Cynllun Gwên
Designed to smile

SEAL OR VARNISH

For office use only

School ID: ☐☐ Participant ID: ☐☐☐ Timepoint: Baseline ☐ 12 mo ☐ 24 mo ☐ 36 mo ☐

Seal or Varnish Study - Dental Health Questionnaire

Dear Parent,

Please answer the following questions relating to your child's dental health. The questionnaire is split in to 2 parts: Part A relates to your child's normal dental routine and Part B relates to how much of your time is taken up looking after your child's dental health.

Thank you very much for taking the time to complete this questionnaire.

Instructions for completing the questionnaire:

For most questions we would like you to put an 'X' in the relevant box. Please use black ink and keep the cross inside the box:

Example: **Who typically carries out the toothbrushing?** tick **one** box only

- the child on their own ☐
- the child, observed by an adult ☒
- adult brushes the child's teeth ☐

If you need to correct an item draw a single line through it and write in the correct answer as shown:

Example: **Who typically carries out the toothbrushing?** tick **one** box only

- the child on their own ☐
- the child, observed by an adult ☒
- adult brushes the child's teeth ☒

For some questions you will need to write your answer. Please use BLOCK CAPITALS, e.g.

Example:

Occupation TEACHER

Or numbers as appropriate, e.g.

Example:

How many minutes did the appointment take including travel time? 048

Part A: Your child and their normal dental routine

1 Please confirm the following information about your child:

your child's initials: ☐☐☐☐ your child's gender: Male ☐ Female ☐

your child's date of birth (dd/mm/yyyy): ☐☐☐☐☐☐☐☐

2 How often does your child brush their teeth? tick **one** box only

- less than once a day ☐
- once a day ☐
- twice a day ☐
- more than twice a day ☐
- never ☐ skip to → Q7

3 Who typically carries out the toothbrushing? tick **one** box only

- the child on their own ☐
- the child, observed by an adult ☐
- adult brushes the child's teeth ☐

4 What type of toothpaste does your child usually use? tick **one** box only

- normal family toothpaste ☐
- children's toothpaste ☐
- other (fill in below) ☐

5 How much toothpaste does your child usually use when brushing? tick **one** box only

- a smear on the brush ☐
- a pea sized amount ☐
- cover the brush bristles ☐

6 At what age did you start brushing your child's teeth? write age in the box below

Years ☐☐ Months ☐☐

7 Is your child currently using any of the following? tick any that apply

	Yes	No	Brand
Mouthwash	☐	☐	
Fluoride drops	☐	☐	
Fluoride tablets	☐	☐	

8 Has your child ever had fluoride varnish or gel applied by their dentist? tick **one** box only

Yes ☐ No ☐ Don't know ☐

9 Does your child attend a dentist for check-ups? tick **one** box only

- Yes ☐
- No ☐ skip to → Q11

10 **How often does your child normally see the dentist?** Tick **one** box only
- fill in months if applicable

every ☐☐ months ☐

only when in pain ☐

11 **Has your child lived in South Wales all their life?** Yes ☐ No ☐

12 **How often does your child eat or drink the following?**

	Never	<1 per week	2-3 times per week	4-6 times per week	1 per day	2-3 times per day
Milk	☐	☐	☐	☐	☐	☐
Water	☐	☐	☐	☐	☐	☐
Fizzy drinks	☐	☐	☐	☐	☐	☐
Squash	☐	☐	☐	☐	☐	☐
Fruit juice	☐	☐	☐	☐	☐	☐
Diet / light drinks / low sugar squash	☐	☐	☐	☐	☐	☐
Sweets / Confectionery	☐	☐	☐	☐	☐	☐
Chocolate	☐	☐	☐	☐	☐	☐
Crisps	☐	☐	☐	☐	☐	☐
Fruit e.g. apples and bananas	☐	☐	☐	☐	☐	☐
Cakes and biscuits	☐	☐	☐	☐	☐	☐
High fibre / low sugar breakfast cereals, like porridge, Weetabix and Shredded Wheat	☐	☐	☐	☐	☐	☐
Other breakfast cereals like Crunchy Nut Cornflakes, Frosties, Coco Pops	☐	☐	☐	☐	☐	☐

Part B: Time taken up looking after your child's dental health

13 **Not counting the mobile dental clinic at your child's school, has your child attended any other dental appointments in the last 12 months?** Tick **one** box only

Yes ☐ How many times ☐

No ☐ skip to →Q15

14 **For each appointment in the last 12 months, please list the following**
Tick **one** box in each column

What was the reason for your appointment?	Appointment 1	Appointment 2	Appointment 3	Appointment 4
Toothache	☐	☐	☐	☐
Check-up	☐	☐	☐	☐
Filling	☐	☐	☐	☐
Extraction	☐	☐	☐	☐
Other (write below)	☐	☐	☐	☐
	☐	☐	☐	☐
Where did you receive the treatment?				
Family Dentist	☐	☐	☐	☐
Emergency Dentist	☐	☐	☐	☐
Hospital Dentist	☐	☐	☐	☐
Doctor	☐	☐	☐	☐
Other (write below)	☐	☐	☐	☐
	☐	☐	☐	☐
How many minutes did the appointment take including travel time?	☐☐☐	☐☐☐	☐☐☐	☐☐☐
How many miles did you have to travel to the appointment?	☐☐☐	☐☐☐	☐☐☐	☐☐☐
How did you travel to the appointment?				
Car	☐	☐	☐	☐
By foot	☐	☐	☐	☐
Taxi	☐	☐	☐	☐
Bus	☐	☐	☐	☐
Train	☐	☐	☐	☐
Other (write below)	☐	☐	☐	☐
	☐	☐	☐	☐
Did you have to take time off paid work?				
Yes	☐	☐	☐	☐
No	☐	☐	☐	☐

→PTO

15 **Has your child been prescribed (e.g. by a dentist/GP) any medicines for tooth related problems?** Tick **one** box only

Yes ☐

No ☐ skip to →Q17

16 **What was the medicine that was prescribed?** Tick as many as apply

	Yes	No	How many times
Pain relief medication (calpol, junior ibuprofen)	☐	☐	☐☐
Antibiotics	☐	☐	☐☐
Other (write below)	☐	☐	☐☐

17 **Over the past 12 months have you self-treated your child (without going to the dentist/GP) for a dental problem?**
Tick **one** box only

Yes ☐

No ☐

If **Yes**, specify the treatment given

Painkillers ☐

Other (write below) ☐

18 **Approximately how many days do you think your child has lost from school over the last 12 months due to dental problems and/or dental visits?**
write number of days in box

☐☐ Days

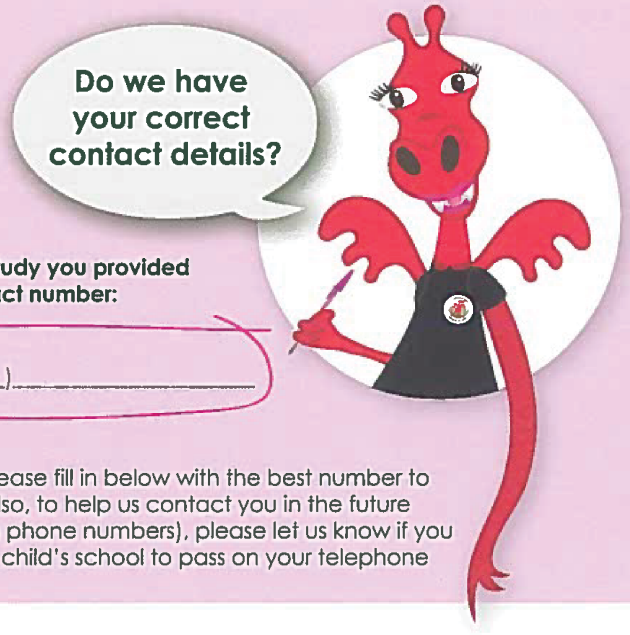
19 **Did you or another carer need to take time off paid work or find yourself unable to undertake normal daily activities because of your child's dental problems or visits?**
Tick **one** box only

Yes ☐

No ☐

20 **Could you describe the, present occupation of the child's main parent(s) or carer(s)?**
write in box below

→PTO



At the start of the study you provided the following contact number:

Tel.(_____)_____

If this is not right, please fill in below with the best number to contact you on. Also, to help us contact you in the future (e.g. if you change phone numbers), please let us know if you are happy for your child's school to pass on your telephone number.

The best number to reach me on is: Tel. (_____)_____

I give my permission for my child's school to pass on my current telephone number to the study team if they are unable to contact me in future please tick ☐

Parent Name:_____

Signature:_____

When completed, please return to the SEWTU office using the pre-paid envelope provided.

Thank you very much!

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Date received by SEWTU: ☐☐ / ☐☐ / ☐☐☐☐ Received by (initials): ☐☐☐

Date entered onto database: ☐☐ / ☐☐ / ☐☐☐☐ Entered by (initials): ☐☐☐