

Patient-declared behavior change questionnaire

Visit Two, Visit Three

Assessed at **the beginning of the second and third visits**

Answered directly by the patient on-site on **the eCRF**

Investigators and outcome examiners are blinded from the results

Using a modified version of a **dedicated questionnaire developed by Saito et al. 2009**

Frequency of toothbrushing (per day)

Less than once a day	Once a day	Twice a day	Three times a day	More than three times a day
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Use of toothpaste

No	Yes
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Approximal cleaning (dental floss or interdental brushing)

No	Yes
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Use of mouthwash or other products

No	Yes
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How often do you check your teeth or mouth in a mirror?

Almost never	A few times/month	A few times/week	Everyday
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How would you rate your desire to keep your teeth?

Very weak	Weak	Fair	Strong	Very strong
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How much are you willing to do to improve your oral health?

Not very much	I am willing to take some action	Anything necessary
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Have you been maintaining regular dental check-ups?

No	Yes
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How much do you follow your dentist's or dental hygienist's advice on oral hygiene care?

Never	Not very much	Sometimes	Always
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How important is the prevention of cavities or gum diseases for you?

Not at all important	Somewhat important	Very important
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Are you willing to take on new challenges and/or change your daily routine?

No	Yes
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To what degree do you feel that the actions you take have an impact on your own oral health?

I cannot do much about it	Not sure either way	My actions play a significant role
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