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| **DESCRIPTION OF ATTRIBUTES USED IN OUR EXPERIMENT** |
| |  |  | | --- | --- | | **Variable Name** | **Variable Description** | | act\_caries | Presence of dental caries | | Sido\_No | Area of residence of the subject of dental examination | | Region\_No | Region of residence of the subject of dental examination | | Gender | Gender | | Prev\_caries | Previously experienced dental caries | | X1 | Awareness of dental and gum oral health | | X2 | Dental treatment experience in the past year | | X3 | Experience of needing dental treatment but not receiving treatment | | X4\_1 | Teeth brushed before breakfast | | X4\_2 | Teeth brushed after breakfast | | X4\_3 | Teeth brushed before lunch | | X4\_4 | Teeth brushed after lunch | | X4\_5 | Teeth brushed before dinner | | X4\_6 | Teeth brushed after dinner | | X4\_7 | Teeth brushed after snack | | X4\_8 | Teeth brushed before going to bed | | X4\_9 | Teeth not being brushed | | X5\_1 | Regular dental floss usage Frequency | | X5\_2 | Handle floss usage Frequency | | X5\_3 | Mouth wash usage Frequency | | X5\_4 | Electric toothbrush usage Frequency | | X5\_5 | Oral care product usage? | | X6 | Use of toothpaste | | X7 | Use of fluoride toothpaste | | X8 | Sticky snacks eaten today? | | X9 | Sticky snacks eaten yesterday? | | X10 | Pain in the gums or bleeding when brushing | | X11 | Pain or discomfort in your teeth / past 1 year | | X12 | Parents smoking | | X13 | Smoking experience | | X14\_1 | Living with grandfather | | X14\_2 | Living with grandmother | | X14\_3 | Living with father | | X14\_4 | Living with stepfather | | X14\_5 | Living with mother | | X14\_6 | Living with stepmother | | X14\_7 | Living with older brother / older sister | | X14\_8 | Living with younger brother / younger sister | | X14\_9 | Not living with any of the above family member (orphans included) | | X15\_1 | Household economic status | | X16 | Weekly allowance | | Calculus | Have tartar buildup | | Bleeding | Gingival bleeding | | Fluorosis | Tooth speckle | |  |  | | |  |