Modified WHO Oral Health Questionnaire

ID No: _____

Section 1: Sociodemographic Information

1. Sex of child

2. Age of child

3. What is the level of education of the mother?

- ☐ None
- ☐ Primary
- ☐ Secondary
- ☐ Tertiary

4. What is the occupation of the mother?

5. What is the level of education of the father?

- ☐ None
- ☐ Primary
- ☐ Secondary
- ☐ Tertiary

6. What is the occupation of the father?

7. What is your marital status?

- ☐ Married
- ☐ Not married

8. How many children do you have?

9. What is the birth order (1st, 2nd born etc.) of the child participating in this study?

Section 2: Oral Health Knowledge Assessment

10. Tooth decay can affect infants below 2 years of age.

- ☐ True
- ☐ False
- ☐ Don't know

11. Cleaning your baby's mouth after each meal should begin before the teeth erupt.

- ☐ True
- ☐ False

☐ Don't know

12. When should you start using toothpaste to clean your child's tooth?

☐ After eruption of the first tooth
☐ Other
☐ Don't know

13. It is necessary to save your child's teeth when they have decay.

☐ True
☐ False
☐ Don't know

Section 3: Oral Hygiene Behavior

14. At what age did your child first visit a dentist?

15. How many times did your child visit the dentist in the past 12 months?

☐ Once
☐ Twice
☐ Three times
☐ Four times
☐ More than four times
☐ None

16. What was the reason for the child's dental visit(s)?

☐ Pain in teeth
☐ Follow up treatment
☐ Routine check-up
☐ I don't know / don't remember

17. At what age did your child begin to brush their teeth?

18. What does your child use to brush his/her teeth?

☐ Toothbrush
☐ Toothpicks
☐ Dental floss
☐ Charcoal
☐ Chewstick
☐ Other (specify): _____

19. How often does your child clean his/her teeth?

☐ Once a day
☐ Twice or more a day
☐ Every other day
☐ Never

20. Does your child use toothpaste to clean his/her teeth?

- ☐ Yes
- ☐ No

21. If yes to Q20, what is the name of the toothpaste?

22. Do you assist your child to brush their teeth?

- ☐ Yes
- ☐ No

Section 4: Diet

23. Was your child breastfed or bottle-fed?

- ☐ Breastfed
- ☐ Bottle-fed
- ☐ Both breastfed / bottle-fed
- ☐ Other (specify): _____

24. For how long did your child breastfeed or bottle-feed?

25. Did your child sleep with a bottle that contained juice or milk before 2 years of age?

- ☐ Yes
- ☐ No
- ☐ Don't know / remember

26. Has your child ever used medicinal syrups for more than 3 months?

- ☐ Yes
- ☐ No

27. How often does your child eat or drink any of the following foods?

Food / Drink	Several times a day	Every day	Several times a week	Once a week	Several times a month	Never
Fresh fruit	☐	☐	☐	☐	☐	☐
Biscuits, cakes, buns	☐	☐	☐	☐	☐	☐
Soda, prepackaged sweet drinks e.g. juices, milk	☐	☐	☐	☐	☐	☐
Sweets	☐	☐	☐	☐	☐	☐
Tea, milk or porridge with sugar	☐	☐	☐	☐	☐	☐