<table>
<thead>
<tr>
<th>Title</th>
<th>Knowledge of caries risk factors/indicators among Japanese and Irish adult patients with different socio-economic profiles: a cross-sectional study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Nishi, Makiko; Harding, Máiréad; Kelleher, Virginia; Whelton, Helen; Allen, Finbarr</td>
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Additional file 2
The Irish study questionnaire

Baseline Questionnaire

Please complete and return this questionnaire and the 3-day diet record in the stamped addressed envelope provided.

“Caries Prevention”

1 Are you aware that some people are more prone to dental decay (cavities or caries) than others?

Please choose only one of the following:

☐ Yes
☐ No

2 Do you think that you are more prone to dental decay than the average person?

Please choose only one of the following:

☐ Yes
☐ No

3 Generally speaking, which of the following do you think would increase the risk of developing dental decay?

Please choose all that apply:

☐ Not brushing your teeth properly
☐ Consuming too much sugary foods and drinks
☐ Consuming sugary foods and drinks too often
☐ Consuming sugary foods and drinks just before bedtime
☐ Having naturally “weak teeth”
☐ Not visiting the dentist for check-up and cleaning
☐ Not using fluoride
☐ Having particular bacteria in the mouth that contribute to the development of dental decay
☐ Having a reduced amount of saliva (spit) in the mouth
☐ Having saliva (spit) that does not have the right composition to protect against decay
☐ Other (please specify): ___________________________
4 Before this research project, has your dentist ever conducted a tooth-decay risk assessment (e.g. asked you about your diet and use of fluorides, performed saliva tests etc) and provided you with a tooth-decay prevention and instruction programme based on that personalised assessment?

Please choose only one of the following:

☐ Yes  Go to question 5 below
☐ No  Go to question 6 below

5 If “Yes”, would you recommend such a personalised caries prevention programme to your family or friends?

Please choose only one of the following:

☐ Strongly yes
☐ Somewhat yes
☐ Neither yes nor no
☐ Somewhat no
☐ Strongly no

6 If “No”, what is the main barrier for you in accessing such a personalised caries prevention programme?

Please choose only one of the following:

☐ Cost
☐ Time
☐ I did not know about them
☐ My dentist does not provide such a personalised caries prevention programme based on risk assessment.
☐ They are not necessary
☐ Other

7 Do you go to the dentist for a dental maintenance programme (check-ups and cleaning)?

Please choose only one of the following:

☐ Yes  Go to question 8 below
☐ No  Go to question 9 below

8 If “Yes”, would you recommend a dental maintenance programme (check-ups and cleaning) to your family and friends?

Please choose only one of the following:

☐ Strongly yes
Somewhat yes
Neither yes nor no
Somewhat no
Strongly no

9 If "No", what is the main barrier for you in attending the dentist for a dental maintenance programme (check-ups and cleaning)?
Please choose only one of the following:
- Cost
- Time
- I did not know about them
- My dentist does not provide a dental maintenance programme
- I cannot find a reliable dentist
- They are not necessary
- Other

10 How often do you clean your teeth?
- Never
- Less than once a week
- Less than once a day
- Once a day
- Twice or more a day

11 Do you use any of the following to clean your teeth? (include all that apply)
   - Toothbrush Yes No
   - Wooden toothpicks Yes No
   - Plastic toothpicks Yes No
   - Thread (dental floss) Yes No
   - Charcoal Yes No
   - Chewstick/miswak Yes No
   - Other Yes No Please specify .................................................................

12 Do you use tooth paste?
- Always
- Sometimes
- Never
13 How strongly do you agree with these statements?

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall, I am satisfied with all aspects of my dental treatment and visits.</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>Personalised assessment of caries risk should be included in the public insurance system.</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>The more I visit the dentist for check-ups, the more treatment I am given.</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><strong>If the public demand for prevention programmes is strong, dentistry can be changed from a mainly treatment-based service to a more preventive service.</strong></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
“Finally”

14 Gender
Please specify one of the following:
☐ Female
☐ Male

15 Age
Please specify one of the following:
☐ 19-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60 or more than 60

16 What level of education have you completed?
☐ Primary
☐ During second level
☐ After second level
☐ Third level
☐ Postgraduate degree
☐ Still in education

17 Today’s Date
Please enter today’s date: ____________________________

18 Your mobile number
Please enter here: ________________________

19 Thank you very much. Please make sure that you have answered all the questions.
Please don't hesitate to give us any comments on this questionnaire:
_____________________________________________________________________________________
_____________________________________________________________________________________

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