

Oral Health Questionnaire for Guardians of Children

Respondent ID :

Name of the child : _____

year month day

Survey Date : 201--

Investigator NO. :

Note: Only the child's parents and grandparents can complete this questionnaire!

Requirements: Please mark “√” in the “” in front of the corresponding option of the selected question.

1. What is your relationship with the child? (**Choose only one answer**)

- 1) Father 2) Mother 3) Grandfather/Maternal Grandfather
4) Grandmother/Maternal Grandmother

2. The weight of your child at birth is __Semi kg. (**Please keep one decimal place, fill in "N" if you don't know or refuse to answer**)

3. How was your child fed within six months after birth? (**Choose only one answer**)

- 1) Exclusively Breastfed 2) Predominantly Breastfed
3) Exclusively Formula Fed 4) Predominantly Formula Fed
5) Mixed Fed[50/50]

4. How often does your child eat or drink any of the following foods or beverages?

(**choose one answer for each question**)

	6	5	4	3	2	1
	Twice and above a day	Once daily	Twice to six times a week	Once a week	Once to three times a month	Rarely/ Never
1) Sweet desserts(biscuits, cakes, bread) and candy(chocolate, sugary gum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Sweet drinks (sweet water, cola and other carbonated beverages, orange juice, apple juice and other juices, lemonade and other non-fresh juices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) milk, yogurt, milk powder, tea, soy milk, coffee containing sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Does your child eat dessert or drink sweet drinks before going to bed at night?
(Choose only one answer)
 1) Often 2) Occasionally 3) Never
6. Does your child brush their teeth? **(Choose only one answer)**
 1) Yes 2) Occasionally or Never (choose 2 will not answer questions 7 to 11)
7. At what age does your child start brushing teeth? **(Choose only one answer)**
 1) Half a year old 2) 1 year old 3) 2 years old
 4) 3 years old 5) 4 years old 6) 5 years old
 7) Don't remember
8. How often does your child brush his/her teeth every day? **(Choose only one answer)**
 1) Twice and Above 2) Once 3) Not Every Day
9. Do you help your child brush his/her teeth? **(Choose only one answer)**
 1) Every Day 2) Every Week 3) Sometimes
 4) Occasionally 5) Never
10. Does your child use toothpaste when brushing his/her teeth? **(Choose only one answer)**
 1) Yes 2) No
 3) Don't know (choose 2 or 3 will not answer question 11)
11. Does your child use toothpaste that contains fluoride when brushing his/her teeth?
(Choose only one answer)
 1) Yes 2) No 3) Don't know
12. During the past 12 months, how often did your child have toothache or feel discomfort due to his/her teeth? **(Choose only one answer)**
 1) Never 2) Sometimes 3) Often 4) Not Clear
13. Did your child ever go to the dentist? **(Choose only one answer)**
 1) Yes 2) Never (choose 2 will not answer questions 14 to 17)
14. How long is it since your child last saw a dentist? **(Choose only one answer)**
 1) Within 6 months 2) 6-12 months 3) More than 1 year (choose 1 or 2 will not answer question 18, chooses 3 will not answer questions 15 to 17)

15. What was the reason of your child last visit to the dentist? **(Choose only one answer)**

- 1) Consultation/Routine check-up 2) Prevention
3) Treatment 4) Don't know

16. How much did your child cost due to the dental visit in the past year? ¥ ____yuan
(Please fill in an integer, if you don't know or refuse to answer, fill in "N")

17. Among the fees for dental care mentioned above, the proportion that you personally need to pay was ____%. **(Please fill in an integer, if you don't know or refuse to answer, fill in "N")**

18. Why did your child not go to see a dentist during the past 12 months? **(Optional multiple answers)**

- 1) The child's teeth were OK 2) The child's teeth were not serious
3) The deciduous teeth need to be replaced, so treatment wasn't needed
4) Financial difficulties, could not afford 5) Not convenient to see a dentist
6) Too busy, No time 7) The child was afraid of pain of treatment
8) There was no dentist nearby 9) Fear of infectious diseases
10) It was difficult to find a trusted dentist 11) It was too difficult to register
12) Dental treatment in kindergarten 13) Other reasons

19. How would you describe the general health of your child? **(Choose only one answer)**Average

- 1) **Very Good** 2) **Good** 3) **Average** 4) **Poor** 5) **Very Poor**

20. How would you describe the dental health and oral health of your child? **(Choose only one answer)**

- 1) **Very Good** 2) **Good** 3) **Average** 4) **Poor** 5) **Very Poor**

21. What is your opinion on the following statement? **(Choose one answer for each question)**

- | | 1 | 2 | 8 |
|--|--------------------------|--------------------------|--------------------------|
| | Correct | Incorrect | Don't know |
| 1) Bleeding gums when brushing is normal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bacteria can cause inflammation of gums | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 3) Tooth-brushing is useless to prevent bleeding gums | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Bacteria can cause dental caries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Eating sugar may cause dental caries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) The broken deciduous teeth need to be replaced, so treatment isn't needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Pit and fissure sealing can prevent dental caries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Fluoride is useless for tooth protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. What level of education have you completed? (Choose only one answer)

- | | |
|---|---|
| 1) <input type="checkbox"/> No formal schooling | 2) <input type="checkbox"/> No more than primary school |
| 3) <input type="checkbox"/> No more than junior school | 4) <input type="checkbox"/> No more than High school |
| 5) <input type="checkbox"/> No more than secondary school | 6) <input type="checkbox"/> No more than College |
| 7) <input type="checkbox"/> No more than university | 8) <input type="checkbox"/> Postgraduate degree |

24. How many people live together in your family? _____ Person(s) **(please fill in an integer, fill in "N" if you don't know or refuse to answer)**

25. What was the total household income in the past 12 months?

¥ _____ 10,000 yuan/year **(please fill in an integer, fill in "N" if you don't know or refuse to answer)**

Thank you very much for your cooperation!

调查问卷

2015年第四次全国口腔健康调查问卷（儿童家长）

被调查者 ID 号：

被检查儿童姓名：_____

调查日期：201年月日

调查员编号：

注意：只有孩子的父母和祖父母/外祖父母才能完成本问卷！ 要求：请在选择题相应选项前面的“”内划“√”。

1. 您是孩子的？（只选一个答案）

- 1) 父亲 2) 母亲 3) 祖父/外祖父 4) 祖母/外祖母

2. 您孩子出生时的体重是__斤。（请保留一位小数，不知道或拒绝回答的填写“N”）

3. 您孩子出生后六个月内喂养的方式？（只选一个答案）

- 1) 完全母乳喂养 2) 母乳喂养为主
3) 完全人工喂养 4) 人工喂养为主
5) 母乳喂养和人工喂养各半

4. 您孩子平时进食以下食品或饮料的频率如何？（每小题选一个答案）

- | | 6 | 5 | 4 | 3 | 2 | 1 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 每天 | 每天 | 每周 | 每周 | 每月 | 很少/ |
| | ≥2次 | 1次 | 2-6次 | 1次 | 1-3次 | 从不 |
| 1) 甜点心（饼干、蛋糕、面包）
及糖果（巧克力、含糖口香糖） | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) 甜饮料（糖水、可乐等碳酸饮料，
橙汁、苹果汁等果汁、柠檬水等非鲜榨果汁） | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) 加糖的牛奶、酸奶、奶粉、茶、
豆浆、咖啡 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. 您孩子在晚上睡前吃甜点或喝甜饮料吗？（只选一个答案）

- 1) 经常 2) 偶尔 3) 从不

6. 您孩子刷牙吗？（只选一个答案）

- 1) 刷牙 2) 偶尔刷或从不刷（选 2 项者不回答第 7 至 11 题）

7. 您孩子从几岁开始刷牙？（只选一个答案）

- 1) 半岁 2) 1岁 3) 2岁
4) 3岁 5) 4岁 6) 5岁 7) 不记得

8. 您孩子每天刷几次牙？（只选一个答案）
1) 2次及以上 2) 1次 3) 不是每天刷
9. 您帮助孩子刷牙吗？（只选一个答案）
1) 每天 2) 每周 3) 有时 4) 偶尔 5) 从没做过
10. 您孩子刷牙时用牙膏吗？（只选一个答案）
1) 是 2) 否 3) 不知道（选 2 或 3 项者不回答第 11 题）
11. 您孩子刷牙时用含氟牙膏吗？（只选一个答案）
1) 是 2) 否 3) 不知道
12. 在过去的12个月内，您孩子是否有过牙痛或不适？（只选一个答案）
1) 从来没有 2) 有时候有 3) 经常有 4) 不清楚
13. 您孩子去医院看过牙吗？（只选一个答案）
1) 看过 2) 从来没看过（选 2 项者不回答第 14 至 17 题）
14. 您孩子最近一次去医院看牙距离现在多长时间？（只选一个答案）
1) 6个月以内 2) 6个月至12个月（选1或2项者不回答第18题）
3) 12个月以上（选 3 项者不回答第 15 至 17 题）
15. 您孩子最近一次去医院看牙的主要原因是什么？（只选一个答案）
1) 咨询检查 2) 预防 3) 治疗 4) 不知道
16. 在过去的一年内您孩子去医院看牙的总费用是__元？（请填写一个整数，不知道或拒绝回答的填写“N”）
17. 在上述看牙费用中，您个人需要支付的比例是__%。（请填写一个整数，不知道或拒绝回答的填写“N”）
18. 您孩子在过去12个月里没有去医院看牙的原因是？（可选多个答案）
1) 孩子的牙没问题 2) 孩子的牙坏得不严重
3) 乳牙要替换，不需要看 4) 因为经济困难，看不起牙
5) 看牙不方便 6) 太忙、没时间
7) 孩子害怕看牙疼痛 8) 附近没有牙医
9) 害怕传染病 10) 很难找到信得过的牙医
11) 挂号太难 12) 在幼儿园看牙 13) 其它原因
19. 您对孩子的全身健康状况评价如何？（只选一个答案）
1) 很好 2) 较好 3) 一般 4) 较差 5) 很差

20. 您对孩子的牙齿和口腔状况评价如何？（只选一个答案）

- 1) 很好 2) 较好 3) 一般 4) 较差 5) 很差

21. 您对以下说法的看法如何？（每小题选一个答案）

- | | 1 | 2 | 8 | 9 |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 同意 | 不同意 | 无所谓 | 不知道 |
| 1) 口腔健康对自己的生活很重要 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) 定期口腔检查是十分必要的 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) 牙齿的好坏是天生的，与自己的保护关系不大 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) 预防牙病首先靠自己 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) 保护孩子六龄牙很重要 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) 母亲牙齿不好会影响孩子的牙齿 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. 您认为下面的说法是否正确？（每小题选一个答案）

- | | 1 | 2 | 8 |
|-----------------|--------------------------|--------------------------|--------------------------|
| | 正确 | 不正确 | 不知道 |
| 1) 刷牙时牙龈出血是正常的 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) 细菌可以引起牙龈发炎 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) 刷牙对预防牙龈出血没有用 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) 细菌可以引起龋齿 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) 吃糖可以导致龋齿 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) 乳牙坏了不用治疗 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) 窝沟封闭能预防儿童龋齿 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) 氟化物对保护牙齿没有用 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. 您获得的最高学历是什么？（只选一个答案）

- 1) 没有上过学 2) 小学 3) 初中 4) 高中
5) 中专 6) 大专 7) 本科 8) 硕士及以上

24. 您家里共同生活的有几口人？__人（请填一个整数，不知道或拒绝回答的填写“N”）

25. 您家共同生活的人在过去的 12 个月内的总收入是多少？__万元/年（请填一个整数，不知道或拒绝回答的填写“N”）

十分感谢您的合作！