

**Additional File 1: Questionnaire**

Date : \_\_\_\_\_  
Protocol number : \_\_\_\_\_  
Birth Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender : Female  Male

1. Education level of the mother and the father: Illiterate  Primary School  High School  University
2. Total income of the family per month: Below minimum wage  Minimum wage   
Between 2000-5000  Above 5000€
3. The number of family members living together: 2  3  4  5  6  Above 6
4. Pets at home: Yes  No
5. Any medical history except dyspeptic complaints: Yes  \_\_\_\_\_ No
6. Regularly used medicines: Yes  \_\_\_\_\_ No
7. Dyspeptic complaints: Epigastric pain  Nausea  Diarrhea  Constipation  Reflux  Vomiting/ Regurgitation
8. Daily toothbrushing frequency of the child : Once daily  Twice daily  Non-regular  None
9. Frequency of toothbrush replacing: Less than 3 months  3-6 months  6-12 months  Over a year
10. Sort of used toothbrush: Soft  Medium  Hard
11. Usage of dental products: Toothpaste  Mouthrinse  Dental Floss
12. Feeding with pre-masticated food: Yes  No
13. Common usage of glasses and spoons: Yes  No
14. Sugar consumption frequency: Several times a week   
1-2 times daily   
3 or more times daily   
No consumption
15. Beverage preference: Water  Milk  Fruit juice  Tea  Cola