**Supplementary 1: Questionnaire**

**Follow up of the Midwifery Initiated Oral Health Program**

**Questionnaire**

****

Parent Section  
*The following are questions related to your dental health*

**your dental health and care**

*First some questions about your dental health and care*

1. Do you currently have any problems or concerns with your teeth, gums or mouth?

❒ Yes ❒ No ***go to Q3***

If yes, what are your main problems/concerns (tick all that apply)

Bleeding gums ❒

Toothache (pain in your teeth) ❒

Cavities (holes in your teeth) ❒

Loose teeth ❒

Sensitive teeth ❒

Broken teeth ❒

Swellings ❒

Otherproblems ❒

1. Have you sought advice from a dental professional for this problem/concern?

❒ Yes ❒ No

If no, why not? (tick all that apply)

Don’t have time ❒

Not important ❒

Would cost too much ❒

Would have to travel too far ❒

Don’t have a way to get there ❒

No one to care for other children or family members ❒

It is not safe ❒

I am nervous or afraid to go ❒

Others issues ❒

1. Have you received any information about “oral health care during early childhood”?

❒ Yes ❒ No ***go to next section***

If yes,

- What information have you received?

- Where have you received this information from? (place, person etc)

1. On a scale of 1-5 where 1 = “very dissatisfied” and 5 is “very satisfied”, how satisfied are you with the information received about “oral health care during early childhood”? (please circle)

1 2 3 4 5

Very dissatisfied Very satisfied

**Knowledge**

1. Please answer the following questions.

|  |  |  |
| --- | --- | --- |
| **Questions** | **True** | **False** |
| Having healthy baby teeth is not as important as having healthy permanent teeth because baby teeth will fall out. |  |  |
| A good way to prevent cavities in children is to give sugary snacks only at meal times |  |  |
| It is ok to use the same spoon to taste baby’s food |  |  |
| Dental caries is a disease in which bacteria in your mouth use sugar to produce acid that breaks down your tooth enamel |  |  |
| Early tooth decay appears as yellow areas that later break down into brownish holes |  |  |
| Undetected tooth decay can cause a child to suffer considerable pain and even hospitalisation |  |  |
| Children of mothers who have tooth decay are more likely to get tooth decay |  |  |
| Cheese is a snack that is least likely to cause decay |  |  |
| It is safe to put baby to bed with a bottle of milk. |  |  |
| A pea sized amount of toothpaste should be used when brushing children’s teeth |  |  |
| Children should be assisted in brushing till the age of 8 years |  |  |
| Parents should regularly perform a ‘lift the lip’ check on their child |  |  |

1. Tooth decay in early childhood is *(tick one response)*

❒ Less common than asthma in children.

❒ Becoming much less common

❒ The single most common chronic childhood disease.

❒ None of the above

1. Untreated tooth decay can lead to: *(tick one response)*

❒ Loss of concentration

❒ Lack of appetite

❒ Irritability

❒ All of the above

1. Which of the following drinks do not cause tooth decay?

❒ Milk

❒ Fruit juice

❒ Soda

❒ Water

1. What are factors that might increase the risk of tooth decay? (*Tick all that apply*)

❒ Taking too much sugary food or drinks

❒ Not brushing teeth with fluoride toothpaste in the morning and at night

❒ Eating or drinking too frequently

❒ Not rinsing after meals

❒ Lack of calcium

❒ Breastfeeding beyond 12 months of age

❒ Discontinuing bottle feeding before 12 months

❒ Sipping from a bottle/cup throughout the day with something sweet in it

❒ None of the above

1. When should you start brushing a child’s teeth? *(tick one response)*

❒ When the first tooth appears

❒ When the child is 12 months old

❒ When the child is 18months old

❒ None of the above

1. Before infant’s teeth appear, parents should: *(tick one response)*

❒ Use toothpaste on their infant’s gums to get them used to the taste

❒ Clean an infant’s gums with a damp washcloth after meals and before bed

❒ Use a soft brush on their gums to get them used to the action of brushing

❒ All of the above

1. Tooth decay in early childhood is caused by a combination of many factors that include the following: *(tick one response)*

❒ Decay-causing bacteria

❒ Exposure to sugars

❒ Inappropriate feeding practices

❒ All of the above

1. Which is not a risk factor for tooth decay in early childhood? *(tick one response)*

❒ Sleeping with a bottle filled with orange juice

❒ Sleeping with a bottle filled with plain water

❒ Sleeping with a bottle filled with cow’s milk

❒ Sleeping with a bottle filled with formula

1. A child’s first dental visit should be: *(tick one response)*

❒ At six months of age

❒ At one year old

❒ At two years old

❒ Before they start school (5 years old)

Child section

*The following are questions about your child’s dental health*

**Your child’s dental health and care**

1. How do you perceive your child’s oral health?

Very Good ❒

Good ❒

Average ❒

Poor ❒

Very Poor ❒

1. Do you currently have any concerns with your child’s teeth, gums or mouth?

❒ Yes ❒ No

If yes, what are your main problems/concerns (tick all that apply)

Bleeding gums ❒

Toothache (pain in your teeth) ❒

Cavities (holes in your teeth) ❒

Loose teeth ❒

Sensitive teeth ❒

Broken teeth ❒

Swellings ❒

Otherproblems ❒

1. Have your child’s dental problems affected what they eat and their overall health in general?

❒ Never ❒ Sometimes ❒ Often ❒Regularly❒ Don’t know

If yes, how has it affected them?

1. Have you taken your child to a dental professional for this problem/concern?

❒ Yes ❒ No

If no, why not? (tick all that apply)

Don’t have time ❒

Not important ❒

Would cost too much ❒

Would have to travel too far ❒

Don’t have a way to get there ❒

No one to care for other children or family members ❒

It is not safe ❒

I am nervous or afraid to go ❒

Others issues ❒

1. Did you ever have to take your child to a hospital to treat dental problems?

❒ Yes ❒ No

If yes, please explain why.

1. Does your child regularly see a dentist every year?

❒ Yes ❒ No

When was the last time your child saw a dentist?

Less than 12 months ❒

1 year to less than 2 years ❒

2 years to less than 5 years ❒

More than 5 years ❒

Never visited ❒

Don’t know ❒

1. How old was your child when he/she first visited a dentist or oral health therapist for a check-up or treatment?

Under one year old ❒  
One year of age ❒  
Two years of age ❒  
Three years of age ❒  
Four years of age ❒  
Five years of age or older ❒  
Never visited for general dental care ❒

1. Where was your child’s last dental visit? Was it at a…

Private dental practice ❒

Government dental clinic (inc dental hospital) ❒

School dental service ❒

Clinic operated by health insurance fund ❒

Other site ❒

Don’t know ❒

**Oral hygiene habits**

*The following questions are about your dental habits*

1. How often are your child’s teeth brushed with toothpaste?

Less than once a day ❒

Once a day ❒

Twice a day ❒

More than twice a day ❒

1. What type of toothpaste is used for your child?

Standard fluoride toothpaste ❒

Children’s toothpaste ❒

Non-fluoride toothpaste ❒

None ❒

Don’t know/not sure ❒

1. How much toothpaste does your child (or do you) usually use on his/her toothbrush?



❒ ❒ ❒

1. Have you noticed your child eating or licking toothpaste?

Often ❒  
Sometimes ❒  
Never ❒

1. Do you usually assist your child to brush his/her teeth?

❒ Yes ❒ No

If yes, what do you do?

Apply toothpaste and brush teeth ❒

Only put toothpaste on brush ❒

Watch and give advice ❒

Other ❒

**Diet**

1. How often does your child eat or drink the following:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Item | Never | Rarely | Once a fortnight | Once a week | A few times a week | Once a day | More than once a day | Don’t know |
| 1 | Juice | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| 2 | Tap water | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| 3 | Filtered/bottled water | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| 4 | Tea/coffee | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| 5 | Soft/fizzy drink | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| 6 | Flavoured milk | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| 7 | Sweet and savoury biscuits, cakes, donuts or muesli bars | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |
| 8 | Confectionary including chocolate, confectionary bars and lollies | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |

**Feeding/Eating Practices**

1. How often does your child drink from:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No | Item | Never |  |  |  | Always | Don’t know |
| 1 | Bottle | **1** | **2** | **3** | **4** | **5** |  |
| 2 | Feeder cup with spout/straw | **1** | **2** | **3** | **4** | **5** |  |
| 3 | Regular cup | **1** | **2** | **3** | **4** | **5** |  |
| 4 | Other | **1** | **2** | **3** | **4** | **5** |  |

1. If your child has a bottle, how often does he/she drink the following drinks from the bottle?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No | Item | Never |  |  |  | Always | Don’t know |
| 1 | Milk (cow, soy or formula) | **1** | **2** | **3** | **4** | **5** |  |
| 2 | Flavoured milk | **1** | **2** | **3** | **4** | **5** |  |
| 3 | Cordial, juice or fizzy drink | **1** | **2** | **3** | **4** | **5** |  |
| 4 | Tap water | **1** | **2** | **3** | **4** | **5** |  |
| 5 | Tea/coffee | **1** | **2** | **3** | **4** | **5** |  |
| 6 | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **1** | **2** | **3** | **4** | **5** |  |

1. Has your child ever been breastfed?

❒ Yes ❒ No

1. Is your child currently being breastfed?

❒ Yes ❒ No

1. Is your child currently using a bottle?

❒ Yes ❒ No

1. If your child has previously used a bottle, at what age did they stop using a bottle completely?  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years



1. Has your child regularly used a dummy or pacifier?

❒ Yes ❒ No

1. If yes, how old was your child when he/she stopped using a dummy or pacifier?  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years

❒ Still using a dummy or pacifier

1. Do you/have you ever done the following? (tick all that apply)

Share spoons or eating utensils while feeding your child ❒

Use your mouth to clean a pacifier for your child ❒

Coated a pacifier/bottle teat with honey/sweet substances ❒

Given your child a bottle when lying down to rest/sleep ❒

1. How frequently does your child snack?

Not at all ❒  
Once per day ❒  
2 times per day ❒

3 times per day ❒

**Finally some questions about you and your child**

*Questions about you*

1. In which country were you born?
2. What language do you speak at home?
3. What is your post code?
4. Do you have other children?

❒ Yes If yes, how old are they? ❒ No

1. Are you working? ❒ Working full time ❒ Working part time ❒ Not working
2. What is your highest educational qualification?

Primary school ❒

Secondary school ❒

High school ❒

Tafe ❒

University ❒

No education ❒

1. What is your marital status?

❒ Single ❒ Married/partnered ❒ Divorced ❒ Widowed

1. What is your combined average fortnightly household income?

$700 or less ❒

Between $700 to $1,200 ❒

Between $1,200 to $2,000 ❒

Between $2,000 to $3,000 ❒

More than $3,000 ❒

Don’t know ❒

Refused ❒

1. Do you have private health insurance?

❒ Yes ❒ No ❒ Don’t know

1. Do you currently have a pensioner concession card, a health care card or a Department of Veterans Affairs card?

❒ Yes ❒ No ❒ Don’t know

11. MRN no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Questions about your child*

1. How old is your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years
2. In which country was your child born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does your child attend day care or preschool?

❒ Yes ❒ No ❒ Don’t know

4. MRN no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR PARTICIPATING**