surabaya	3	
	Medan	4	
	Semarang	5	
	Makassar	6	
	Others	97	

QX1	**ASK ALL** Please indicate your Gender [SA]	Code	Route
	Male	1	
	Female	2	

QX2	**ASK ALL** **TERMINATE IF AGE IS BELOW 15 AND ABOVE 70** Please Indicate your age [OE] **Numeric open end**	Code	Route

QX2A	**AUTOCODE AT BACKEND BASED ON QX2 RESPONSES**	Code	Route

	Bucket the age based on the responses in QX2 into the follow buckets: [SA]		
	Below 18 years	1	Terminate
	18 - 24 years	2	
	25 - 34 years	3	
	35 - 44 years	4	
	45 - 54 years	5	
	55 - 64 years	6	
	65 - 70 years	7	
	Above 70 years	8	Terminate

QN1	**ASK ALL** **RANDOMIZE ORDER** **SHOW LOGO OF THE BRANDS** **SCREEN OUT AFTER QN2 IF ONLY CODE 1, 2 AND 10 IS SELECTED IN QN1** Is there any of your regular brands below that you are thinking of stopping to buy or use, now or in the future? [MA]	Code	
	Pepsodent	1	
	Nestle	2	
	Giv	3	
	Nuvo	4	
	Shinzui	5	
	Biore	6	
	Ciptadent	7	
	Mama Lemon	8	
	Kodomo	9	
	L'Oreal	10	
	Wardah	11	
	No, I will continue using the brands I use regularly	98	

QN2	**ASK ALL** **PROGRAMING LOGIC : (DON'T SHOW IN THE LINK) If respondent doesn't select all 3 brands/manuf above but selected 1 or 2, and open-ended feedback is related to the boycott, then please clean them out of the sample.**	Code	Route

	What is your reason to not consider these brands now or in the future? [OE] **Open end, no prompting**		

QB1	**ASK ALL**	Code	Route
	How would you describe the overall condition of your teeth / denture / gums? [SA]		
	Very Poor	1	
	Poor	2	
	Fair	3	
	Good	4	
	Very Good	5	

QB1A	**ASK ALL**	Code	Route
	To what extent have you been bothered by the problems of your mouth and teeth? [SA]		
	Not at all	1	
	A little	2	
	Somewhat	3	
	A fair amount	4	
	A great deal	5	

QB1B	**ASK ALL**	Code	Route
	Please let us know how much you agree or disagree with the following statement. **'I feel like I am in control of my oral health (teeth/mouth/gums)'.** [SA]		
	Strongly Disagree	1	
	Somewhat Disagree	2	
	Neither agree nor disagree	3	
	Somewhat agree	4	
	Strongly agree	5	

QB2	**ASK ALL**	Code	Route
	How often do you brush your teeth usually? [SA]		
	3 or more times a day	1	
	2 times per day	2	
	1 time per day	3	
	4-5 times a week	4	
	2-3 time a week	5	
	Less often than 2 times a week	6	

QB2a	**ASK ALL**	Code	Route
	In general, how long do you brush your teeth for? [SA]		
	Less than 30 seconds	1	
	30 seconds to 1 minute	2	

More than a minute to 2 minutes	3	
More than 2 minutes to 3 minutes	4	
More than 3 minutes to 4 minutes	5	
More than 4 minutes to 5 minutes	6	
More than 5 minutes	7	
Do not know	98	

QB6	**ASK ALL**	Code	Route
	How long is it since you last visited a dentist? [SA]		
	Less than 6 months	1	
	6-12 months	2	
	More than a year but less than 2 years	3	
	2 years or more but less than 5 years	4	
	5 years or more	5	
	Never received dental care	6	

QB7	**ASK IF CODED 6 IN B6**	Code	Route
	Which of these, if any, are the reasons why you have not been to the dentist (before today)? [MA]		
	No need to go to the dentist / nothing wrong with my teeth	1	
	I can't find a dentist	2	
	I can't afford dentist's charges	3	
	I haven't got the time to go	4	
	I am afraid of going to the dentists	5	
	Keep forgetting / Haven't got round to it	6	
	Others: Please specify	97	

QB7B	**ASK ALL**	Code	Route
	How frequently do you plan to visit a dentist in the future? [SA]		
	More than twice a year	1	
	Twice a year	2	
	Once a year	3	
	Once in 2 years	4	
	Once in 3-5 years	5	
	Less than once in 5 years	6	

QB8	**ASK ALL**	Code	Route
	Which of the following best describes your main reason for reaching out for Teledentistry services today? [SA]		
	General Consultation/advise (no current particular pain/trouble with teeth/mouth/gums)	1	
	Current pain/trouble with teeth/mouth/gums	2	

QB9	**ASK ALL**	Code	Route
	Thinking about the dentist located closest to your place of residence, how long do you have to travel to meet a dentist? Please indicate the time taken to reach your dentist, assuming you take your usual mode of transport. [SA]		
	Less than 15 minutes	1	
	15-29 minutes	2	
	30-59 minutes	3	
	1-2 hours	4	
	More than couple of hours	5	
	Don't know (SHOW THIS OPTION ONLY IF CODED 6 IN B6)	6	

QB10	**ASK IF CODED 1/2/3/4/5 IN B6**	Code	Route
	Do you think that all the services which you need / might need in future from the dentist are available at your nearest dentist? [SA]		
	Very few services are available at the nearest dentist	1	
	Only a few services are available at the nearest dentist	2	
	Neutral	3	
	Most of the services are available at the nearest dentist	4	
	Yes, all the services are available at the nearest dentist	5	
	Don't know	6	

QB11	**ASK IF B6 =1-4**	Code	Route
	Approximately how much money did you spend on your last consultation with the dentist?		
	Less than Rp 100,000	1	
	Rp 100,000 – Rp 1,99,000	2	
	Rp 200,000 – Rp 2,99,000	3	

	Rp 300,000 – Rp 3,99,000	4	
	Rp 400,000 – Rp 4,99,000	5	
	Rp 500,000 – Rp 1,000,000	6	
	More than Rp 1,000,000	7	
	Don't know / Can't say	98	

QB12	**ASK IF B6 = 5-6**	Code	Route
	According to you, how much a single dentist consultation will cost you?		
	Less than Rp 100,000	1	
	Rp 100,000 – Rp 1,99,000	2	
	Rp 200,000 – Rp 2,99,00	3	
	Rp 300,000 – Rp 3,99,000	4	
	Rp 400,000 – Rp 4,99,000	5	
	Rp 500,000 – Rp 1,000,000	6	
	More than Rp 1,000,000	7	
	Don't know / Can't say	98	

CLOSING TEXT AFTER Pre-Consultation Survey –

Thank you for your precious time and effort to answer the questions so far. Now you will be redirected to the teledentistry consultation with our dentist. We will continue with the survey after your teledentistry consultation with our dentist. We look forward to hearing your feedback after the consultation. We hope you have a good discussion with our dentist.

P: DO NOT SHOW: SURVEY IMMEDIATELY AFTER TELE-DENTIST CONSULTATION (LOI-6-7 MINS)

WELCOME TEXT AFTER CONSULTATION –

Thank you for coming back to the survey. We have a few more questions for you.
At the end of the survey, you will be eligible to receive a token of our appreciation of IDR 25,000 of vouchers.

QI7	**ASK ALL** **ASK ROW 2 ONLY IF CODED 2 IN B8**
	Please let us know how much you agree or disagree with some of the statements related to TeleDentistry consultation services that you just received. [SA]

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Teledentistry consulting that I just received was useful to me.	1	2	3	4	5
Teledentistry consulting that I just received has helped in addressing my oral problems.	1	2	3	4	5
Teledentistry consulting has encouraged me to take better care of my oral health.	1	2	3	4	5

QI8	**ASK ALL** How likely are you to use this Teledentistry service again? [SA]	Code	Route
	Extremely unlikely	1	
	Unlikely	2	
	Neutral	3	
	Likely	4	
	Extremely likely	5	

QI9	**ASK ALL** How likely are you to recommend this Teledentistry service to your friends/family/peers? [SA]	Code	Route
	Extremely unlikely	1	
	Unlikely	2	
	Neutral	3	
	Likely	4	
	Extremely likely	5	

GENERAL BEHAVIOUR & ORAL HEALTH QUESTIONS

'The next few questions will help us to better understand your oral care health and routine.'

QI1	**ASK ALL** **OPTION 99 IS ME** **RANDOMISE OPTIONS** Which of the following do you use to clean your teeth/mouth/gums? [MA]	Code	Route

	Tongue Cleaner	1	
	Floss	2	
	Mouthwash	3	
	Electric Power Toothbrush	4	
	Interdental Brush	5	
	Tooth Powder	6	
	Candy to refresh breath	7	
	Charcoal	8	
	Chewing Stick	9	
	~~Toothbrush~~	~~10~~	
	None of the above	99	

QJ1	**ASK ALL** **OPTION 99 IS ME** **RANDOMISE OPTIONS**	Code	Route
	Have you had any of the following oral issues in the last 3 months? [MA]		
	Tooth ache/tooth pain	1	
	Broken tooth/teeth	2	
	Cavities that have been filled/ repaired	3	
	Cavities that have not been filled/ repaired	4	
	Tooth pulls because of a cavity	5	
	Braces/ orthodontic work	6	
	Sensitive teeth (as diagnosed/suggested by dentists or health care professionals)	7	
	Sensitive gums (as diagnosed/suggested by dentists or health care professionals)	8	
	Root Canal	9	
	Implants	10	
	Caps or crowns	11	
	Pain in my gums	12	
	Red, swollen gums	13	
	Receding gums	14	
	Gum that bleed with brushing	15	
	Gum that bleed with flossing	16	
	Plaque buildup	17	

Tartar/ calculus buildup	18	
Bad breath	19	
Stains on the surface/ top of teeth	20	
Stains inside of teeth	21	
Others, please specify	97	
None of the above / Do not experience any oral health problems or issues	99	

Please show this text before showing QJ2, then show QJ2 on the next screen

Statement: Poor dental and mouth conditions can affect daily life for some people. The next few questions are for us to understand how they may impact yours.

Then on, next click, ask QJ2.

QJ2 **ASK IF QJ1 = 1-21, 97**
SA PER ROW
RANDOMISE ORDER (ROWS)

Because of the state of your teeth or mouth, how often have you experienced any of the following problems during the past 3 months? [SA PER ROW]

	1. Very Often	2. Fairly often	3.Sometimes	4.Never
Difficulty in biting foods	1	2	3	4
Difficulty in chewing foods	1	2	3	4
Difficulty in cleaning mouth	1	2	3	4
Difficulty with speech/trouble pronouncing words	1	2	3	4
Felt embarrassed due to appearance of teeth	1	2	3	4
Felt tensed because of problems with teeth or mouth	1	2	3	4
Have avoided smiling/laughing because of teeth	1	2	3	4
Have problem in relaxing (including sleeping)	1	2	3	4
Difficulty doing usual work/household activities	1	2	3	4
Felt less tolerant of spouse or people who are close to you	1	2	3	4
Have reduced participation in social activities	1	2	3	4

QJ3	**ASK IF B6 = 5-6 & QJ1 = 1 – 21, 97** **ASK FOR EACH MENTIONED IN QJ1** You mentioned that you haven't visited a dentist ever or in recent times, but however, you have been facing the following oral health issues in the last 3 months. So, how come you were able to manage/address these issues? [OE]	Code	Route
	(R1) Tooth ache/tooth pain	OE Box	
	(R2) Broken tooth/teeth	OE Box	
	(R3) Cavities that have not been filled/ repaired	OE Box	
	(R4) Tooth pulls because of a cavity	OE Box	
	(R5) Pain in my gums	OE Box	
	(R6) Red, swollen gums	OE Box	
	(R7) Receding gums	OE Box	
	(R8) Gum that bleed with brushing	OE Box	
	(R9) Gum that bleed with flossing	OE Box	
	(R10) Plaque buildup	OE Box	
	(R11) Tartar/ calculus buildup	OE Box	
	(R12) Bad breath	OE Box	
	(R13) Stains on the surface/ top of teeth	OE Box	
	(R14) Stains inside of teeth	OE Box	
	(R97) Others mention, please route it from QJ1	OE Box	

PROFILING QUESTIONS

QX3	**ASK ALL**	Code	Route
	Please indicate your highest level of education [SA]		
	Did not finish elementary school	1	
	Graduated from elementary school	2	
	Graduated from junior high school / equivalent	3	
	Graduated from High School	4	
	Graduated from Sarjana 1 (S1)	5	
	Graduated from Sarjana 2 (S2)	6	
	Graduated from Sarjana 3 (S3)	7	

QX4	**ASK ALL**	Code	Route
	Which of the following best describes your working status? [SA]		
	Professional/ Manager/ Executive	1	
	Self-employed/ Business owners	2	
	Skilled white-collar (e.g. secretary, nurse, bank teller etc.)	3	
	Clerical/Administrative Workers	4	
	Technicians/Skilled Workers	5	
	Construction/Sanitation Workers	6	
	Student	7	
	Housewife/Homemakers	8	
	Retired	9	
	Unemployed	10	
	Others, please specify	97	

QX5	**ASK ALL**	Code	Route
	Which of the following best describes your monthly household income before tax? Please be assured that this information will only be used for profiling purposes and will be kept confidential. [SA]		
	Less than Rp 5,000,000	1	
	Rp 5,000,000 - Rp 10,000,000	2	
	Rp 10,000,001 - Rp 15,000,000	3	
	Rp 15,000,001 - Rp 20,000,000	4	
	Rp 20,000,001 - Rp 25,000,000	5	
	Rp 25,000,001 - Rp 30,000,000	6	
	Rp 30,000,001 - Rp 35,000,000	7	
	Rp 35,000,001 - Rp 40,000,000	8	
	Rp 40,000,001 - Rp 45,000,000	9	
	Rp 45,000,001 - Rp 50,000,000	10	
	Rp 50,000,001 - Rp 60,000,000	11	
	Rp 60,000,001 - Rp 70,000,000	12	

	Rp 70,000,001 - Rp 80,000,000	13	
	Rp 80,000,001 - Rp 90,000,000	14	
	Rp 90,000,001 - Rp 100,000,000	15	
	Rp 100,000,001 and above	16	
	Prefer not to tell	98	

QX6	**ASK ALL**	Code	Route
	What best describes your current relationship status? [SA]		
	Single / unmarried	1	
	Married with no kids	2	
	Married with kids	3	
	Separated/ divorced with kids	4	
	Others	97	

QX7	**ASK ALL**	Code	Route
	Including yourself, how many members do you have living in this household? This includes children of all ages but excludes servants and guests. [OE]		
	Numeric open end		

QX8	**ASK ALL**	Code	Score
	Which of these best describes the highest level of education of the chief wage earner or head of your household? [SA]		
	Illiterate	1	1
	Literate but no formal / school education	2	1
	Primary incomplete	3	1
	Primary complete	4	2
	Junior / middle school incomplete	5	4
	Junior / middle school complete	6	4
	Secondary / senior / high school incomplete	7	5

	Secondary / senior / high school complete	8	6
	College / university incomplete	9	7
	College / university complete (graduate)	10	7
	Post graduate studies incomplete (no post graduate degree)	11	7
	Post graduate studies complete (post graduate degree)	12	7

QX9	**ASK ALL**	Code	Score
	How many rooms do you have in your home? [SA] Please include bathrooms, toilets and kitchens in the count, but exclude attics and basements, unless used for living accommodation.		
	1	1	3
	2	2	3
	3	3	5
	4	4	6
	5	5	7
	6	6	8
	7	7	10
	8	8	12
	9	9	13
	10	10	15
	11	11	16
	12 and above	12	18

Please show this text before showing QX10, then show QX10 on the next screen.

Statement: Thank you for your responses so far.

The next few questions on the following pages are for us to understand the patterns of life in your household.

Then on, next click, ask QX10.

QX10	**ASK ALL** **CODE 99 IS ME**	Code	Score

	Which of the following utilities do you have in your home? [MA]		
	Gas supply (piped directly into your home)	1	5
	Central heating	2	6
	None of these	99	

QX11	**ASK ALL** **RANDOMISE OPTIONS** **CODE 99 IS ME** Which of these items do you have in working order in your home? [MA]	Code	Score
	Kitchen Sink	1	5
	Fridge Freezer (i.e. the freezer section has its own door, separate from the refrigerator door)	5	3
	Vacuum Cleaner	8	5
	Electric Kettle	9	3
	Microwave Oven	10	6
	Washing Machine	11	5
	Dish Washing Machine	13	8
	Electric Mixer	15	3
	Hi-Fi / Stereo System (cassette, CD or vinyl)	20	4
	DVD Recorder (i.e. not just a DVD player)	22	7
	Electronic Car Navigation System ('Sat Nav') / GPS system	23	8
	None of the above	99	

QX12B	**ASK ALL** How many of each of the following items do you have in working order in your home? [MA] **Programming Instructions: Please add numeric boxes so that they can enter the value in it.** **ZERO'S AND NEGATIVE NUMBERS ARE NOT ALLOWED AS NUMERIC VALUE ONCE CHECK BOX IS SELECTED**	CODE	Score 1/2/3+
	(R1) Motor Cars	_____	4/8/10
	(R2) Radio Clocks	_____	6/11/14
	(R3) PC/Desktop Computers	_____	7/14/14
	(R4) Laptop Computers	_____	8/12/12
	(R5) Still Cameras (Non-Digital)	_____	6/11/11
	(R6) Personal CD Players/ Cassette Players	_____	5/10/10
	(R7) Gaming Consoles (home or portable / handheld)	_____	7/10/10
	(R8) Colour TVs CRT	_____	
	(R9) Colour TVs LCD / Plasma / LED	_____	
	(R10) None of the above		0

QH1	**AUTOCODE AT BACKEND** Number of color TV's Sum of Colour TVs CRT and Colour TVs LCD / Plasma / LED **(QX12B R8 + QX12B R9)**	Code	

QH2	**AUTOCODE AT BACKEND** Scoring for color TV's	CODE	Score
	No Colour TV **[Condition: IF H1 = 0]**	1	0
	1 Colour TV (CRT) **[Condition: IF H1 =1 AND QX12B R8 = 1]**	2	2
	2 or more Colour TVs (CRTs Only) **[Condition: IF H1 = 2 OR MORE AND QX12B R9 = 0]**	3	6
	1 Colour TV (LCD / Plasma) **[Condition: IF H1 = 1 AND Q12XB R9 =1]**	4	7
	2 or more Colour TVs **(AT LEAST ONE LCD / Plasma/LED) [Condition: IF H1 = 2 OR MORE**		

	AND Q12XB R9 IS ATLEAST = 1]	5	11

Scoring for Colour TVs is as follows

Answer	Score
No Colour TV	0
1 Colour TV (CRT)	2
2 or more Colour TVs (CRTs Only)	6
1 Colour TV (LCD / Plasma)	7
2 or more Colour TVs (at least one LCD / Plasma)	11

QX13	**ASK ALL** **CODE 99 IS ME** Do you have at home, or own, any of these sporting or leisure items? [SA]	Code	Score
	Golf Equipment	1	11
	None of these	99	0

CONSUMER CLASSIFICATION TOTAL SCORE

SCORING INSTRUCTION:

PLEASE USE QX8, QX9, QX10, QX11, QX12B (R1 - R7 ONLY), QH2 & QX13 SUM FOR THE CALCULATION

- **ADD UP THE SCORES (NOT THE CODES) FROM EACH CONSUMER CLASSIFICATION QUESTION**
- **MULTIPLY THE TOTAL SCORE BY 10.**
- **USING THE MATRIX BELOW DETERMINE THE RELEVANT CONSUMER CLASSIFICATION**

Score		Consumers Classification
From	To	
1	75	**0**
76	130	**1**
131	175	**2**
176	215	**3**
216	260	**4**
261	305	**5**
306	350	**6**
351	400	**7**
401	455	**8**
456	520	**9**
521	595	**10**
596	675	**11**
676	770	**12**
771	875	**13**
876	990	**14**
991	1125	**15**
1126	1275	**16**
1276	1445	**17**
1446	1850	**18**
1851	+	**19**

QX14	**AUTOCODE FOR ALL** **TERMINATE IF CODED ½** **PLEASE USE QX8, QX9, QX10, QX11, QX12B (R1 - R7 ONLY), QH2 & QX13 SUM FOR THE CALCULATION**	Code	Route

LSM Classifications		
LSM 0 - 2 (1 to 175)	1	
LSM 3 (176 to 215)	2	
LSM 4 (216 to 260)	3	
LSM 5 - 6 (261 to 350)	4	
LSM 7 (351 to 400)	5	
LSM 8+ (401+)		

QX15	**ASK ALL** We have come to the end of the current survey. You will be eligible to receive IDR 25,000 of vouchers. As mentioned, we will also be reaching out to you in 3 weeks for a follow-up survey. You will be eligible to receive an additional token of our appreciation of IDR 100,000 of vouchers if you complete the follow-up survey. Could you please share your mobile number where we can send details of the follow up survey? Please share across a mobile number that you use most often, as details of the incentive for this exercise will be shared to you on this number. [OE] **Open end Numeric text box**	Code	Route

QX16	**ASK ALL** Could you also share across your email address. Please share across an email id which you check regularly. [OE] **Open end text box**	Code	Route

CLOSING TEXT AFTER Post - Consultation Survey –

Thank you for your precious time and effort in successfully completing the survey. Now we will contact you after 21 days of the survey for further feedback.

POST-PHASE QUESTIONNAIRE

WELCOME TEXT –

Thank you so much for participating in the survey. Here are a few questions for you. After completion of this survey, you will be eligible to receive an additional token of our appreciation of IDR 100,000 if you complete the follow-up survey.

IMPACT ON GENERAL BEHAVIOUR & ORAL HEALTH QUESTIONS

QB1P	**ASK ALL**	Code	Route
	How would you describe the overall condition of your teeth / denture / gums? [SA]		
	Very Poor	1	
	Poor	2	
	Fair	3	
	Good	4	
	Very Good	5	

QB1BP	**ASK ALL**	Code	Route
	Please let us know how much you agree or disagree with the following statement. 'I feel like I am in control of my oral health (teeth/mouth/gums)'. [SA]		
	Strongly Disagree	1	
	Somewhat Disagree	2	
	Neither agree nor disagree	3	
	Somewhat agree	4	
	Strongly agree	5	

QB2P	**ASK ALL**	Code	Route
	How often do you brush your teeth usually? [SA]		
	3 or more times a day	1	
	2 times per day	2	
	1 time per day	3	

	4-5 times a week	4	
	2-3 time a week	5	
	Less often than 2 times a week	6	

QB2AP	**ASK ALL**	Code	Route
	In general, how long do you brush your teeth for? [SA]		
	Less than 30 seconds	1	
	30 seconds to 1 minute	2	
	More than a minute to 2 minutes	3	
	More than 2 minutes to 3 minutes	4	
	More than 3 minutes to 4 minutes	5	
	More than 4 minutes to 5 minutes	6	
	More than 5 minutes	7	
	Do not know	98	

QI1P	**ASK ALL** **OPTION 99 IS ME**	Code	Route
	Which of the following do you use to clean your teeth/mouth/gums? [MA]		
	Tongue Cleaner	1	
	Floss	2	
	Mouthwash	3	
	Electric Power Toothbrush	4	
	Interdental Brush	5	
	Tooth Powder	6	
	Candy to refresh breath	7	
	Charcoal	8	
	Chewing Stick	9	
	None of the above	99	

QJ1P	**ASK ALL** **OPTION 99 IS ME** **RANDOMISE OPTIONS**	Code	Route

Have you had any of the following oral issues in the last 21 days? [MA]		
Tooth ache/tooth pain	1	
Broken tooth/teeth	2	
Cavities that have been filled/ repaired	3	
Cavities that have not been filled/ repaired	4	
Tooth pulls because of a cavity	5	
Braces/ orthodontic work	6	
Sensitive teeth (as diagnosed/suggested by dentists or health care professionals)	7	
Sensitive gums (as diagnosed/suggested by dentists or health care professionals)	8	
Root Canal	9	
Implants	10	
Caps or crowns	11	
Pain in my gums	12	
Red, swollen gums	13	
Receding gums	14	
Gum that bleed with brushing	15	
Gum that bleed with flossing	16	
Plaque buildup	17	
Tartar/ calculus buildup	18	
Bad breath	19	
Stains on the surface/ top of teeth	20	
Stains inside of teeth	21	
Others, please specify	97	
None of the above / Do not experience any oral health problems or issues	99	

QJ2P **ASK IF QJ1P = 1-21,97**
SA PER ROW
RANDOMISE ORDER (ROWS)

Because of the state of your teeth or mouth, how often have you experienced any of the following problems during the past 21 days? [SA PER ROW]

	1. Very Often	2. Fairly often	3.Sometimes	4.Never
Difficulty in biting foods	1	2	3	4

Difficulty in chewing foods	1	2	3	4
Difficulty in cleaning mouth	1	2	3	4
Difficulty with speech/trouble pronouncing words	1	2	3	4
Felt embarrassed due to appearance of teeth	1	2	3	4
Felt tensed because of problems with teeth or mouth	1	2	3	4
Have avoided smiling/laughing because of teeth	1	2	3	4
Have problem in relaxing (including sleeping)	1	2	3	4
Difficulty doing usual work/household activities	1	2	3	4
Felt less tolerant of spouse or people who are close to you	1	2	3	4
Have reduced participation in social activities	1	2	3	4

QB7BP	**ASK ALL**	Code	Route
	How frequently do you plan to visit a dentist in the future? [SA]		
	More than twice a year	1	
	Twice a year	2	
	Once a year	3	
	Once in 2 years	4	
	Once in 3-5 years	5	
	Less than once in 5 years	6	

FEEDBACK ON TELEDENTISTRY PROGRAM (FOR TEST GROUP ONLY)

QF1	**ASK ALL**	Code	Route
	Please rate your Overall experience with 'Ask the dentist by Pepsodent' using the below mentioned scale? [SA]		
	Extremely Dissatisfied	1	
	Dissatisfied	2	
	Neutral	3	
	Satisfied	4	

	Extremely Satisfied	5	

QF2	**ASK ALL**	Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
	How would you rate your experience with 'Ask the dentist by Pepsodent' on below mentioned parameters? [SA per row]					
	Ease of using 'Ask the Dentist' facility					
	Quality of the advice / information given by the dentist					
	Time and attention given by the dentist					
	Professionalism shown by the dentist					

SHOW ON SCREEN, ' NOW ONLY 5-6 QUESTIONS ARE REMAINING IN THIS SURVEY. HERE WE WANT YOU TO TYPE IN DETAIL WHAT YOU LIKED / DISLIKED ABOUT 'ASK THE DENTIST BY PEPSODENT' AND THE IMPACT IT HAD ON YOUR BEHAVIOUR AND ORAL HEALTH.

QF3	**ASK IF F1 = 2-5**	Code	Route
	What are the good things that you would like to mention about 'Ask the dentist by Pepsodent'? [OE]		
	OE BOX		

QF4	**ASK IF F1 = 1-4** **PLEASE PROVIDE A RADIO BUTTON BELOW THE TEXT BOX FOR 'NOTHING'**	Code	Route
	What did you dislike (if anything) about 'Ask the dentist by Pepsodent'? [OE]		
	OE BOX		

QF6	**ASK ALL** **OPTION 96 IS ME**	Code	Route
	In last 21 days, is there any change in the way you take care of your teeth/gum/dentures? [MA]		
	Brushing more regularly than earlier	1	
	Brushing more thoroughly than earlier	2	
	Started using new oral care products like floss, mouthwash	3	
	Taking oral issues more seriously than earlier	4	
	Avoiding foods like, for e.g. Sugary products and tobacco for better oral health	5	
	Rinsing/cleaning your mouth after eating something	6	
	No change	96	

QF7	**ASK ALL**	Code	Route
	How much of an impact has the Teledentisty service had on the way you take care of your teeth now? [SA]		
	No impact at all on the way I take care of my teeth.	1	
	Somewhat impact on the way I take care of my teeth.	2	

	High impact on the way I take care of my teeth.	3	

QF8	**ASK ALL**	Code	Route
	To what extent do you agree or disagree with the statement that "Your oral health has an impact on your general well-being"? [SA]		
	Strongly Disagree	1	
	Somewhat Disagree	2	
	Neither agree nor disagree	3	
	Somewhat agree	4	
	Strongly agree	5	

QI8P	**ASK ALL**	Code	Route
	How likely are you to use this Teledentistry service again? [SA]		
	Extremely unlikely	1	
	Unlikely	2	
	Neutral	3	
	Likely	4	
	Extremely likely	5	

QI9P	**ASK ALL**	Code	Route
	How likely are you to recommend this Teledentistry service to your friends/family/peers? [SA]		
	Extremely unlikely	1	
	Unlikely	2	
	Neutral	3	
	Likely	4	
	Extremely likely	5	

FOR BOTH CONTROL AND TEST GROUP (DO NOT SHOW IN THE LIVE LINK)

QF9	**ASK ALL**	Code	Route
	Have you ever seen any ads or campaigns related to oral health, oral care services or oral hygiene products in last 21 days? [SA]		
	Yes, I have seen it.	1	
	No, I haven't seen it.	2	

QF10	**ASK IF F9 = 1**	Code	Route
	You mentioned that you have seen an ad or campaign related to oral health/care. Have you ever tried any of those services or product after seeing those ads or campaigns? [SA]		
	Yes, I have tried it.	1	
	No, I haven't tried it.	2	

Thank you for your precious time and effort in successfully completing the survey.