

## ANNEXURE C

ID Number

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Geographic  
Location

|  |  |
|--|--|
|  |  |
|--|--|



# QUESTIONNAIRE FOR CHILDREN

(Designed by WHO–Oral Health Programme)

Poul Erik Peterson

2004



---

*Now some questions on dental care*

---

5. How often did you go to the dentist during the last 12 months ?  
(Including orthodontist) (Tick one alternative only)

- Once .....  1    11
- Twice .....  2
- Three times .....  3
- Four times .....  4
- More than four times .....  5
- I had no visit to dentist during the last 12 months .....  6
- I don't know/don't remember .....  9
- 

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

---

6. What was the reason of your last visit to the dentist?  
(Tick one alternative only)

- My parents had made an appointment .....  1    12
- The appointment was initiated by the dentist .....  2
- It was part of follow-up treatment .....  3
- Pain/troubles with teeth or gums .....  4
- I made appointment myself .....  5
- I don't know/don't remember .....  9
-

7. How often do you clean your teeth?

(Tick one alternative only)

- Never .....  1 13
- Several (2–3) times a month .....  2
- Once a week .....  3
- Several (2–6) times a week .....  4
- Once a day .....  5
- 2 or more times a day .....  9
- 

8. Do you use toothpaste-containing fluoride?

- Yes .....  1 14
- No .....  2
- Don't use toothpaste .....  3
- Don't know .....  9
- 

9. Do you use any of the following to clean your teeth or gums?

- |                                      | Yes                      | No                       |    |
|--------------------------------------|--------------------------|--------------------------|----|
|                                      | 1                        | 2                        |    |
| Toothbrush .....                     | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| Wooden toothpicks .....              | <input type="checkbox"/> | <input type="checkbox"/> |    |
| Plastic toothpicks? .....            | <input type="checkbox"/> | <input type="checkbox"/> |    |
| Thread ( <i>dental floss</i> ) ..... | <input type="checkbox"/> | <input type="checkbox"/> |    |
| Charcoal .....                       | <input type="checkbox"/> | <input type="checkbox"/> |    |
| Chewstick/miswak .....               | <input type="checkbox"/> | <input type="checkbox"/> | 20 |
| Other .....                          | <input type="checkbox"/> | <input type="checkbox"/> |    |
-

10. How often do you eat or drink any of the following foods, even in small quantities?

(Read each item)

|   | Several<br>times<br>a day | Every<br>day             | Several<br>times<br>a week | Once<br>a week           | Several<br>times<br>a month | Never                    |    |
|---|---------------------------|--------------------------|----------------------------|--------------------------|-----------------------------|--------------------------|----|
|   | 6                         | 5                        | 4                          | 3                        | 2                           | 1                        |    |
| Fresh fruit .....   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | 21 |
| Biscuits, cakes, cream<br>cakes, wafers, buns,<br>bread etc. .... | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |    |
| Lemonade, Mango shake,<br>Cola or other soft drinks ....          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |    |
| Jam/honey .....   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |    |
| Chewing gum<br>containing sugar .....                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |    |
| Sweets/Candy/Burfi/Gajak .  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |    |
| Milk with sugar .....   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |    |
| Tea with sugar .....  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |    |

11. How often do you use any of the following types of tobacco?

(Read each item)

|   | Every<br>day             | Several<br>times<br>a week | Once<br>a week           | Several<br>times<br>a month | Seldom                   | Never                    |    |
|---|--------------------------|----------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|----|
|   | 6                        | 5                          | 4                        | 3                           | 2                        | 1                        |    |
| I smoke cigarettes,<br>pipe or cigars ..... | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 29 |
| I use chewing<br>tobacco or snuff .....     | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 30 |

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

- (Unfinished) primary school .....  1    31
- Unfinished secondary school .....  2
- Secondary school .....  3
- Unfinished secondary special .....  4
- Secondary special .....  5
- Unfinished tertiary school (Graduation) .....  6
- Tertiary school (Graduation) .....  7
- No male adult in household .....  8
- Don't know .....  9

---

*That completes our questionnaire*

*Thank you very much for your cooperation!*

---