Annex 8

Oral Health Questionnaire for Children

First, we would like you to answer some questions concerning yourself and your teeth

	Identification number	**Sex**		**Location**		
		Boy	Girl	Urban	Periurban	Rural
1.	☐☐☐☐	☐	☐	☐	☐	☐
	1 4	1	2	1	2	3

2. **How old are you today?** _____
(Years)

3. **How would you describe the health of your teeth and gums?**

(Read each item)

	Teeth	**Gums**
Excellent	☐ 1	☐ 1
Very good	☐ 2	☐ 2
Good	☐ 3	☐ 3
Average	☐ 4	☐ 4
Poor	☐ 5	☐ 5
Very poor	☐ 6	☐ 6
Don't know	☐ 9	☐ 9

4. **How often during the past 12 months did you have toothache or feel discomfort due to your teeth?**

Often	☐ 1
Occasionally	☐ 2
Rarely	☐ 3
Never	☐ 4
Don't know	☐ 9

Now please answer some questions about the care of your teeth

5. **How often did you go to the dentist during the past 12 months?**
(Put a tick/cross in one only)

- Once ☐ 1
- Twice ☐ 2
- Three times ☐ 3
- Four times ☐ 4
- More than four times ☐ 5
- I had no visit to dentist during the past 12 months ☐ 6
- I have never received dental care/visited a dentist ☐ 7
- I don't know/don't remember ☐ 9

If you did not see a dentist during the last 12 months, go on to question 7

6. **What was the reason for your last visit to the dentist?**
(Put a tick/cross in one box only)

- Pain or trouble with teeth, gums or mouth ☐ 1
- Treatment/follow-up treatment ☐ 2
- Routine check-up of teeth/treatment ☐ 3
- I don't know/don't remember ☐ 9

7. **How often do you clean your teeth?**
(Put a tick/cross in one box only)

- Never ☐ 1
- Several times a month (2–3 times) ☐ 2
- Once a week ☐ 3
- Several times a week (2–6 times) ☐ 4
- Once a day ☐ 5
- 2 or more times a day ☐ 6

8. **Do you use any of the following to clean your teeth or gums?**
(Read each item)

	Yes 1	No 2
Toothbrush	☐	☐
Wooden toothpicks	☐	☐
Plastic toothpicks	☐	☐
Thread (dental floss)	☐	☐
Charcoal	☐	☐
Chewstick/miswak	☐	☐
Other	☐	☐

Please specify_____

9.

		Yes	No
a)	**Do you use toothpaste to clean your teeth**	☐ 1	☐ 2
b)	**Do you use toothpaste that contains fluoride?**	☐ 1	☐ 2

Don't know..... ☐ 9

10. **Because of the state of your teeth and mouth, have you experienced any of the following problems during the past year?**

		Yes 1	No 2	Don't know 0
(a)	I am not satisfied with the appearance of my teeth	☐	☐	☐
(b)	I often avoid smiling and laughing because of my teeth	☐	☐	☐
(c)	Other children make fun of my teeth	☐	☐	☐
(d)	Toothache or discomfort caused by my teeth forced me to miss classes at school or miss school for whole days	☐	☐	☐
(e)	I have difficulty biting hard foods	☐	☐	☐
(f)	I have difficulty in chewing	☐	☐	☐

11. **How often do you eat or drink any of the following foods, even in small quantities?**
(Read each item)

	Several times a day	Every day	Several times a week	Once a week	Several times a month	Never
	6	5	4	3	2	1
Fresh fruit	☐	☐	☐	☐	☐	☐
Biscuits, cakes, cream cakes, sweet pies, buns etc.	☐	☐	☐	☐	☐	☐
Lemonade, Coca Cola or other soft drinks	☐	☐	☐	☐	☐	☐
Jam/honey	☐	☐	☐	☐	☐	☐
Chewing gum containing sugar	☐	☐	☐	☐	☐	☐
Sweets/candy	☐	☐	☐	☐	☐	☐
Milk with sugar	☐	☐	☐	☐	☐	☐
Tea with sugar	☐	☐	☐	☐	☐	☐
Coffee with sugar…	☐	☐	☐	☐	☐	☐

(Insert country-specific items)

12. **How often do you use any of the following types of tobacco?**
(Read each item)

	Every day	Several times a week	Once a week	Several times a month	Seldom	Never
	6	5	4	3	2	1
Cigarettes, pipe or cigars	☐	☐	☐	☐	☐	☐
Chewing tobacco or snuff	☐	☐	☐	☐	☐	☐

13. **What level of education has your father completed (or your stepfather, guardian or other male adult living with you)?**

No formal schooling	☐ 1
Less than primary school	☐ 2
Primary school completed	☐ 3
Secondary school completed	☐ 4
High school completed	☐ 5
College/university completed	☐ 6
No male adult in household	☐ 7
Don't know	☐ 9

14. **What level of education has your mother completed?**

No formal schooling	☐ 1
Less than primary school	☐ 2
Primary school completed	☐ 3
Secondary school completed	☐ 4
High school completed	☐ 5
College/university completed	☐ 6
No female adult in household	☐ 7
Don't know	☐ 9

(Insert country-specific categories)

That completes our questionnaire

Thank you very much for your cooperation!

Year	Month	Day	Interviewer	District	Country