

Additional file 2

The Irish study questionnaire

Baseline Questionnaire

Please complete and return this questionnaire and the 3-day diet record in the stamped addressed envelope provided.

“Caries Prevention”

1 Are you aware that some people are more prone to dental decay (cavities or caries) than others?

Please choose **only one** of the following:

Yes

No

2 Do you think that you are more prone to dental decay than the average person?

Please choose **only one** of the following:

Yes

No

3 Generally speaking, which of the following do you think would increase the risk of developing dental decay?

Please choose **all** that apply:

Not brushing your teeth properly

Consuming too much sugary foods and drinks

Consuming sugary foods and drinks too often

Consuming sugary foods and drinks just before bedtime

Having naturally “weak teeth”

Not visiting the dentist for check-up and cleaning

Not using fluoride

Having particular bacteria in the mouth that contribute to the development of dental decay

Having a reduced amount of saliva (spit) in the mouth

Having saliva (spit) that does not have the right composition to protect against decay

Other (please specify): _____

4 Before this research project, has your dentist ever conducted a tooth-decay risk assessment (e.g. asked you about your diet and use of fluorides, performed saliva tests etc) and provided you with a tooth-decay prevention and instruction programme based on that personalised assessment?

Please choose **only one** of the following:

- Yes Go to question 5 below
- No Go to question 6 below

5 If “Yes”, would you recommend such a personalised caries prevention programme to your family or friends?

Please choose **only one** of the following:

- Strongly yes
- Somewhat yes
- Neither yes nor no
- Somewhat no
- Strongly no

6 If “No”, what is the main barrier for you in accessing such a personalised caries prevention programme?

Please choose **only one** of the following:

- Cost
- Time
- I did not know about them
- My dentist does not provide such a personalised caries prevention programme based on risk assessment.
- They are not necessary
- Other

7 Do you go to the dentist for a dental maintenance programme (check-ups and cleaning)?

Please choose **only one** of the following:

- Yes Go to question 8 below
- No Go to question 9 below

8 If “Yes”, would you recommend a dental maintenance programme (check-ups and cleaning) to your family and friends?

Please choose **only one** of the following:

- Strongly yes

- Somewhat yes
- Neither yes nor no
- Somewhat no
- Strongly no

9 If “No”, what is the main barrier for you in attending the dentist for a dental maintenance programme (check-ups and cleaning)?

Please choose **only one** of the following:

- Cost
- Time
- I did not know about them
- My dentist does not provide a dental maintenance programme
- I cannot find a reliable dentist
- They are not necessary
- Other

10 How often do you clean your teeth?

- Never
- Less than once a week
- Less than once a day
- Once a day
- Twice or more a day

11 Do you use any of the following to clean your teeth? (include all that apply)

- Toothbrush Yes No
- Wooden toothpicks Yes No
- Plastic toothpicks Yes No
- Thread (dental floss) Yes No
- Charcoal Yes No
- Chewstick/miswak Yes No
- Other Yes No Please specify

12 Do you use tooth paste?

- Always
- Sometimes
- Never

13 How strongly do you agree with these statements?

Please choose the appropriate response for each item:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Overall, I am satisfied with all aspects of my dental treatment and visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personalised assessment of caries risk should be included in the public insurance system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The more I visit the dentist for check-ups, the more treatment I am given.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the public demand for prevention programmes is strong, dentistry can be changed from a mainly treatment-based service to a more preventive service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

“Finally”

14 Gender

Please specify **one** of the following:

Female

Male

15 Age

Please specify **one** of the following:

19-29

30-39

40-49

50-59

60 or more than 60

16 What level of education have you completed?

Primary

During second level

After second level

Third level

Postgraduate degree

Still in education

17 Today's Date

Please enter today's date: _____

18 Your mobile number

Please enter here:

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19 Thank you very much. Please make sure that you have answered all the questions.

Please don't hesitate to give us any comments on this questionnaire:
