To the participants in this study;

Thank you in advance for participating in this study.

The aim of this questionnaire survey is to provide baseline data necessary for improving the dental education system in Iran. The results of this study will ultimately help to promote the oral health of our community. Your thorough answers to these questions would be very helpful in this regard.

The questionnaire consists of various parts. Instructions to answer to the questions have been presented at the beginning of each section.

It is not necessary to write down your name. The completed questionnaires will be analyzed anonymously and no conclusions will be made based on individual responses.

If you have any questions or comments regarding the questions, please contact the researcher at the address below.

Thank you again for completing the questionnaire.

Researcher: Mohammad Reza Khami

Community Oral Health Department,

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Tehran University of Medical Sciences,

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Tel: xxxxx

Email: xxxxx

* 1. Gender: 1. Male 2. Female
	2. Year of birth....
	3. Is (or has been) one of your parents (or both of them) a dentist?
1. Yes 2. No

1-4. What is the highest level of your father’s education?

1. Illiterate
2. Able to read and write
3. Primary or secondary school education
4. High school (or vocational school) education or diploma
5. Associate degree
6. Bachelor degree
7. Master degree
8. Doctorate

1-5. What is the highest level of your mother's education?

1. Illiterate

1. Able to read and write
2. Primary or secondary school education
3. High school (or vocational school) education or diploma
4. Associate degree
5. Bachelor degree
6. Master degree
7. Doctorate

2. In the following questions, please choose the appropriate alternative.

2-1- How often do you usually brush your teeth?

1- Irregularly or never

2- Once a week

3- A few (2-3) times a week

4- Once a day

5 - More than once a day

2-2- Do you use toothpaste containing fluoride, while brushing?

1- Always or almost always

2- Quiet often

3- Seldom

4- Not at all

2-3- Do you smoke cigarette?

1-No, never

2-No, I used to but I quitted.

3-Yes, Once a month or less

4-Yes, A few times (2-3) a month

5-Yes, A few times (2-3) a week

6-Yes, Once in a day or more

2-4- Do you smoke pipe?

1-No, never

2-No, I used to but I quitted.

3-Yes, Once a month or less

4-Yes, A few times (2-3) a month

5-Yes, A few times (2-3) a week

6-Yes, Once in a day or more

2-5- Do you smoke water-pipe?

1-No, never

2-No, I used to but I quitted.

3-Yes, Once a month or less

4-Yes, A few times (2-3) a month

5-Yes, A few times (2-3) a week

6-Yes, Once in a day or more

2.1. Gender: 1. Male 2. Female

2.2. Year of birth……..

2.3. Is (or has been) one of your parents (or both of them) a dentist?

1. Yes 2. No

2.4. Were you a dental hygienist before studying dentistry?

1. Yes 2. No

In the following questions, please choose the appropriate alternative.

6.1. How often do you usually brush your teeth?

1. Irregularly or never

2. Once a week

3. A few (2-3) times a week

4. Once a day

5. More than once a day

6.2. Do you use toothpaste containing fluoride when brushing?

1. Always or almost always

2. Quiet often

3. Seldom

4. Not at all

Do you smoke cigarettes?

1. No, never

2. No, I used to, but I quit.

3. Yes, once a month or less

4. Yes, a few times (2-3) a month

5. Yes, a few times (2-3) a week

6. Yes, once a day or more

6.8. Do you smoke a pipe?

1. No, never

2. No, I used to, but I quit.

3. Yes, once a month or less

4. Yes, a few times (2-3) a month

5. Yes, a few times (2-3) a week

6. Yes, once a day or more

6.8. Do you smoke water-pipe?

1. No, never

2. No, I used to, but I quit.

3. Yes, once a month or less

4. Yes, a few times (2-3) a month

5. Yes, a few times (2-3) a week

6. Yes, once a day or more