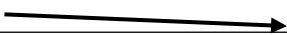


Annex 7.4:- English Version Data Collecting Questionnaire

Part I: Socio-Demographic characteristics			
S.No	Variable	Response	Skip to
101	Sex of the participant?	Male Female	
102	Age of the Participant?	_____ (in a complete year)	
103	What is your Marital status?	1. Single 3. Divorced 2. Married 4. Widowed	
104	What is your Educational status?	1. Cannot read and write 2. Can read and write 3. Primary (1–8) 4. Secondary (9–12) 5. Certificate and above	
105	What is your Occupation?	1. Farmer 2. Student 3. Daily laborer. 4. Gov't-employee 5. Merchant 6. House-wife's 7.Others (Specify)_____	
106	What is your Religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others (Specify)_____	
107	Where is your Residence?	1. Urban 2. Periurban 3. Rural	
108	How many Ethiopian birr do you earn per month _____?	≤ 3500 ETB > 3500 ETB	
Part II: Oral Hygiene Practice and Personal Behavioral Factors			
S. No	Variable	Response	Skip to
201	Do you have any information about oral gingivitis?	1.Yes 2. No 	203

202	If yes to question #201, where did you get the information from?	1. Health institutions 2. Medias 3. Neighbors 4. Relatives/Friends 5. Others (Specify) _____	
203	How would you perceive the state of your teeth and gums? Is it _____	Good Fair Poor	
204	Do you have the habits of tooth brushing practices	1. Yes 2. No 	209
205	If yes # 204, what material do you use to clean your teeth?	1." Mefakia"(wooden) & Charcoal 2. Tooth brush with tooth Paste 3. Only rinsing with water 4. Others (Specify)_____	
206	How often do you brush your teeth?	Once a day 2. Twice or more a day 3. Once a week 4. No fixed time	
207	Which time are you used to clean/brush your teeth?	1. Evening 2. Morning 3. Both M & E 4. N o fixed time	
208	Which techniques of tooth brushing do you used?	Horizontal stroke Vertical stroke 3. Semi-circular 4. Both 1 & 2 5. All 1,2 & 3 6. Others (Specify) _____	
209	Do you use Dental Flossing?	Yes No 	212
210	If yes to # 209, how often?	Once a day 2-3x/day 3. Once a week 4. No fixed time	
211	What do you use for flossing?	1. Match stick 2. Inter dental brush 3. Thread 4. Others (Specify) _____	
212	Have you ever visited Dental care service, before the current dental care service?	yes 2. No	

213	Do you have the habits of eating/drinking of refined Carbohydrate intake (Sweety foods: - Candy, Chocolates Cakes,” <i>Bakilaba</i> ” & Canned soft drinks: -Fanta, Mirinda, power plus, including Tea & Coffee) in between meals (even in small quantities)?	Yes No 	215
214	If yes to #213, How often do you eat or drink refined Carbohydrate foods (Sweety foods: - Candy, Chocolates, Cakes, ' <i>Bakilaba</i> ' Canned soft drinks: -Fanta, Mirinda, power plus, including tea and coffee) between meals, (even in small quantities)?	1. 2-3 times a day 2. Once a day 3. Seldomly	
215	Do you Perceive of having halitosis (bad breath) ?	Yes No	

Part III: Comorbidity/Medical Condition and History of Substance use related factors			
S. No	Variable	Response	Skip to
301	Do you have a history of Diabetes Mellitus?	Yes 2. No	
302	Do You have a history of Gastritis?	Yes No	
303	Do you have habits of <i>Khat</i> chewing?	Yes No 	306
304	If yes to #303, how often do you chew?	Everyday Usually at weekends Occasionally	
305	For how long have you been chewing?	< 6 months 6 months to 1years 1 to 2 years > 2 years	
306	Do you have/Had a Cigarette Smoking habit?	1. Yes 2. No 	309
307	If yes to # 306, how many cigarettes do you smoke per day?	1. <10 Cigars/d (Mild smokers) 2. 10-20 Cigars/d (Moderate smokers) 3. >20 Cigars/d (Heavy smokers)	

308	For how long do you smoke?	1. <5 years. 2. 5-10 years 3. >10 years	
309	Do you have the habit of drinking alcoholic drinks?	1. Yes 2. No	
310	If yes to #309, how often, have you been drinking alcohol?	1. Always 2. Seldom	

Part IV: WHO, Modified CPI Checklist

Assessment of Periodontal Condition based on CPI (Observed)

Codes of Periodontal Condition	Description	Diagnosis
Code 0: Healthy Gum	No bleeding, No calculus, No pathological pocket	No Gingivitis
Code 1: Bleeding on Probing (BOP)	bleeding on probing, no calculus, no pathologic pocket	Gingivitis
Code 2: Calculus Deposition	presence of calculus (sub or supra gingival) with or without bleeding, No pathologic pocket	Gingivitis
Code 3: Shallow Pocket	pathological pocket of 4-5 mm with or without bleeding and calculus	Mild Periodontitis
Code 4: Deep Pocket	pathologic pocket of 6 mm or more with or without bleeding and calculus	Severe Periodontitis