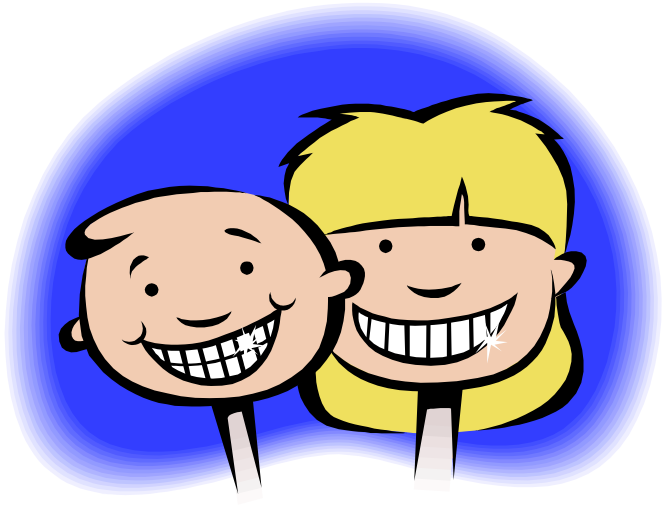
Questionnaire No:

TEETH AND THINGS



We'd really like to know the answers to these; you may have to ask someone for a bit of help with some of them!

You're going to need a mirror to help you as well.

OK - now you've got that, here we go!

3.12.01

Section A: Looking at your teeth

Please look in the mirror

A1.a) On the picture below draw an X on any teeth where you have a gap.

AND

b) Please draw any white or brown marks showing on your teeth. If you have a glued-on brace (train tracks) please draw this too.

A2. How many teeth do you have in your mouth all together?

A3. How many fillings are there in your mouth? (don't forget the front teeth!).

(If none, write 00 in the boxes)

A4. How many of these are silver fillings?

(If none, write 00 in the boxes)

A5. How many of these are white fillings?

☐☐ **(If none, write 00 in the boxes)**

A6. Looking in the mirror and feeling with your tongue:

How many teeth can you see or feel which have a hole in them?

☐☐ **(If none, write 00 in the boxes)**

A7. How many times a day do you usually clean your teeth?

Twice or more a day	☐ 1	Once a day	☐ 2
Not at all some days	☐ 3	Never clean my teeth	☐ 4

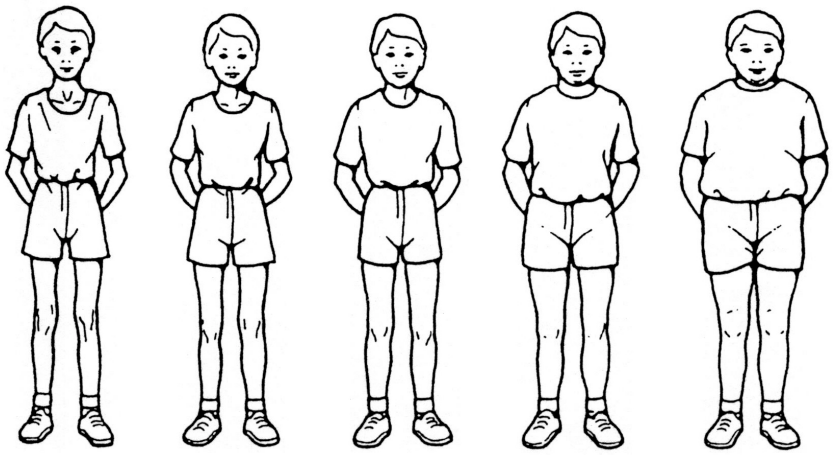
A8. Do you use an electric toothbrush? Yes ☐ 1 No ☐ 2

A9. What tooth-paste do you use? Write the <u>whole</u> name:

.....

Section B: Pictures of different boys (girls' pictures are different)

B1. Here are pictures of 5 boys. Please put a tick in the box under the drawing that is most like you:

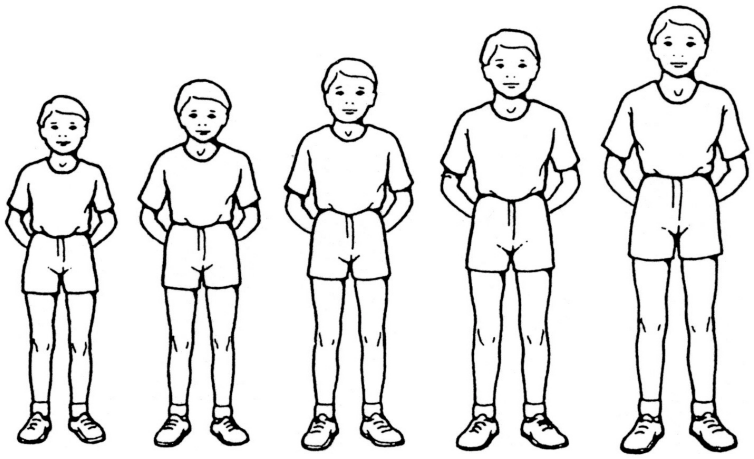


a) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

b) Now tick the box that you would most like to be. This can be the same one as in your answer above.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

B2. Here are some more pictures of boys. They are all the same age as you. Please put a tick in the box under the drawing that you think is most like you:



a) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

b) Now tick the box that you would most like to be. Again, this can be the same one as you ticked in your answer to part a).

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section C: About the look of your teeth

C1. Do you like the way your teeth look now?

Yes [1] No [2]

If <u>Yes</u>, go to C4 on page 6

If <u>No</u>

C2. What don't you like about them? (You can tick more than one box)

My teeth are:

a) too white [1]

b) too brown [1]

c) blotchy [1]

d) too small [1]

e) too big [1]

f) pointy [1]

g) my top teeth stick out [1]

h) my bottom teeth stick out [1]

i) my teeth are gappy [1]

j) my teeth are crooked [1]

k) I don't like my brace [1]

l) Something else (please say what) [1]

……

……

C3. If you don't like your teeth, do you worry about them?
Tick one box only please

Yes, all of the time [1] Yes, sometimes [2] No, not at all [3]

C4. Do other people ever make fun of your teeth?

Often ☐1 Sometimes ☐2 Never ☐3

C5. Do you think braces look cool on other people's teeth?

Yes ☐1 No ☐2

C6. Have any of your friends got a brace?

Yes ☐1 No ☐2

C7. Have you got a brace?

Yes ☐1 No ☐2 → **If <u>no</u>**, go to C9 below

C8. How are you getting on with your brace?

I like it ☐1 Its OK ☐2 I hate it ☐3

C9. If you haven't got a brace at the moment, would you like a brace? (Tick one box only)

Yes ☐1

Maybe, when I'm older ☐2

Never ☐3

Not sure ☐4

I've already had a brace ☐5

In the next section, don't worry if you can't answer a question, just leave it out and go on to the next one.

Section D: All about dentists

D1. Have you ever been to a dentist?

Yes [1] No [2] → **If no, go to F1 on page 11**

D2. How old were you when you first went to visit a dentist?
(If you are not sure, ask someone)

[ ][ ] years old

D3. Why did you first go to the dentist?
(If you are not sure, ask someone)

	Tick 1 box
because I had toothache	[1]
for a check-up	[2]
with a grown-up when they went	[3]
for another reason	[4]
don't know	[5]

D4. Do you now go to the dentist?

	Tick 1 box
regularly (for check-ups)	[1]
only when I have tooth-ache or some other problem	[2]
not ever, really	[3]
don't know	[4]

D5. How often do you go to the dentist?

every 4 months [1]

every 6 months [2]

once a year [3]

don't go regularly [4]

don't know [5]

D6 When was the last time you went to the dentist?

During the last 6 months [1]

Between 6 months and a year ago [2]

More than a year ago [3]

Can't remember [4]

D7. Is your dentist a woman or a man? woman [1] man [2]

D8. Here is a space for you to write some things which <u>you like</u> about going to see your dentist.

.....

.....

D9. And here is a space for you to write some things you <u>do not like</u> about going to your dentist.

.....

.....

Section E: All about your teeth

E1. Have you ever had a filling?

Yes [1] No [2] → **If no, go to E4 below**

E2. Space for you to write any nice things about having that done:

.....

.....

E3. Please write any not so nice things about having that done:

.....

.....

E4. a) Have you ever been given something to make your mouth go numb (sleepy, frozen, dead)?

Yes [1] No [2] → **If no, go to E5 below**

b) How did you feel about that?

I liked it [1] I hated it [2] I wasn't sure [3]

c) What did you have done to your teeth at that time?

a filling [1] a tooth pulled out [2]

something else [3] (please say what) .....

.....

E5. a) Have you ever been given something to make you go to sleep (general anaesthetic) before the dentist did something to your teeth?

Yes [1] No [2] → **If no, go to E6 on page 10**

↓

E5. **If <u>yes</u>**

b) How old were you the last time this happened?

☐☐ years old

c) How did you feel about it?

I liked it ☐1 I hated it ☐2 I wasn't sure ☐3

d) What did you have done to your teeth at that time?

tooth pulled out ☐1 something else ☐2
(please say what)

……

E6. a) Have you ever had a magic wind mixture that you breathe through a special nose-piece which makes you feel brave but lets you stay awake (sedation)?

Yes ☐1 No ☐2 → **If <u>no</u>, go to F1 on page 11**

b) How old were you the last time you had the "magic wind" mixture?

☐☐ years old

c) How did you feel about it?

I liked it ☐1 I hated it ☐2 I wasn't sure ☐3

d) What did you have done to your teeth at that time?

tooth pulled out ☐1 a filling ☐2

something else ☐3 (please say what) ……

……

Section F: Accidents to your teeth

Can you remember..:

F1. a) Have you ever banged any of your grown-up top front teeth?

Yes ☐ 1 No ☐ 2 → **If no, go to Section G on page 13**

If yes

b) How old were you? ☐☐ years old

c) How many teeth did you bang? ☐

Because of the bang:

F2. Did you chip any teeth? Yes ☐ 1 No ☐ 2

If yes

a) How many did you chip? ☐

F3. Did any teeth come loose because of the bang?

Yes ☐ 1 No ☐ 2

F4. Did you knock any teeth out?

Yes ☐ 1 No ☐ 2 **If no, go to F5 on page 12**

If yes,

a) How many did you knock out? ☐

b) Were any teeth put back in after they were knocked out?

Yes ☐ 1 No ☐ 2

F5. Did any of the teeth you banged change colour after the bang?

Yes ☐ 1 No ☐ 2

F6. Did you get a gum-boil on any tooth (or teeth) after the bang?

Yes ☐ 1 No ☐ 2

F7. Have you had any of the banged tooth (teeth) taken out?

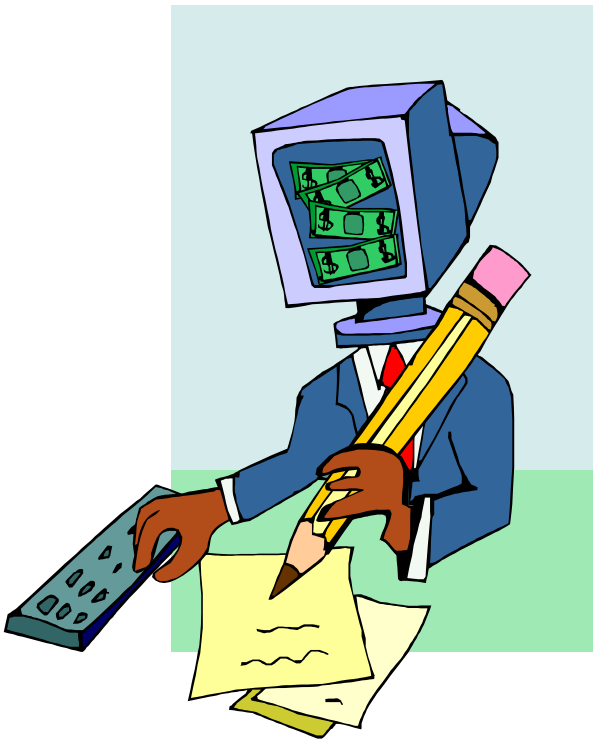
Yes ☐ 1 No ☐ 2

If <u>yes</u>,

a) How many were taken out? ☐

Did you know? Children of the 90s families have sent us back about half a million questionnaires!!

Our computers are really busy!



Section G: All about drinks

G1. When do you drink these different kinds of drink?

	I don't drink it	I only drink it on special occasions	I drink it at mealtimes only	I drink it at any time of day	(i) Tick this if you often drink it at bedtime
a) Cola (any type)	1	2	3	4 →	1
b) Other fizzy fruit drinks including flavoured fizzy water, or lemonade	1	2	3	4 →	1
c) Plain water	1	2	3	4 →	1
d) Plain fizzy water	1	2	3	4 →	1
e) Pure fruit juices from a carton or freshly squeezed	1	2	3	4 →	1
f) Sweetened fruit drinks, for example Sunny Delight, Orange C	1	2	3	4 →	1
g) Drinks with water added, for example Ribena, orange squash etc.	1	2	3	4 →	1
h) Ribena Toothkind	1	2	3	4 →	1
i) Flavoured milk drinks, for example Horlicks, Ovaltine, milkshakes	1	2	3	4 →	1

Nearly finished this one! Now turn over for just a few more drinks

G1.

	I don't drink it	I only drink it on special occasions	I drink it at mealtimes only	I drink it at any time of day	(i) Tick this if you often drink it at bedtime
j) Plain milk	1	2	3	4 →	1
k) Tea	1	2	3	4 →	1
l) Coffee	1	2	3	4 →	1
m) Others (Please tick and say what they are)	1	2	3	4 →	1

.....

G2. Do you add sugar to any of your drinks?

Yes 1 No 2

If <u>yes</u>,

a) Which drinks? .....

G3. <u>How</u> do you drink these different kinds of drink?

Drink	I drink it all in one go	I sip it a little at a time	I froth and swish it around my mouth for a while	I usually use a straw	Don't have it
a) Cola (any type)	1	2	3	4	5
b) Other fizzy fruit drinks including flavoured fizzy water, or lemonade	1	2	3	4	5

Drink	I drink it all in one go	I sip it a little at a time	I froth and swish it around my mouth for a while	I usually use a straw	Don't have it
c) Plain water	1	2	3	4	5
d) Plain fizzy water	1	2	3	4	5
e) Pure fruit juices from a carton or freshly squeezed	1	2	3	4	5
f) Sweetened fruit drinks, for example Sunny Delight, Orange C	1	2	3	4	5
g) Drinks with water added, for example Ribena, orange squash etc.	1	2	3	4	5
h) Ribena Toothkind	1	2	3	4	5
i) Flavoured milk drinks, for example Horlicks, Ovaltine, milkshakes	1	2	3	4	5
j) Plain milk	1	2	3	4	5
k) Tea	1	2	3	4	5
l) Coffee	1	2	3	4	5
m) Others (Please tick and say what they are)	1	2	3	4	5

……

H1. This questionnaire was completed with help from:

mother or father [1] brother or sist [2]

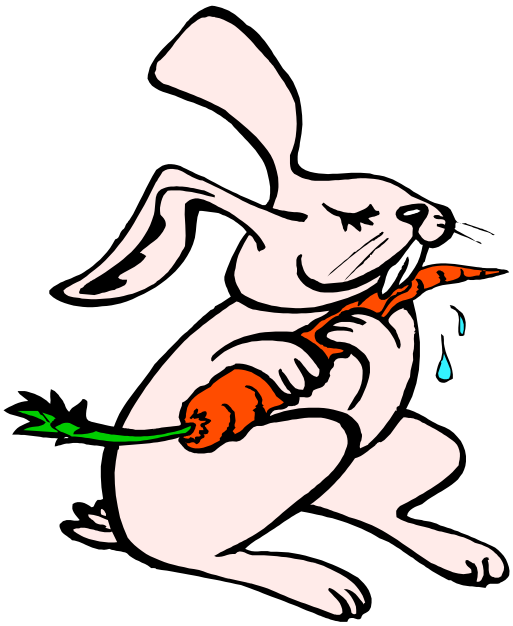
someone else [3] no-one helped me [4]

H2. When were you born?

Date	Month	Year
		1 9

Thank you VERY much.

Love from the Children of the Nineties Dental Team



When completed, please send this back to:

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