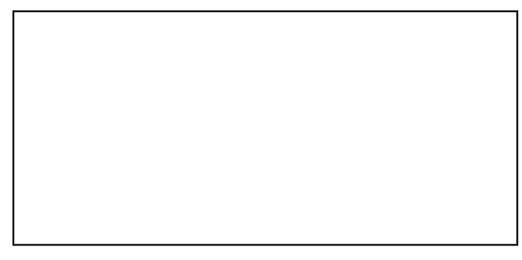
LEAVE THIS PAGE BLANK

۲

LEAVE THIS PAGE BLANK

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



These first questions are about your teeth, and whether they cause you any problems. The dentist you are seeing will **not** see your answers, and neither will your parents or teachers.

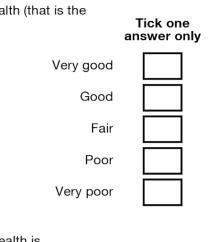
Overall, would you say that your dental health (that is the health of your teeth and mouth) is... Q1

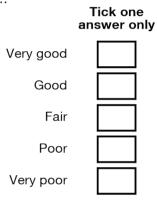
Overall, would you say that your general health is... Q2

Thank you very much for your help.

۲

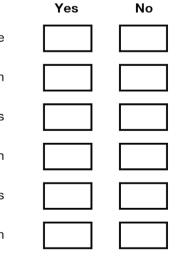
Q3 In the last three months, have you had ...





Tick one box on each row

۲



Toothache

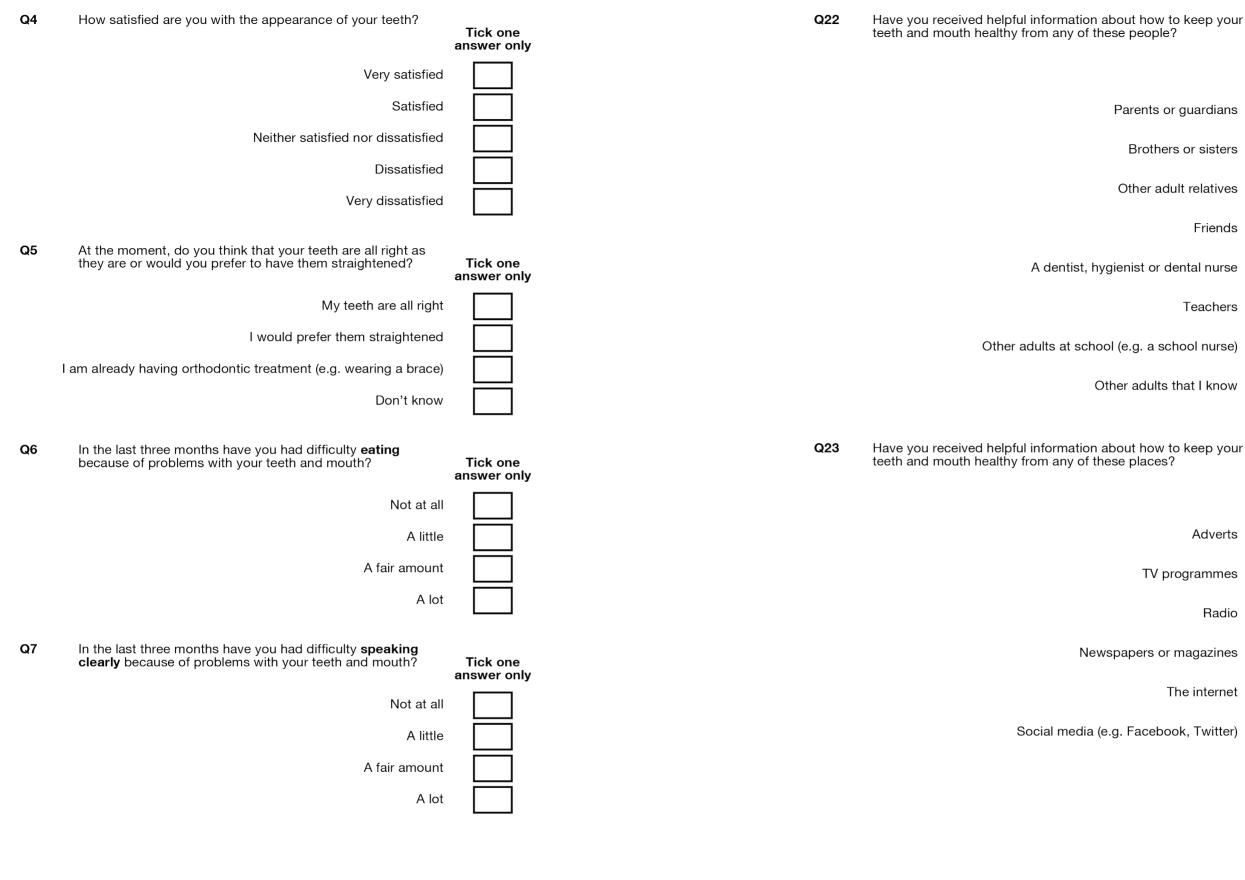
A sensitive tooth

Bleeding or swollen gums

A broken tooth

Mouth ulcers

Bad breath



۲

Tick one box on each row

Parents or guardians

Brothers or sisters

Other adult relatives

Friends

Teachers

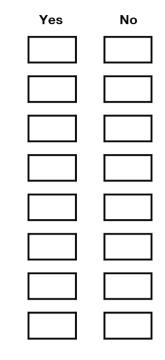
Other adults that I know

Tick one box on each row

۲

Adverts TV programmes Radio Newspapers or magazines The internet

	Yes	Νο
6		
6		
D		
6		
t		
)		



Q19 How many times a day do you usually drink...

۲

		Tick one box on each row					
		Four or more times a day	Three times a day	Two times a day	Once a day	Less than once a day	Rarely or never
Diet	coke or other non- sugar drinks						
Coke or other soft drinks or squash that contain sugar							
Energy (sports) drinks (e.g. Powerade, Lucozade)							
W	ater (tap or bottled)						
Fruit j	uice and smoothies						
Q20	20 This question is about smoking. Please read the following sentences carefully and choose the one that best describes you.			nd			
Think about times you m smoking whole cigarette			d a puff or	two as well a	Tie	ck one wer only	

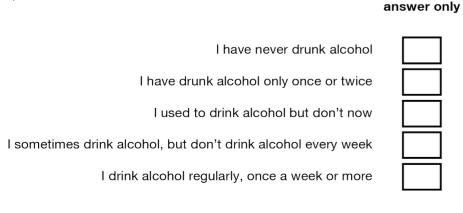
I have never tried smoking cigarettes I have smoked cigarettes only once or twice I used to smoke cigarettes but I don't now I sometimes smoke cigarettes, but don't smoke every week I smoke cigarettes regularly, once a week or more

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

Tick one

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.



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

Q9

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

Q10

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

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?

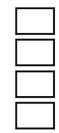
Not at all

A fair amount

A little

A lot

Tick one answer only



answer only

Tick one

Not at all

A little

A fair amount

A lot

Not at all

A little

A fair amount

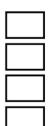
A lot

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?	Tick one answer only	Q16 Do you usually go to the dentist
	Not at all		only when I have tro
	A little		I have never b
	A fair amount		
	A lot		Q17 We would like you to say if you usually get a about the dentist and what happens at the c
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?	Tick one answer only	
	Not at all		If you went to your dentist for treatment tomorrow, how would you feel?
	A little		If you were sitting in the waiting room (waiting for treatment), how would you feel?
	A fair amount		If you were about to have a tooth drilled, how would you feel?
	A lot		If you were about to have your teeth scaled and polished, how would you feel?
Q14	In the last three months how much did the condition of your teeth and mouth affect your everyday life ?	Tick one answer only	If you were about to have a local anaesthetic injection in your gum, above an upper back tooth, how would you feel?
	Not at all		
	A little		
	Somewhat		
	A fair amount		These questions are about what you eat and drink. V alcohol.
	A great deal		Your answers will NOT be shown to anyone you k
			Q18 How many times a day do you usually eat
These of	questions are about cleaning your teeth and seeing the dentist.		Four or more Three times a times a day day
Remer teache	nber that the dentist you are seeing will NOT see your answe rs.	rs, and neither will your parents or	Fruit (fresh, tinned, dried and frozen)
Q15	How often do you usually brush your teeth?	Tick one	Cakes or biscuits
		answer only	Sweets (candy or
	More than three times a day		chocolate)
	Three times a day		
	Twice a day		
	Once a day		
	Less than once a day		
	Never		

Page 6

____|

۲

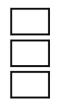
Tick one answer only

۲

...for a check-up

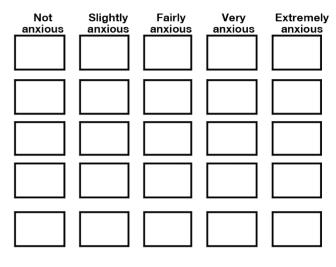
uble with my teeth

been to the dentist



anxious or worried dentist.

Tick one box on each row



We also ask you if you have ever smoked cigarettes or drunk

know, or to the dentist you are seeing

Tick one box on each row Tick one box on each row Tick one box on each row Two times Once Less than or a day once a day once a day Two times Once Less than or never The time of time of the time of time of the time of time of the time of time of the time of time of the time of t

2013 Dental Health Survey of Children and Young People

QUESTIONNAIRE **FOR PARENTS AND GUARDIANS**

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:

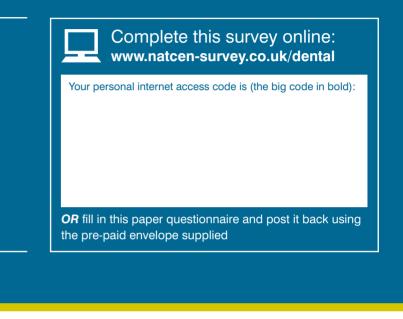
Please answer the questions by ticking a box or writing in text as requested.

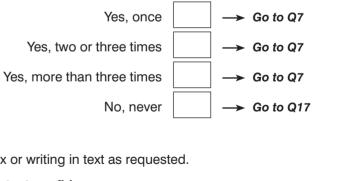
Your information will be treated in the strictest confidence.



www.ons.gov.uk/surveys

۲







۲

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	
	6 years of age or older	
	My child does not brush their teeth or have them brushed for them \longrightarrow 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	

۲

2013 Dental Health Survey of Children and Young People | Questionnaire for Parents and Guardians

15

2013 Dental Health Surv	ey of Children and Youn	g People	Questionnaire for Parents and Guardians
-------------------------	-------------------------	----------	---

Q48	At your (your partner's) workplace what is (was) the main activity of your (your partner's) employer or business? For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING If you (your partner) are (were) a civil servant, write GOVERNMENT	Q4	Over the last year has your child regularly their teeth or mouth?
	If you (your partner) are (were) a local government officer, write LOCAL GOVERNMENT and give the name of your department within the local authority		То
			Electric/batte
			Fluoride drops or tablets (u
Q49	It is useful to be able to compare dental health and care in different areas of the UK. Your postcode can be used to allow us to do this. This information will be held in strict		
	confidence and will be used for statistical purposes only.		Dental disclosing (pl
	What is your full postcode?		Sugar free
Q50	Finally, is there anything else you would like to say about your child's dental health or dentistry in general?		
		Q5	What is the name of the toothpaste your o
		U.J	Please write the full name of toothpaste (incl (e.g. Colgate Total Care, Tesco Steps Toothp Children Mandarin and Aloe Vera, Boots Flu
		VI	SITING THE DENTIST
		Q6	Has your child ever been to a dentist's su or just to get used to going?

۲

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

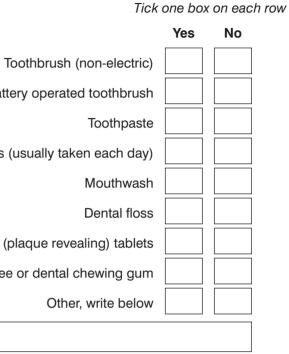
Please return it to us by putting it in the prepaid envelope and sending it to us in the post. Alternatively you can return it to your child's school and they will be able to pass it back to us.

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.

۲

2013 Dental Health Survey of Children and Young People | Questionnaire for Parents and Guardians

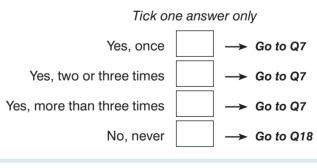
ly used any of the following products to look after



child is currently using?

luding both brand and type) below paste 6+, Green People Organic oride Free).

urgery or clinic, either for a check-up, for treatment



years

2013 Dental Health Survey of Children and Young People | Questionnaire for Parents and Guardians

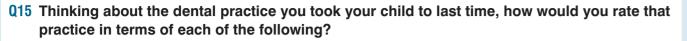
Does your child usually go to the dentist	SOME QUESTIONS ABOUT WORK
Tick one answer only for a check-up only when they have trouble with their teeth	Q42 At the moment are you (your partner) doing any paid work, either full or part time? Tick one answer only Yes, full time Go to Q44
Has your child ever had any of the following treatments?	Yes, part time Go to Q44
Tick one box on each row	No \longrightarrow Go to Q43
Yes No	
Filling of a permanent tooth	Q43 Have you (has your partner) ever done any paid work? Tick one answer only
Permanent tooth taken out	Yes Go to Q44
Filling of a milk (baby) tooth	No, I (they) have never worked \rightarrow Go to Q49
Milk (baby) tooth taken out	
A general anaesthetic before dental treatment (child is unconscious)	Q44 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.
Sedation before dental treatment (child remains conscious)	Tick one answer only
A brace fitted or adjusted	Employee
Repair of damage to teeth after a fall or other injury	Self-employed with employees
Scale and polish (teeth cleaned) Preventive treatment to stop teeth decaying or going bad	Self-employed or freelance without employees
e.g. by painting and/or sealing the teeth	Q45 What is (was) your (your partner's) full and specific job title?
Advice on how to look after their teeth (diet or tooth brushing advice)	For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER.
Other treatment, write in below:	Do not state your grade or pay band.
On a scale of 1-10 how anxious does your child get when they visit the dentist?	
Not at all Extremely	Q46 Please briefly describe what you (your partner) do (or did) in your main job.
My child never goes to the dentist	
	Q47 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
	13

۲

۲

2013 Dental Health Survey of Children and Young People Questionnaire for Parents and Guardians	2013 Dental Health Survey of Children and Young People Questionnaire for Parents and Guardians
Q38 What is your partner's highest educational qualification? This means any educational, professional, vocational or other work-related qualifications for which they received a certificate? Tick one answer only Degree level or above Another type of qualification No qualifications	 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.
039 In whose name is your home owned or rented? (If you live rent-free, who is responsible for your accommodation?) Tick one answer only Myself	Yes, from a family or local dentist Yes, from a family or local dentist Yes, from a hospital Yes, from a NHS orthodontist Yes, from a NHS orthodontist No, my ohild has never had a check-up or treatment from any of these NHS dental services OUER CHILD'S LAST TRIP TO THE DENTISE 12 When was the last time your child went to a dentist? (Please do not include any visits to an orthodontist) In the last six months In the last six months In the last year In the last year In the last year only In the last time your child went to the dentist, was it for one visit, or did they have to go back to complete treatment? If the last time your child went to a dentist was its for one visit, or did they have to go back to complete treatment? If the last time your child went to a dentist was its for one visit, or did they have to go back to complete treatment? If the last time your child went to a dentist was this free NHS treatment (including check-ups) or did you pay? It was free (on the NHS) In plaid for it In the last free only
My partner	5

۲



Tick one box on each row

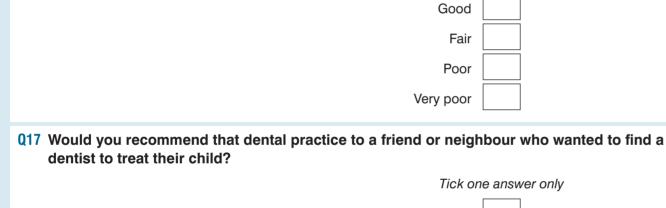
Tick one answer only

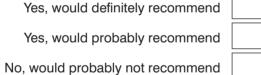
Very good

Please do not include visits to the orthodontist.

Not Very Very applicable good Good Fair Poor poor Length of wait to get a routine appointment Length of wait to get an urgent appointment The standard and quality of your child's dental care Child friendly nature of dental practice Provision of advice about how to look after your child's teeth Communication skills of dental team

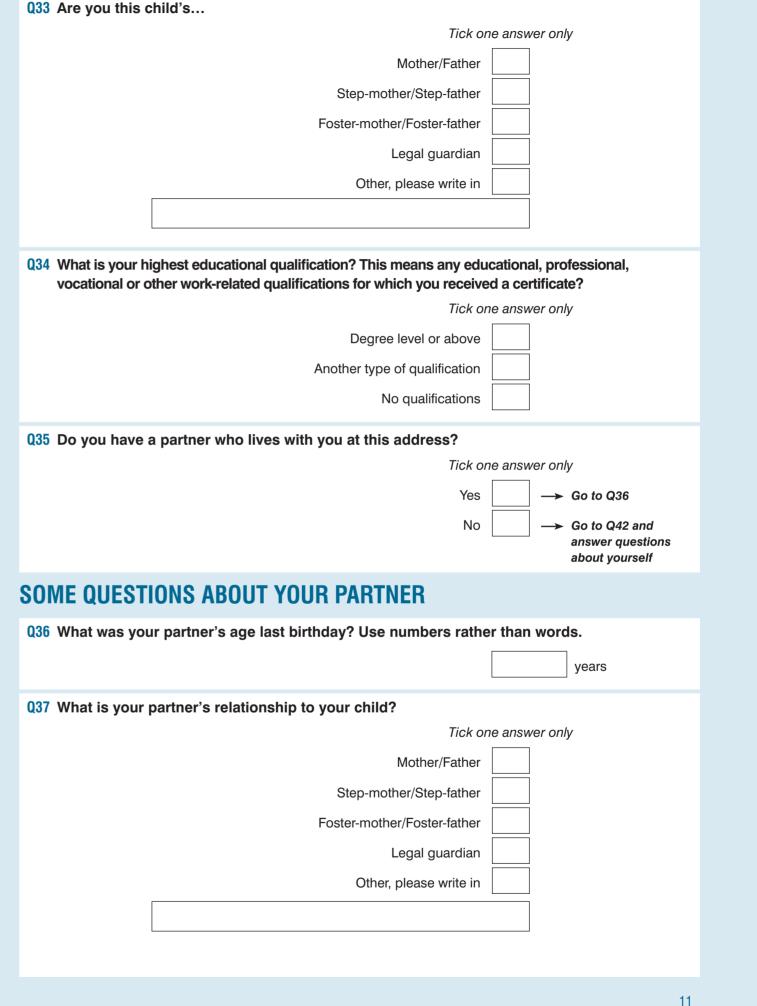
Q16 Overall, how would you describe your child's experience of that dental practice?





No, would definitely not recommend

Not sure





4

۲

2013 Dental Health Survey of Children and Young People | Questionnaire for Parents and Guardians

2013 Dental Health Survey of Children and Young People | Questionnaire for Parents and Guardians

ABOUT YOU AND YOUR CHILD	FINDING A DENTIST
Q28 Do you take your child to the dentist?	Q18 Have you ever had any difficulty finding a dentist willing to treat your child on the NHS
Tick one answer only	Tick one answer only
Yes, I take my child every time they go	Yes Go to Q19
Yes, I take my child some of the times they go	No Go to Q21
No, someone else takes my child to the dentist	I haven't tried to find a dentist to treat my child on the NHS \longrightarrow Go to Q21
My child never goes to the dentist	Q19 Was this because
Q29 Now thinking about your own visits to the dentist, do you generally go to the dentist for	Tick all that apply
Tick one answer only	the family dentists in my area are not taking on any more
a regular check-up	NHS patients
an occasional check-up	the family dentists where I live will only treat children under the NHS
only when I have trouble with my teeth	if their parents go to them for private treatment
	there is no School or Community Dental Service for children
I don't go to the dentist	where I live
Q30 Who filled in questions 1 to 29?	Something else, write in below:
Tick one answer only	
Parent/guardian	
Child	Q20 When did you have this difficulty in finding an NHS dentist?
Parent and child together	Tick one answer only
	Currently having the problem
	In the last two years
SOME QUESTIONS ABOUT YOU	Over two years ago
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.	ABOUT YOUR CHILD'S TEETH, MOUTH AND GUMS
Are you male or female?	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
Tick one answer only	protruding at all?
Male	Tick one answer only
Female	Yes
	No
Q32 What was your age last birthday? Use numbers rather than words.	
years	

۲

۲

۲

2013 Dental Health Survey of Children and Young People Questionnaire for Parents and Guardians	2013 Dental Health Survey of Children and Young People Questionnaire for Parents and Guardians
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.	Q26 Over the last 6 months, has your child had any of the following problems with their teeth, gums or mouth?
Tick one answer only	Include any problems with their teeth, mouth or gums, whether or not your child has seen a dentist about them.
Yes, having treatment now	Tick one box on each row
Yes, has had treatment in the past	
No, no treatment -> Go to Q23	Yes No
	Toothache Any other pain in their mouth
Q23 Has your child been referred to an orthodontist or are they on an orthodontist's waiting list?	(including painful mouth ulcers or mouth infections)
Tick one answer only	Bleeding or swollen gums
Yes, they have been referred to an orthodontist	A broken tooth
Yes, they are on an orthodontist's waiting list	Bad breath
No Go to Q25	Problems with the appearance of their teeth or mouth
Q24 The last time your child went to an orthodontist was this free NHS treatment (including	
check-ups) or did you pay?	Problems caused by dental treatment they have had
Tick one answer only	Other problems, write in below:
It was free (on the NHS)	
I paid for it	
Some was free, some was paid for	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.
The cost was covered by family dental insurance	
	In relation to your child's dental health, how often in the past six months Tick one box on each row
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?	Every day Once or or almost
Tick one answer only	Never twice Sometimes Often every day
Their teeth are all right	have you or the other parent taken time off work?
I would prefer them straightened	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
	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?

 (\bullet)

۲

