



SEMMELWEIS UNIVERSITY

Faculty of Dentistry

Department of Prosthodontics

Director

PROF. DR. PÉTER HERMANN

Questionnaire for assessing the periodontal status of users of traditional and alternative tobacco products

SE RKEB number: 131/2023

Name:

Phone number:

Date of birth:

E-mail:

Social security
number:

Please answer the questions below:

1. What tobacco product do you use?
☐ Traditional cigarette
☐ Heated tobacco product (e.g. IQOS, glo)
☐ Other:
☐ Does not smoke
2. How many years have you been smoking?
.....
3. If you do not smoke, did you smoke regularly in the past?
☐ Yes
☐ No
If yes, how many years did you smoke? years
If yes, how long have you not been smoking? years/.....months
4. How many cigarettes/heat sticks do you smoke per day?.....
5. How many milligrams of nicotine does the tobacco product you use contain? If you do not know, please describe the type of product you use.
.....
6. How many minutes do you spend smoking at one time?
.....
7. How long after waking up do you light up?
.....
8. Do you regularly use any tobacco products other than those listed above? E.g. e-cigarettes, cigars, pipes, snuff, hookahs
.....
.....
.....

9. Does anyone in your family smoke or have smoked?
☐ Yes
☐ No
10. How often do you visit the dentist?
☐ Biannually
☐ Annually
☐ In case of complaint
11. Have you ever been treated for periodontal disease, or has your dentist ever indicated that it would be necessary?
☐ Yes
☐ No
12. How many times a day do you brush your teeth?
☐ Once
☐ Twice or more
13. Do you use dental floss or an interdental brush?
☐ Yes
☐ No
14. Highest level of education:
☐ Less than 8 years of primary school
☐ 8 years of primary school
☐ Secondary education
☐ Higher education (college, university)

Date:

Signature:

patient