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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

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:

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

“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:

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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:
