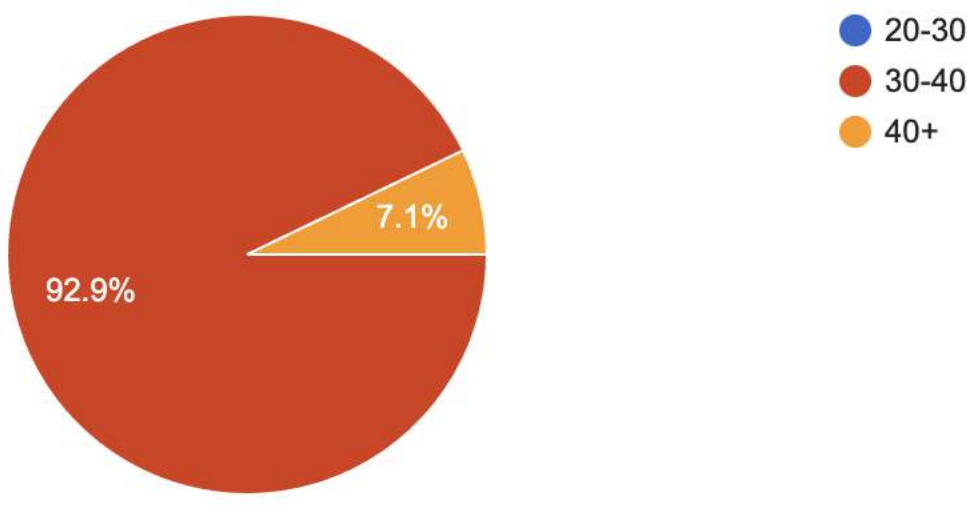


1. What is your age bracket?

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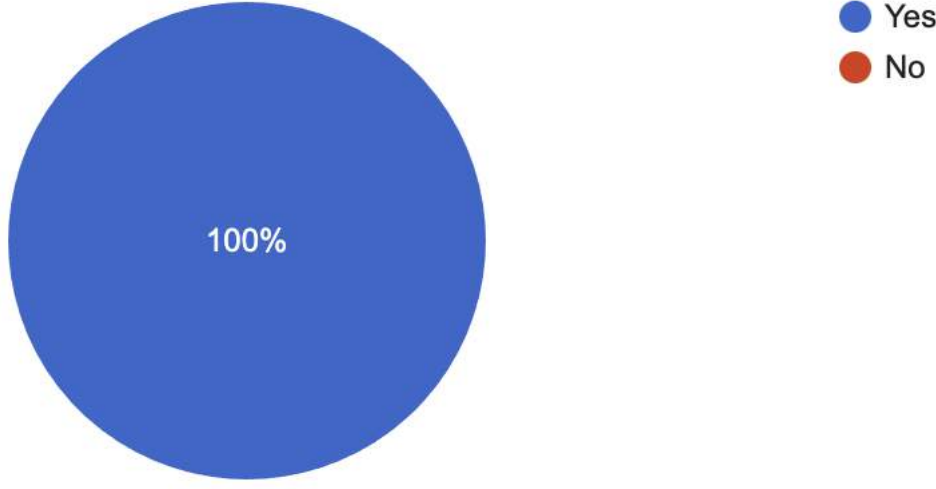
20 responses



2. Do you have children? Or grandchildren, family members, children you take responsibility for or care for often?

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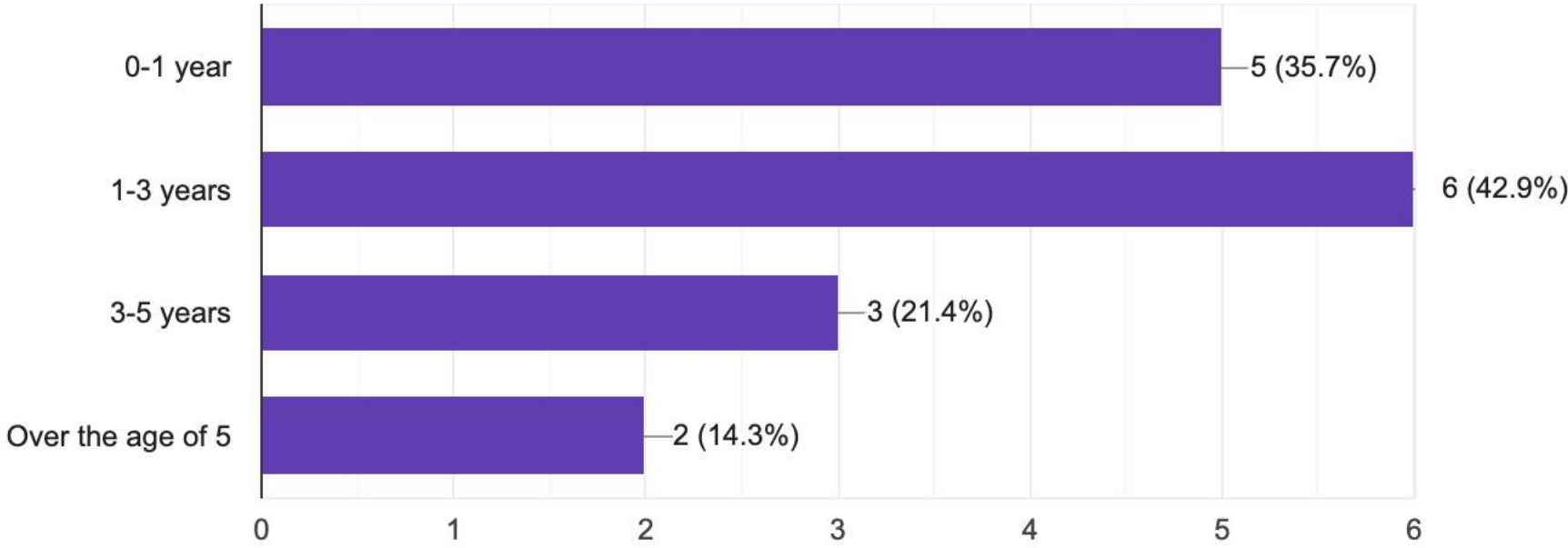
20 responses



3. What age bracket is your child? (or child you take care of) (check as many answers you need)

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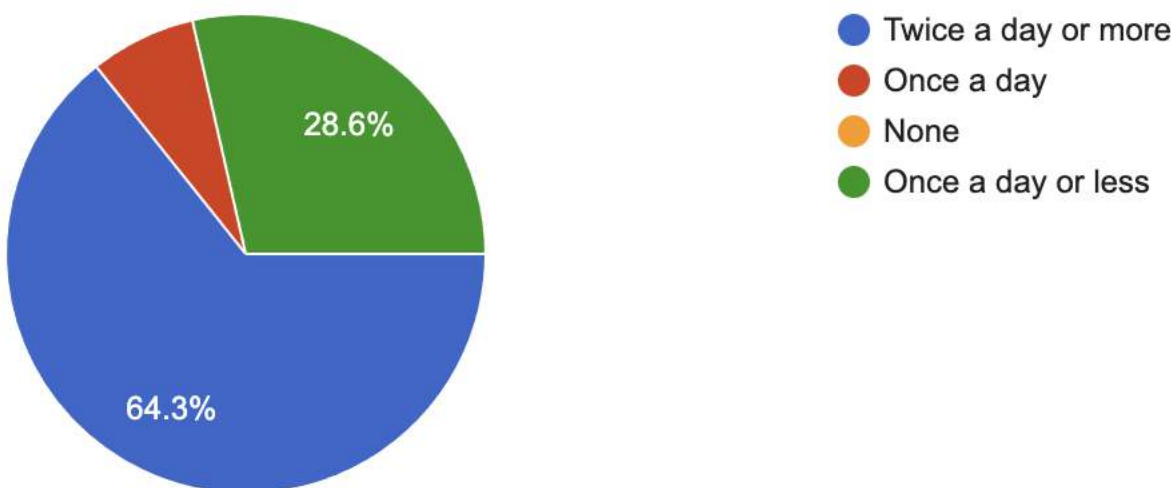
20 responses



4. How many times during the day do your children brush their teeth? (or gums, for those who don't have teeth yet)

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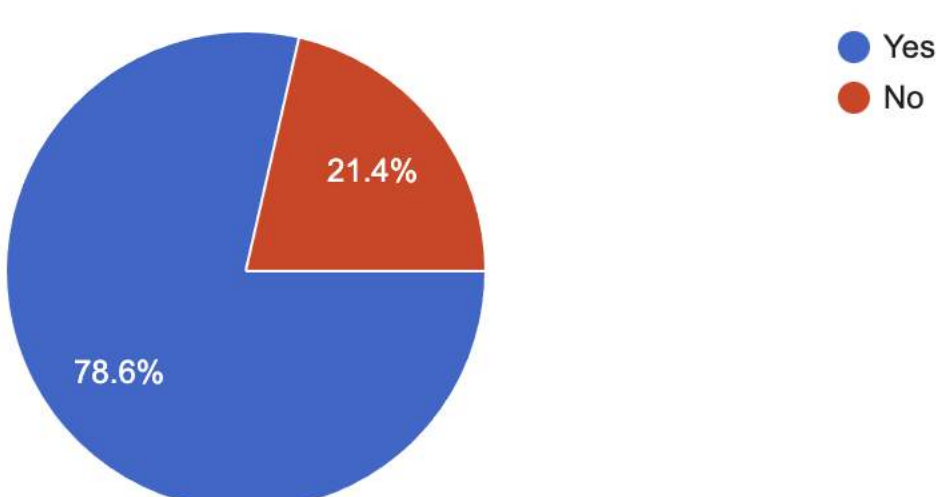
20 responses



5. Does your family regularly visit a dentist for check-ups?

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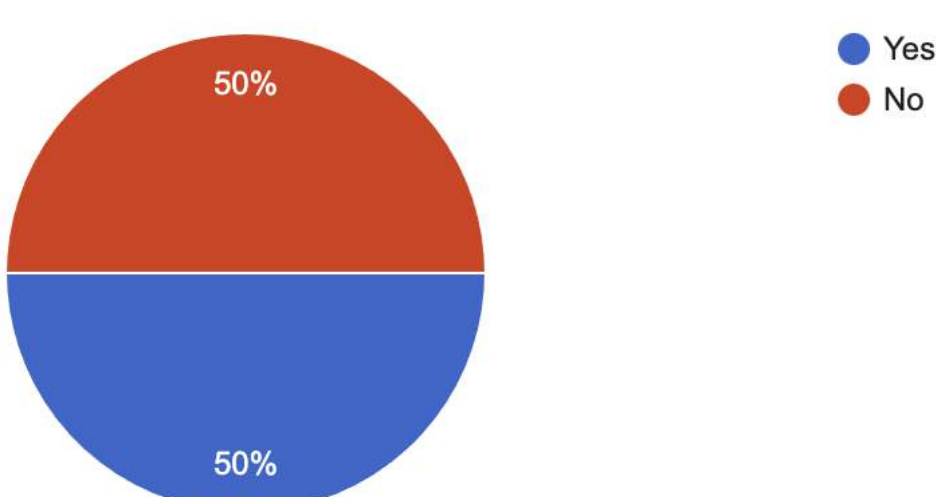
20 responses



8. Do you find it hard to get accurate information on how to care for your or your families dental health?

[Copy chart](#)

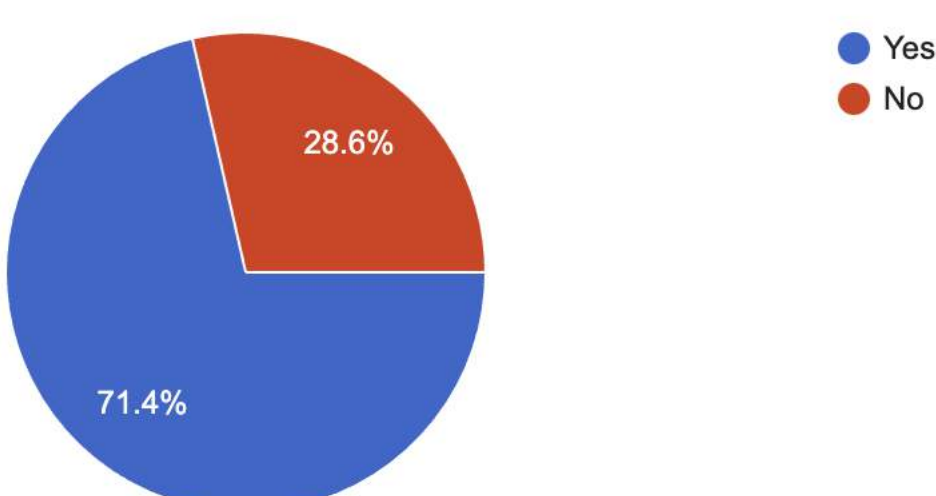
20 responses



9. Would you use an application to help with your child's dental hygiene?

[Copy chart](#)

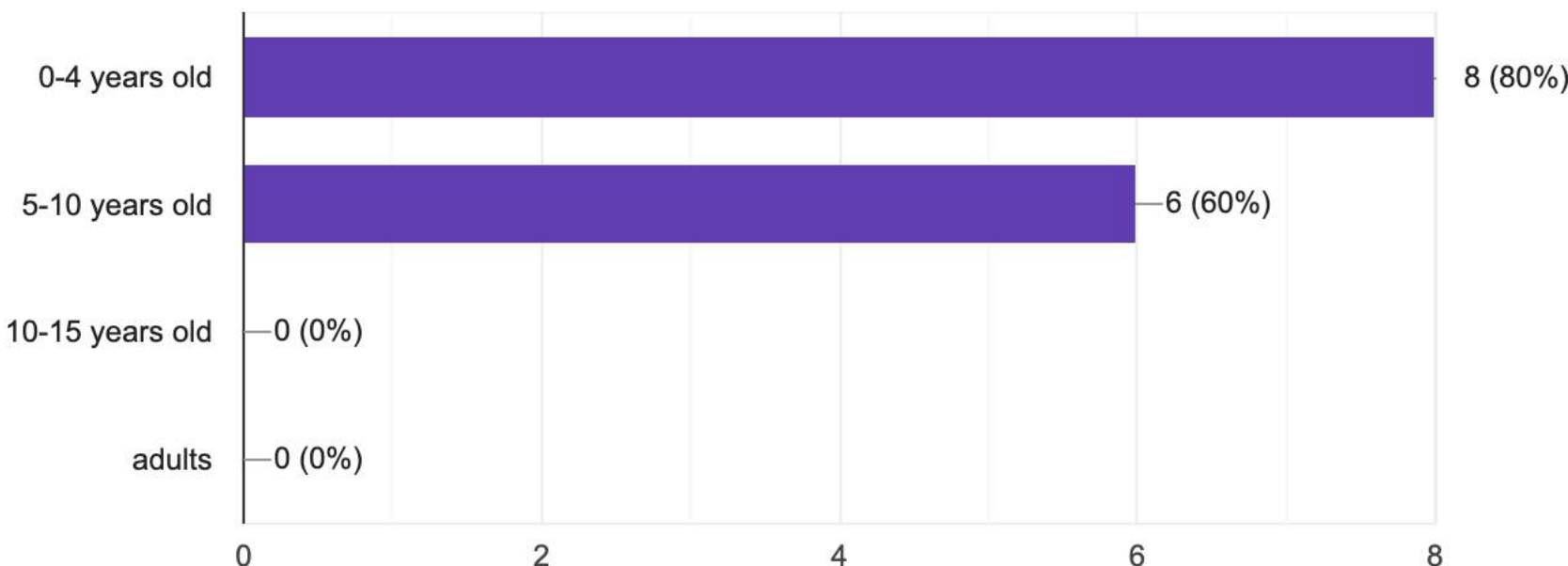
20 responses



10. If so, for which age would you find it particularly useful? or would you be interested in an app with different age ranges? (check as many answers you need)

[Copy chart](#)

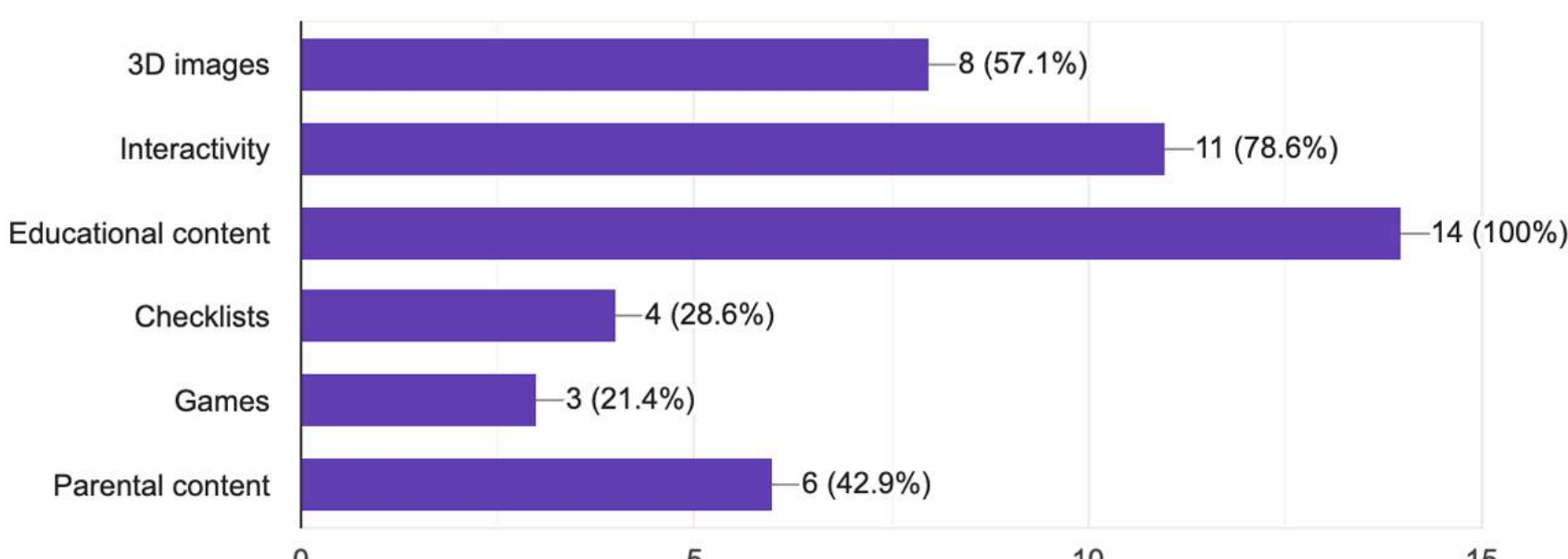
17 responses



13. Select from the following which features would be important in a dental hygiene app for children.

[Copy chart](#)

20 responses



User Research Questionnaire - Dental Hygiene App

B *I* U  

The purpose of this questionnaire is to gain an understanding of the user, their needs and their experiences regarding dental hygiene for children. The responses will be used to design an application to improve dental hygiene for children. It should take about 10 minutes to complete.

1. What is your age bracket?

- ☐ 20-30
- ☐ 30-40
- ☐ 40+

2. Do you have children? Or grandchildren, family members, children you take responsibility for or care for often?

- ☐ Yes
- ☐ No

3. What age bracket is your child? (or child you take care of) (check as many answers you need)

- ☐ 0-1 year
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ Over the age of 5

4. How many times during the day do your children brush their teeth? (or gums, for those who don't have teeth yet)

- ☐ Twice a day or more
- ☐ Once a day
- ☐ None

5. Does your family regularly visit a dentist for check-ups?

- ☐ Yes
- ☐ No

6. Have you ever used an application (app) for your health or your families health? If yes please give details.

Long answer text

7. What concerns do you have with your or your families dental health?

Long answer text

8. Do you find it hard to get accurate information on how to care for your or your families dental health?

- ☐ Yes
- ☐ No

9. Would you use an application to help with your child's dental hygiene?

- ☐ Yes
- ☐ No

10. If so, for which age would you find it particularly useful? or would you be interested in an app with different age ranges? (check as many answers you need)

- ☐ 0-4 years old
- ☐ 5-10 years old
- ☐ 10-15 years old
- ☐ adults

11. What information would help you and your family improve dental health?

Long answer text

12. If you were to use an app to help your children manage their dental health what features should it have?

Long answer text

13. Select from the following which features would be important in a dental hygiene app for children.

- ☐ 3D images
- ☐ Interactivity
- ☐ Educational content
- ☐ Checklists
- ☐ Games
- ☐ Parental content