

DCR-007-Primary Caregiver Questionnaire

Dental Caries Risk

Participant ID: _____ — _____

Visit Date: ____ / ____ / ____
DD MON YYYY

Visit: ☐ Month 66 (V4) ☐ Month 84 (V5) ☐ Month 102 (V6) ☐ Month 66 Re-cal ☐ Month 84 Re-cal ☐ Month 102 Re-cal

We are conducting a study about risks for tooth decay. Please circle the best answer to the following questions.

| The first few questions are about your child's teeth | (Select one) |
|---|-------------------|
| 1. Did your child have cavities, fillings, and/or teeth pulled in the last two years? | Yes No Don't know |

| Now we want to ask about your child's tooth care | (Select one) |
|--|----------------------------|
| 2. How often does an adult brush your child's teeth? | Daily Weekly Monthly Never |
| 3. How often does your child brush her/his own teeth without any help from an adult? | Daily Weekly Monthly Never |
| 4. How often are your child's teeth brushed with any toothpaste? | Daily Weekly Monthly Never |
| 5. How often does your child share a toothbrush with another person? | Daily Weekly Monthly Never |
| 6. When brushing, how often do your child's gums bleed? | Daily Weekly Monthly Never |
| 7. How often does an adult floss your child's teeth? | Daily Weekly Monthly Never |
| 8. How often does your child floss her/his teeth without any help from an adult? | Daily Weekly Monthly Never |
| 9. When flossing, how often do your child's gums bleed? | Daily Weekly Monthly Never |
| 10. How often do you check your child's teeth for anything unusual? | Daily Weekly Monthly Never |

| Next we ask you about your child's eating habits - <u>FOR THE PAST YEAR</u> | (Select one) |
|--|---|
| 11. How often does your child eat sugary snacks such as cookies, chips, cakes, cereal, or granola bars between meals? | <input type="radio"/> Three or more times a day <input type="radio"/> One or two times a day <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Never |
| 12. How often does your child eat sticky sugary snacks such as sticky candies, raisins, dried fruit, fruit roll-ups, or fruit gummies between meals? | <input type="radio"/> Three or more times a day <input type="radio"/> One or two times a day <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Never |
| 13. How often does your child drink sugary drinks such as regular soda, sweet tea, chocolate milk, sports drinks, strawberry milk or fruit juice between meals? | <input type="radio"/> Three or more times a day <input type="radio"/> One or two times a day <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Never |
| 14. Do your child's teeth get brushed after eating/drinking these snacks/drinks? | Always Sometimes Rarely Never |
| 15. How often do you give your child a gummy or chewable vitamin? | <input type="radio"/> Three or more times a day <input type="radio"/> One or two times a day <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Never |

| These questions now ask you to report your child's behavior | (Select one) |
|--|---|
| 16. How often does your child suck her/his thumb or fingers? | Daily Weekly Monthly Never |
| 17. How would you describe the way your child drinks? | <input type="radio"/> Holds the drink in mouth for 10 seconds or more <input type="radio"/> Swishes drink around before swallowing <input type="radio"/> Gulps the drink quickly <input type="radio"/> Drinks at a steady pace |
| 18. How would you describe the way your child eats? | <input type="radio"/> Holds the food in mouth for 10 seconds or more <input type="radio"/> Chews the food slowly before swallowing <input type="radio"/> Eats very fast <input type="radio"/> Eats at a steady pace |

| The following questions are about your child's dental care and health | (Select one) |
|---|--------------|
|---|--------------|

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QUESTIONS ABOUT YOU (THE CAREGIVER) BELOW

| Now we ask you about your teeth and your tooth care | (Select one) |
|---|----------------------------|
| 19. Do you have any of your own teeth? | Yes No |
| 20. Have you had cavities, fillings, and/or teeth pulled in the last two years? | Yes No |
| 21. How often do you brush your teeth? | Daily Weekly Monthly Never |
| 22. How often do your gums bleed when you brush? | Daily Weekly Monthly Never |
| 23. How often do you floss your teeth? | Daily Weekly Monthly Never |
| 24. How often do your gums bleed when you floss? | Daily Weekly Monthly Never |

| These questions are about your eating habits | (Select one) |
|---|--|
| 25. How often do you eat sugary snacks such as cookies, chips, cakes, or cereal bars between meals? | <input type="radio"/> Three or more times a day <input type="radio"/> One or two times a day <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Never |
| 26. How often do you eat sticky sugary snacks such as sticky candies, raisins, dried fruit, fruit roll-ups, or fruit gummies between meals? | <input type="radio"/> Three or more times a day <input type="radio"/> One or two times a day <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Never |
| 27. How often do you drink sugary drinks such as regular soda, sweet tea, coffee with sugar, chocolate milk, strawberry milk, sports drinks, fruit juice or sweet alcoholic beverages between meals? | <input type="radio"/> Three or more times a day <input type="radio"/> One or two times a day <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Never |
| 28. How often do you take a gummy or chewable vitamin? | <input type="radio"/> Three or more times a day <input type="radio"/> One or two times a day <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Never |
| 29. How would you describe the way you drink? | <input type="radio"/> Hold the drink in mouth for 10 seconds or more <input type="radio"/> Swish drink around before swallowing <input type="radio"/> Gulp the drink quickly <input type="radio"/> Drink at a steady pace |
| 30. How would you describe the way you eat? | <input type="radio"/> Hold the food in mouth for 10 seconds or more <input type="radio"/> Chew the food slowly before swallowing <input type="radio"/> Eat very fast <input type="radio"/> Eat at a steady pace |

| Now we would like to know about your medical/dental care and health insurance | (Select one) |
|--|--|
| 31. Over the past two years, how often do you see your health care provider for regular check-ups? | <input type="radio"/> Never <input type="radio"/> Only when needed (pain, sick, etc.) <input type="radio"/> Yearly <input type="radio"/> Twice Yearly |
| 32. Over the past two years, how often did you get dental check-ups? | <input type="radio"/> Never <input type="radio"/> Only when needed (pain, sick, etc.) <input type="radio"/> Yearly <input type="radio"/> Twice Yearly |
| 33. Do you have health insurance? | Yes No Sometimes |
| 34. Do you have dental insurance? | Yes No Sometimes |

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| Now tell us a little about you... | (Select one, except #55) |
|---|---|
| 35. Counting you and your child, how many people live with you? (specify a number of children - under 18 years old - and number of adults counting yourself) | #Children: ____ #Adults: ____ |
| 36. Which of the following categories best represents the combined income of all family members in your household for the past 12 months? (select one) | <input type="radio"/> Less than \$5,000 <input type="radio"/> \$5,000 - \$9,999 <input type="radio"/> \$10,000 - \$19,999 <input type="radio"/> \$20,000 - \$29,999 <input type="radio"/> \$30,000 - \$39,999 <input type="radio"/> \$40,000 - \$49,999 <input type="radio"/> \$50,000 - \$79,999 <input type="radio"/> \$80,000 - \$99,999 <input type="radio"/> \$100,000 or more <input type="radio"/> Don't know |
| 37. What is your highest level of education? | <input type="radio"/> 8th grade or less <input type="radio"/> Some high school <input type="radio"/> High school graduate or GED <input type="radio"/> Some college <input type="radio"/> College degree <input type="radio"/> Master's degree <input type="radio"/> PhD, DDS, MD, DO, JD or other professional or doctoral degree |

| Finally, please answer the following questions to the best of your ability | (Select one) |
|--|--|
| 38. I do a/an _____ job taking care of the child's teeth and/or gums Please select the answer that best fits your current behavior. | <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor |
| 39. I do a/an _____ job taking care of the child's medical health Please select the answer that best fits your current behavior. | <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor |

Thank you so much for answering these questions. We will use this information to learn more about children's dental health. In a year and a half you will complete this questionnaire again. Thank you again for your help today.