

Case Number: _____

Oral Health Related Habits Questionnaire:

Name of Child: _____

Gender: Male Female

School's name: _____

Parent's contact number: _____

1. Background information:

1.1 Child's birthday: _____ Year ____ Month ____ Day

1.2 Child's place of birth: Hong Kong Mainland, China
 Others, Please specify: _____

1.3 Number of years living in Hong Kong: _____ Year(s)

1.4 Does your child have the following medical conditions?

(Can choose more than one)

Congenital heart disease/ Rheumatic heart disease/ Other heart disease

Thalassemia/Hemophilia/ Other blood disease

Asthma/ Long term respiratory disease

Epilepsy

Long term use of medications, please specify: _____

Past surgical history, please specify: _____

Other important medical history, please specify : _____

2. Para functional and feeding habits:

2.1 Has your child ever gotten a habit of thumb/digit sucking **ever since birth till now**?

Very often (Nearly every day) Often (A few times a week)

Sometimes (A few times a month) Not often Never Do not know

If with this habit, which finger does your child suck on?

Thumb Second finger Others(Please specify: _____)

(If answered "Never" or "Do not know" in question 2.1, please skip to question 2.4)

2.2 When did your child's thumb/digit sucking habit **start**?

0 to 6 months 6 months to 1 years old 1 to 2 years old

2 to 3 years old 3 to 4 years old 4 to 5 years old

5 to 6 years old Do not know

2.3 When did your child's thumb/digit sucking habit **stop**?

0 to 6 months 6 months to 1 years old 1 to 2 years old

2 to 3 years old 3 to 4 years old 4 to 5 years old

5 to 6 years old Still have this habit Do not know

2.4 Has your child ever gotten a habit of using a pacifier **ever since birth till now**?

- Very often (Nearly every day) Often (A few times a week)
 Sometimes (A few times a month) Not often Never Do not know

(If answered "Never" or "Do not know" in question 2.4, please skip to question 2.8)

2.5 **On average**, how long does your child use the pacifier?

(Please specify: _____ hours a day)

2.6 When did your child's use of pacifier habit **start**?

- 0 to 6 months 6 months to 1 years old 1 to 2 years old
 2 to 3 years old 3 to 4 years old 4 to 5 years old
 5 to 6 years old Do not know

2.7 When did your child's use of pacifier habit **stop**?

- 0 to 6 months 6 months to 1 years old 1 to 2 years old
 2 to 3 years old 3 to 4 years old 4 to 5 years old
 5 to 6 years old Still have this habit Do not know

2.8 Was your child **breastfed**?

- Yes, entirely breastfed Yes, partly breastfed and partly with powdered milk No

2.9 How long was your child **entirely breastfed** for?

- Less than 1 month 1 to 3 months 3 to 6 months 6 to 9 months
 9 to 12 months More than 12 months
 Others: (Please specify: _____)

3 Family background:

3.1 Your child is under a:

- Single parent household Two parent household
 Others(Please specify: _____)

3.2 Monthly **total** family income:

- HK \$ 10,000 or below HK \$ 10,001 -15,000
 HK \$ 15,001 -20,000 HK \$ 20,001 -25,000
 HK \$ 25,001 -30,000 HK \$ 30,001 -35,000
 HK \$ 35,001 or above

3.3 Parent's education level:

Father

- Elementary school or below
 Secondary school
 Tertiary education/Collage or above

Mother

- Elementary school or below
- Secondary school
- Tertiary education/Collage or above

6.4 Who **usually** take care of your child? (Please choose one)

- Parents Grandparents Domestic helper
- Others (E.g. Relatives or friends) Please specify: _____

End of the questionnaire
Thank you for your participation!