Q24 Finally, is there anything else you’d like to say about your dental health, or about dentists in general?

Thank you very much for your help.
Q4. How satisfied are you with the appearance of your teeth?

Tick one answer only

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Q5. At the moment, do you think that your teeth are all right as they are or would you prefer to have them straightened?

Tick one answer only

- My teeth are all right
- I would prefer them straightened
- I am already having orthodontic treatment (e.g., wearing a brace)
- Don’t know

Q6. In the last three months have you had difficulty eating because of problems with your teeth and mouth?

Tick one answer only

- Not at all
- A little
- A fair amount
- A lot

Q7. In the last three months have you had difficulty speaking clearly because of problems with your teeth and mouth?

Tick one answer only

- Not at all
- A little
- A fair amount
- A lot

Q22. Have you received helpful information about how to keep your teeth and mouth healthy from any of these people?

Tick one box on each row

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents or guardians</td>
<td></td>
</tr>
<tr>
<td>Brothers or sisters</td>
<td></td>
</tr>
<tr>
<td>Other adult relatives</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
</tr>
<tr>
<td>A dentist, hygienist or dental nurse</td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
</tr>
<tr>
<td>Other adults at school (e.g., a school nurse)</td>
<td></td>
</tr>
<tr>
<td>Other adults that I know</td>
<td></td>
</tr>
</tbody>
</table>

Q23. Have you received helpful information about how to keep your teeth and mouth healthy from any of these places?

Tick one box on each row

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverts</td>
<td></td>
</tr>
<tr>
<td>TV programmes</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Newspapers or magazines</td>
<td></td>
</tr>
<tr>
<td>The internet</td>
<td></td>
</tr>
<tr>
<td>Social media (e.g., Facebook, Twitter)</td>
<td></td>
</tr>
</tbody>
</table>
Q19 How many times a day do you usually drink...

<table>
<thead>
<tr>
<th>Diet coke or other non-sugar drinks</th>
<th>Tick one box on each row</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four or more times a day</td>
<td>Three times a day</td>
</tr>
<tr>
<td></td>
<td>Two times a day</td>
</tr>
<tr>
<td></td>
<td>Once a day</td>
</tr>
<tr>
<td></td>
<td>Less than once a day</td>
</tr>
<tr>
<td>Rarely or never</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coke or other soft drinks or squash that contain sugar (e.g. Powerade, Lucozade)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Four or more times a day</td>
<td>Three times a day</td>
</tr>
<tr>
<td>Two times a day</td>
<td>Once a day</td>
</tr>
<tr>
<td>Less than once a day</td>
<td>Rarely or never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Water (tap or bottled)</th>
<th>Tick one box on each row</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four or more times a day</td>
<td>Three times a day</td>
</tr>
<tr>
<td>Two times a day</td>
<td>Once a day</td>
</tr>
<tr>
<td>Less than once a day</td>
<td>Rarely or never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fruit juice and smoothies</th>
<th>Tick one box on each row</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four or more times a day</td>
<td>Three times a day</td>
</tr>
<tr>
<td>Two times a day</td>
<td>Once a day</td>
</tr>
<tr>
<td>Less than once a day</td>
<td>Rarely or never</td>
</tr>
</tbody>
</table>

Q20 This question is about smoking. Please read the following sentences carefully and choose the one that best describes you.

Think about times you may have had a puff or two as well as smoking whole cigarettes.

Tick one answer only

- I have never tried smoking cigarettes
- I have smoked cigarettes only once or twice
- I used to smoke cigarettes but I don’t now
- I sometimes smoke cigarettes, but don’t smoke every week
- I smoke cigarettes regularly, once a week or more

Remember that your answers will not be shown to anyone you know, or to the dentist you are about to see.

Q21 This question is about alcohol. Please read the following sentences carefully and choose the one that best describes you.

Think about whole drinks (not just sips) when answering this question.

Tick one answer only

- I have never drunk alcohol
- I have drunk alcohol only once or twice
- I used to drink alcohol but don’t now
- I sometimes drink alcohol, but don’t drink alcohol every week
- I drink alcohol regularly, once a week or more

Q8 In the last three months have you had difficulty cleaning your teeth because of problems with your teeth and mouth?

Tick one answer only

- Not at all
- A little
- A fair amount
- A lot

Q9 In the last three months have you had difficulty relaxing (including sleeping) because of problems with your teeth and mouth?

Tick one answer only

- Not at all
- A little
- A fair amount
- A lot

Q10 In the last three months have you felt different (for example more impatient, irritated, easily upset) because of problems with your teeth and mouth?

Tick one answer only

- Not at all
- A little
- A fair amount
- A lot

Q11 In the last three months have you had difficulty smiling, laughing and showing your teeth without being embarrassed because of problems with your teeth and mouth?

Tick one answer only

- Not at all
- A little
- A fair amount
- A lot
Q12  In the last three months have you had difficulty doing your schoolwork (for example going to school, learning in class, doing homework) because of problems with your teeth and mouth?

<table>
<thead>
<tr>
<th>Tick one answer only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>A little</td>
</tr>
<tr>
<td>A fair amount</td>
</tr>
<tr>
<td>A lot</td>
</tr>
</tbody>
</table>

Q13  In the last three months have you had difficulty enjoying being with people (for example going out, visiting friends) because of problems with your teeth and mouth?

<table>
<thead>
<tr>
<th>Tick one answer only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>A little</td>
</tr>
<tr>
<td>A fair amount</td>
</tr>
<tr>
<td>A lot</td>
</tr>
</tbody>
</table>

Q14  In the last three months how much did the condition of your teeth and mouth affect your everyday life?

<table>
<thead>
<tr>
<th>Tick one answer only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>A little</td>
</tr>
<tr>
<td>Somewhat</td>
</tr>
<tr>
<td>A fair amount</td>
</tr>
<tr>
<td>A great deal</td>
</tr>
</tbody>
</table>

Q16  Do you usually go to the dentist...

<table>
<thead>
<tr>
<th>Tick one answer only</th>
</tr>
</thead>
<tbody>
<tr>
<td>...for a check-up</td>
</tr>
<tr>
<td>...only when I have trouble with my teeth</td>
</tr>
<tr>
<td>I have never been to the dentist</td>
</tr>
</tbody>
</table>

Q17  We would like you to say if you usually get anxious or worried about the dentist and what happens at the dentist.

<table>
<thead>
<tr>
<th>Tick one box on each row</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you went to your dentist for treatment tomorrow, how would you feel?</td>
</tr>
<tr>
<td>If you were sitting in the waiting room (waiting for treatment), how would you feel?</td>
</tr>
<tr>
<td>If you were about to have a tooth drilled, how would you feel?</td>
</tr>
<tr>
<td>If you were about to have your teeth scaled and polished, how would you feel?</td>
</tr>
<tr>
<td>If you were about to have a local anaesthetic injection in your gum, above an upper back tooth, how would you feel?</td>
</tr>
</tbody>
</table>

These questions are about what you eat and drink. We also ask you if you have ever smoked cigarettes or drunk alcohol.

Your answers will NOT be shown to anyone you know, or to the dentist you are seeing.

Q18  How many times a day do you usually eat...

<table>
<thead>
<tr>
<th>Tick one box on each row</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit (fresh, tinned, dried and frozen)</td>
</tr>
<tr>
<td>Cakes or biscuits</td>
</tr>
<tr>
<td>Sweets (candy or chocolate)</td>
</tr>
</tbody>
</table>

These questions are about cleaning your teeth and seeing the dentist.

Remember that the dentist you are seeing will NOT see your answers, and neither will your parents or teachers.
Thank you for your help in completing this questionnaire. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next:

Yes, once  Go to Q7
Yes, two or three times  Go to Q7
Yes, more than three times  Go to Q7
No, never  Go to Q17

Please answer the questions by ticking a box or writing in text as requested.

Your information will be treated in the strictest confidence.
LOOKING AFTER YOUR CHILD’S TEETH

Q1  How old was your child when they started brushing their teeth or having them brushed for them?

Tick one answer only

- Under 6 months of age → Go to Q2
- Between 6 months and 1 year of age → Go to Q2
- Between 1 and 2 years of age → Go to Q2
- Between 2 and 4 years of age → Go to Q2
- Between 4 and 6 years of age → Go to Q2
- 6 years of age or older → Go to Q2
- My child does not brush their teeth or have them brushed for them → Go to Q6

Q2  Who usually brushes your child’s teeth nowadays?

Tick one answer only

- Your child
- An adult
- An adult and your child together

Q3  How often does your child usually brush their teeth (or have them brushed for them)

Tick one answer only

- More than three times a day
- Three times a day
- Twice a day
- Once a day
- Less than once a day
- Never
Q4 Over the last year has your child regularly used any of the following products to look after their teeth or mouth?

Tick one box on each row

Yes No

Toothbrush (non-electric)

Electric/battery operated toothbrush

Toothpaste

Fluoride drops or tablets (usually taken each day)

Mouthwash

Dental floss

Dental disclosing (plaque revealing) tablets

Sugar free or dental chewing gum

Other, write below

Q5 What is the name of the toothpaste your child is currently using?

Please write the full name of toothpaste (including both brand and type) below (e.g. Colgate Total Care, Tesco Steps Toothpaste 6+, Green People Organic Children Mandarin and Aloe Vera, Boots Fluoride Free).

Q6 Has your child ever been to a dentist’s surgery or clinic, either for a check-up, for treatment or just to get used to going?

Tick one answer only

Yes, once → Go to Q7

Yes, two or three times → Go to Q7

Yes, more than three times → Go to Q7

No, never → Go to Q18

Q7 How old was your child when they first went to the dentist?

Please write the answer in years. If they were less than one year old please write in 0.

years

VISITING THE DENTIST

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THE SURVEY

Please return it to us by putting it in the prepaid envelope and sending it to us in the post. Alternatively you can return it to your child’s school and they will be able to pass it back to us.
08 Does your child usually go to the dentist ...

Tick one answer only

- ... for a check-up
- ... only when they have trouble with their teeth

09 Has your child ever had any of the following treatments?

Tick one box on each row

- Filling of a permanent tooth
- Permanent tooth taken out
- Filling of a milk (baby) tooth
- Milk (baby) tooth taken out
- A general anaesthetic before dental treatment (child is unconscious)
- Sedation before dental treatment (child remains conscious)
- A brace fitted or adjusted
- Repair of damage to teeth after a fall or other injury
- Scale and polish (teeth cleaned)
- Preventive treatment to stop teeth decaying or going bad
  e.g. by painting and/or sealing the teeth
- Advice on how to look after their teeth (diet or tooth brushing advice)
- Other treatment, write in below:

010 On a scale of 1-10 how anxious does your child get when they visit the dentist?

Not at all anxious

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Extremely anxious

My child never goes to the dentist

SOME QUESTIONS ABOUT WORK

042 At the moment are you (your partner) doing any paid work, either full or part time?

Tick one answer only

- Yes, full time  ➔ Go to Q44
- Yes, part time  ➔ Go to Q44
- No  ➔ Go to Q43

043 Have you (has your partner) ever done any paid work?

Tick one answer only

- Yes  ➔ Go to Q44
- No, I (they) have never worked  ➔ Go to Q49

044 Do you (does your partner) work as an employee or are you (they) self-employed? If not working at the moment, this refers to the last job you (they) did.

Tick one answer only

- Employee
- Self-employed with employees
- Self-employed or freelance without employees

045 What is (was) your (your partner’s) full and specific job title?

For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER. Do not state your grade or pay band.

046 Please briefly describe what you (your partner) do (or did) in your main job.

047 Do you (your partner) supervise any other employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.)

Tick one answer only

- Yes
- No
2013 Dental Health Survey of Children and Young People | Questionnaire for Parents and Guardians

Q11 National Health Service (NHS) dental care is mainly available from family or local dentists and also through school dentists (sometimes known as the Community Dental Service). It is free to children.

Has your child ever had a check-up or treatment from any of these NHS dental services?

Do not count the examination done as part of this study.

Tick all that apply

- Yes, from a family or local dentist
- Yes, from a school dentist or the Community Dental Service
- Yes, from a hospital
- Yes, from an NHS orthodontist
- No, my child has never had a check-up or treatment from any of these NHS dental services

**YOUR CHILD’S LAST TRIP TO THE DENTIST**

Q12 When was the last time your child went to a dentist?

(Please do not include any visits to an orthodontist)

Tick one answer only

- In the last six months
- In the last year
- In the last two years
- Longer than two years ago

Q13 The last time your child went to the dentist, was it for one visit, or did they have to go back to complete treatment?

Tick one answer only

- Only one visit
- More than one visit

Q14 The last time your child went to a dentist was this free NHS treatment (including check-ups) or did you pay?

Tick one answer only

- It was free (on the NHS)
- I paid for it
- Some was free, some was paid for
- The cost was covered by family dental insurance
Q33 Are you this child’s…

Tick one answer only

- Mother/Father
- Step-mother/Step-father
- Foster-mother/Foster-father
- Legal guardian
- Other, please write in

Q34 What is your highest educational qualification? This means any educational, professional, vocational or other work-related qualifications for which you received a certificate?

Tick one answer only

- Degree level or above
- Another type of qualification
- No qualifications

Q35 Do you have a partner who lives with you at this address?

Tick one answer only

- Yes
- Go to Q36
- No
- Go to Q42 and answer questions about yourself

SOME QUESTIONS ABOUT YOUR PARTNER

Q36 What was your partner’s age last birthday? Use numbers rather than words.

___ years

Q37 What is your partner’s relationship to your child?

Tick one answer only

- Mother/Father
- Step-mother/Step-father
- Foster-mother/Foster-father
- Legal guardian
- Other, please write in
FINDING A DENTIST

Q18 Have you ever had any difficulty finding a dentist willing to treat your child on the NHS?

Tick one answer only
- Yes \(\rightarrow\) Go to Q19
- No \(\rightarrow\) Go to Q21
- I haven’t tried to find a dentist to treat my child on the NHS \(\rightarrow\) Go to Q21

Q19 Was this because...

Tick all that apply
- ...the family dentists in my area are not taking on any more NHS patients
- ...the family dentists where I live will only treat children under the NHS if their parents go to them for private treatment
- ...there is no School or Community Dental Service for children where I live
- Something else, write in below:

Q20 When did you have this difficulty in finding an NHS dentist?

Tick one answer only
- Currently having the problem
- In the last two years
- Over two years ago

ABOUT YOUR CHILD'S TEETH, MOUTH AND GUMS

Q21 Some children’s teeth do not have enough room to grow and become crooked or protruding. At this stage of growing up, are any of your child’s teeth crooked and/or protruding at all?

Tick one answer only
- Yes
- No

ABOUT YOU AND YOUR CHILD

Q28 Do you take your child to the dentist?

Tick one answer only
- Yes, I take my child every time they go
- Yes, I take my child some of the times they go
- No, someone else takes my child to the dentist
- My child never goes to the dentist

Q29 Now thinking about your own visits to the dentist, do you generally go to the dentist for...

Tick one answer only
- ...a regular check-up
- ...an occasional check-up
- ...only when I have trouble with my teeth
- I don’t go to the dentist

Q30 Who filled in questions 1 to 29?

Tick one answer only
- Parent/guardian
- Child
- Parent and child together

SOME QUESTIONS ABOUT YOU

Q31 So far we have asked you about your child. However, your family’s health can be affected by your household circumstances. To help us understand more about your child’s dental health, and your use of dental services, we would like to know some further information about your family. We would also like to know a little about you, the parent or guardian. Are you male or female?

Tick one answer only
- Male
- Female

Q32 What was your age last birthday? Use numbers rather than words.

Tick one answer only
- years

Q28 Questionnaire for Parents and Guardians

2013 Dental Health Survey of Children and Young People

Q31

Q32
Q22 Is your child having, or has your child ever had, treatment for crooked or protruding teeth? If they have been assessed for treatment please count this as having treatment.

Tick one answer only
- Yes, having treatment now → Go to Q24
- Yes, has had treatment in the past → Go to Q23
- No, no treatment → Go to Q23

Q23 Has your child been referred to an orthodontist or are they on an orthodontist’s waiting list?

Tick one answer only
- Yes, they have been referred to an orthodontist → Go to Q24
- Yes, they are on an orthodontist’s waiting list → Go to Q25
- No → Go to Q25

Q24 The last time your child went to an orthodontist was this free NHS treatment (including check-ups) or did you pay?

Tick one answer only
- It was free (on the NHS)
- I paid for it
- Some was free, some was paid for
- The cost was covered by family dental insurance

Q25 At the moment, do you think your child’s teeth are all right as they are or would you prefer them to have them straightened?

Tick one answer only
- Their teeth are all right
- I would prefer them straightened

Q26 Over the last 6 months, has your child had any of the following problems with their teeth, gums or mouth?

Include any problems with their teeth, mouth or gums, whether or not your child has seen a dentist about them.

Tick one box on each row
- Yes
- No

- Toothache
- Any other pain in their mouth (including painful mouth ulcers or mouth infections)
- Bleeding or swollen gums
- A broken tooth
- Bad breath
- Problems with the appearance of their teeth or mouth
- Problems caused by dental treatment they have had
- Other problems, write in below:

Q27 We would now like to know more about the ways in which your child’s teeth and mouth may have affected your family life. Please place a tick in the box that best describes the situation.

In relation to your child’s dental health, how often in the past six months...

Tick one box on each row

- Never
- Once or twice
- Sometimes
- Often
- Every day or almost every day

- ...have you or the other parent taken time off work?
- ...has your child’s dental health caused financial difficulties for your family?
- ...has your child required more attention from you or the other parent?
- ...has your sleep or that of the other parent been disrupted?
- ...have your normal family activities been interrupted?
- ...have you or the other parent felt guilty?
- ...have you or the other parent felt stressed or anxious?