Children's Oral Health Questionnaire

Dear Parents and Guardians,

Please read this questionnaire carefully and select the answers that best suit your and your child's actual situation. Please tick the corresponding options or fill in the blanks. Do not leave any items blank. This questionnaire should be completed by the child's primary daily caregiver. All provided information will be kept strictly confidential. Thank you for your support!

I. Basic Information

Name: _____Gender: _____Kindergarten: _____Class: _____

II. General Information

What is your relationship to the child?

□ Father □ Mother □ Other guardian

Mother's highest educational level

□Primary school and below □Junior middle school □ High school/Secondary school

□ Junior college/College □ Bachelor's degree and above

Father's highest educational level

□Primary school and below □Junior middle school □ High school/Secondary school

□ Junior college/College □ Bachelor's degree and above

III. Children's Oral Hygiene and Dietary Habits

How many times does your child consume sugary snacks and sugary drinks daily in addition to three regular meals?

□ 3 times or more per day □ 1–2 times per day □ Never or occasionally

How many times does your child brush teeth per day?

□ Twice or more per day □ Once per day □ Never or occasional brushing

Does your child use fluoridated toothpaste?

□ Yes □ No □ Not sure

IV. Dental Treatment and Medical Visit History

Has your child received fluoride coating or pit and fissure sealant?

□ Yes □ No □ Not sure

Have you taken your child for an oral examination in the past six months (including preventive treatment or dental disease treatment)?

□ Yes □ No □ Not sure

Does the child's primary caregiver have untreated dental caries?

□ Yes □ No □ Not sure