Oral Health Questionnaire for Children and Adolescents in Shanghai

(For 12-year-old Students)

District: _____
ID: _____
Name: _____
Date of Completion: _____
School: _____
Class: _____

Dear Student,

Hello! To further improve oral health care for children and adolescents, we would like to learn about your thoughts and practices regarding oral health care. This survey has no relation to your academic performance, and the results will not be shared with your parents or teachers. Please answer the questions truthfully as required. Thank you!

Instructions: Mark the corresponding option with a " √ " in the "□" field.

01 Are you an only child?
□ 1) Yes
□ 2) No

02 What is the highest level of education of your father?
□ 1) No formal education
□ 2) Primary school
□ 3) Junior high school
□ 4) Senior high school
□ 5) Technical secondary school
□ 6) Associate degree
□ 7) Bachelor’s degree
□ 8) Master’s degree or higher
□ 9) Don’t know

03 What is the highest level of education of your mother?
□ 1) No formal education
□ 2) Primary school
□ 3) Junior high school
□ 4) Senior high school
□ 5) Technical secondary school
□ 6) Associate degree
□ 7) Bachelor’s degree
□ 8) Master’s degree or higher
□ 9) Don’t know

04 How often do you brush your teeth?
□ 1) Twice or more per day
□ 2) Once a day
□ 3) Not every day
□ 4) Never brush

05 Do you use fluoride toothpaste when brushing?
□ 1) Yes
□ 2) No
□ 3) Don't know
□ 4) No toothpaste

06 Do you use dental floss?
□ 1) Never
□ 2) Occasionally
□ 3) Weekly
□ 4) Daily

07 How often do you usually consume the following foods or beverages? **(Choose only one answer for each item)**

Items	≥2 times a day	Once a day	2-6 times a week	1 time a week	1-3 times a month	Rarely/ Never
1) Sweet snacks (biscuits, cakes, bread, etc.) and sweets (chocolate, sugar-containing gum, etc.)	□	□	□	□	□	□
2) Sweet drinks (soft drinks, fruit juices, lemonade, etc.)	□	□	□	□	□	□
3) Sweetened milk, yogurt, milk powder, tea, soy milk, coffee, milk tea, etc.	□	□	□	□	□	□

08 Do you smoke?
□ 1) Daily
□ 2) Weekly
□ 3) Rarely or used to smoke
□ 4) Never

09 How would you rate your own teeth and oral condition?
□ 1) Very good
□ 2) Good
□ 3) Fair
□ 4) Poor
□ 5) Very poor

10 Have you ever injured (bumped or broken) your teeth?
□ 1) Yes
□ 2) No
□ 3) Can't remember (If No or Can't remember, skip to Q12)

11 Where did the injury occur? **(Multiple choices allowed)**
□ 1) Inside school campus
□ 2) Outside school campus

12 During the past 12 months, have you had toothache?
□ 1) Often
□ 2) Occasionally
□ 3) Never
□ 4) Can't remember

13 Have you ever visited a dental clinic or hospital?
□ 1) Yes
□ 2) Never **(If never, skip to Q16)**

14 How long ago was your last dental visit?
□ 1) Within 6 months
□ 2) 6–12 months ago
□ 3) More than 12 months ago **(If >12 months, skip to Q16)**

15 What was the reason for your last dental visit? **(Multiple choices allowed)**
□ 1) Consultation / seeking advice
□ 2) Preventive care
□ 3) Emergency treatment (e.g., pain)
□ 4) Non-emergency treatment
□ 5) Don't know / can't remember

16 Are the following statements correct? **(Choose only one answer for each item)**

Items	Correct	Incorrect	Unclear
(1) Gingival bleeding while brushing is normal	□	□	□
(2) Bacteria can cause gingivitis	□	□	□
(3) Brushing teeth is useless for preventing gingivitis	□	□	□
(4) Bacteria can cause dental caries	□	□	□
(5) Sugar consumption can lead to dental caries	□	□	□
(6) Fluoride is useless for protecting teeth	□	□	□
(7) Pit and fissure sealants can protect teeth	□	□	□
(8) Oral diseases can affect general health	□	□	□

17 What is your attitude towards the following statements? **(Choose only one answer for each item)**

Items	Agree	Disagree	Unclear
(1) Oral health is important for life	□	□	□
(2) Regular dental check-ups are necessary	□	□	□
(3) Dental health is inborn	□	□	□
(4) Preventing dental diseases depends on oneself	□	□	□

18 During the past 12 months, how much have your oral problems affected the following aspects？ (Please answer using the scale: 1=not at all, 2=very little, 3=some, 4=a lot, 5=very much)

Aspect	**1**	**2**	**3**	**4**	**5**
1) Eating	□	□	□	□	□
2) Pronunciation / speaking	□	□	□	□	□
3) Brushing or rinsing	□	□	□	□	□
4) Doing housework	□	□	□	□	□
5) Attending school	□	□	□	□	□
6) Sleeping	□	□	□	□	□

Aspect	1	2	3	4	5
7) Smiling / showing teeth	□	□	□	□	□
8) Mood / emotions	□	□	□	□	□
9) Making friends	□	□	□	□	□

19 Last semester, how many classes with oral health content did you take at school? _____ times (If unknown or refuse, write "N")

20 Have you received free oral examinations or treatment services provided by the government at your school?

□ 1) Yes

□ 2) No

□ 3) Not clear

Thank you very much for your cooperation!

Any unclear or questionable records in this questionnaire: _____

Data Entry Clerk: _____

Date of Entry: _____