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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.

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.

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

Tick one answer only

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>

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

Tick one answer only

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>

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

Tick one box on each row

	Yes	No
Toothache	<input type="checkbox"/>	<input type="checkbox"/>
A sensitive tooth	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding or swollen gums	<input type="checkbox"/>	<input type="checkbox"/>
A broken tooth	<input type="checkbox"/>	<input type="checkbox"/>
Mouth ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Bad breath	<input type="checkbox"/>	<input type="checkbox"/>

Q4 How satisfied are you with the appearance of your teeth?

Tick one answer only

Very satisfied	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>
Neither satisfied nor dissatisfied	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>
Very dissatisfied	<input type="checkbox"/>

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	<input type="checkbox"/>
I would prefer them straightened	<input type="checkbox"/>
I am already having orthodontic treatment (e.g. wearing a brace)	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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	<input type="checkbox"/>
A little	<input type="checkbox"/>
A fair amount	<input type="checkbox"/>
A lot	<input type="checkbox"/>

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	<input type="checkbox"/>
A little	<input type="checkbox"/>
A fair amount	<input type="checkbox"/>
A lot	<input type="checkbox"/>

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

	Yes	No
Parents or guardians	<input type="checkbox"/>	<input type="checkbox"/>
Brothers or sisters	<input type="checkbox"/>	<input type="checkbox"/>
Other adult relatives	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>
A dentist, hygienist or dental nurse	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>
Other adults at school (e.g. a school nurse)	<input type="checkbox"/>	<input type="checkbox"/>
Other adults that I know	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
Adverts	<input type="checkbox"/>	<input type="checkbox"/>
TV programmes	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>
The internet	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g. Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coke or other soft drinks or squash that contain sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy (sports) drinks (e.g. Powerade, Lucozade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water (tap or bottled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice and smoothies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 being 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?

Tick one answer only

Not at all

A little

A fair amount

A lot

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

A little

A fair amount

A lot

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

Tick one answer only

Not at all

A little

Somewhat

A fair amount

A great deal

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.

Q15 How often do you usually brush your teeth?

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

Q16 Do you usually go to the dentist...

Tick one answer only

...for a check-up

...only when I have trouble with my teeth

I have never been to the dentist

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

Tick one box on each row

	Not anxious	Slightly anxious	Fairly anxious	Very anxious	Extremely anxious
If you went to your dentist for treatment tomorrow, how would you feel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were sitting in the waiting room (waiting for treatment), how would you feel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were about to have a tooth drilled, how would you feel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were about to have your teeth scaled and polished, how would you feel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were about to have a local anaesthetic injection in your gum, above an upper back tooth, how would you feel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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...

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
Fruit (fresh, tinned, dried and frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cakes or biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets (candy or chocolate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2013 Dental Health Survey of Children and Young People

QUESTIONNAIRE FOR PARENTS AND GUARDIANS



Complete this survey online:
www.natcen-survey.co.uk/dental

Your personal internet access code is (the big code in bold):

OR fill in this paper questionnaire and post it back using the pre-paid envelope supplied

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.



NatCen
Social Research that works for society



www.ons.gov.uk/surveys

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

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
If you (your partner) are (were) a local government officer, write LOCAL GOVERNMENT and give the name of your department within the local authority*

.....
.....

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.

What is your full postcode?

Q50 Finally, is there anything else you would like to say about your child's dental health or dentistry in general?

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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.

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)	<input type="checkbox"/>	<input type="checkbox"/>
Electric/battery operated toothbrush	<input type="checkbox"/>	<input type="checkbox"/>
Toothpaste	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops or tablets (usually taken each day)	<input type="checkbox"/>	<input type="checkbox"/>
Mouthwash	<input type="checkbox"/>	<input type="checkbox"/>
Dental floss	<input type="checkbox"/>	<input type="checkbox"/>
Dental disclosing (plaque revealing) tablets	<input type="checkbox"/>	<input type="checkbox"/>
Sugar free or dental chewing gum	<input type="checkbox"/>	<input type="checkbox"/>
Other, write below	<input type="checkbox"/>	<input type="checkbox"/>

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).

VISITING THE DENTIST

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	<input type="checkbox"/>	→ Go to Q7
Yes, two or three times	<input type="checkbox"/>	→ Go to Q7
Yes, more than three times	<input type="checkbox"/>	→ Go to Q7
No, never	<input type="checkbox"/>	→ 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

Q8 Does your child usually go to the dentist ...

Tick one answer only

... for a check-up

... only when they have trouble with their teeth

Q9 Has your child ever had any of the following treatments?

Tick one box on each row

	Yes	No
Filling of a permanent tooth	<input type="checkbox"/>	<input type="checkbox"/>
Permanent tooth taken out	<input type="checkbox"/>	<input type="checkbox"/>
Filling of a milk (baby) tooth	<input type="checkbox"/>	<input type="checkbox"/>
Milk (baby) tooth taken out	<input type="checkbox"/>	<input type="checkbox"/>
A general anaesthetic before dental treatment (child is unconscious)	<input type="checkbox"/>	<input type="checkbox"/>
Sedation before dental treatment (child remains conscious)	<input type="checkbox"/>	<input type="checkbox"/>
A brace fitted or adjusted	<input type="checkbox"/>	<input type="checkbox"/>
Repair of damage to teeth after a fall or other injury	<input type="checkbox"/>	<input type="checkbox"/>
Scale and polish (teeth cleaned)	<input type="checkbox"/>	<input type="checkbox"/>
Preventive treatment to stop teeth decaying or going bad e.g. by painting and/or sealing the teeth	<input type="checkbox"/>	<input type="checkbox"/>
Advice on how to look after their teeth (diet or tooth brushing advice)	<input type="checkbox"/>	<input type="checkbox"/>
Other treatment, write in below:	<input type="checkbox"/>	<input type="checkbox"/>

Q10 On a scale of 1-10 how anxious does your child get when they visit the dentist?

Not at all anxious Extremely anxious

1 2 3 4 5 6 7 8 9 10

My child never goes to the dentist

SOME QUESTIONS ABOUT WORK

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**

Yes, part time → **Go to Q44**

No → **Go to Q43**

Q43 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**

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.

Tick one answer only

Employee

Self-employed with employees

Self-employed or freelance without employees

Q45 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.

.....

.....

Q46 Please briefly describe what you (your partner) do (or did) in your main job.

.....

.....

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

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

Q39 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 → **GO TO Q41 – answer about yourself**
- My partner → **GO TO Q41– answer about your partner**
- My partner and myself equally → **GO TO Q40**
- Someone else → **GO TO Q40**

Q40 Which of you has the higher income (from earnings, benefits, pensions and any other sources), you or your partner?

Tick one answer only

- Myself → **GO TO Q41 – answer about yourself**
- My partner → **GO TO Q41– answer about your partner**
- Our incomes are both about the same → **GO TO Q41 – answer about yourself**
- I don't know/I prefer not to say → **GO TO Q41 – answer about yourself**

Q41 The next few questions are about work. Based on your responses to 39 and 40 above, who will you answer about?

Tick one answer only

- Myself
- My partner

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

Q15 Thinking about the dental practice you took your child to last time, how would you rate that practice in terms of each of the following?

Please do not include visits to the orthodontist.

Tick one box on each row

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

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

Tick one answer only

- Very good
- Good
- Fair
- Poor
- Very poor

Q17 Would you recommend that dental practice to a friend or neighbour who wanted to find a dentist to treat their child?

Tick one answer only

- Yes, would definitely recommend
- Yes, would probably recommend
- No, would probably not recommend
- No, would definitely not recommend
- Not sure

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

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.

years

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 → **Go to Q19**
- No → **Go to Q21**
- I haven't tried to find a dentist to treat my child on the NHS → **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

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

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has your child's dental health caused financial difficulties for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has your child required more attention from you or the other parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...has your sleep or that of the other parent been disrupted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...have your normal family activities been interrupted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...have you or the other parent felt guilty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...have you or the other parent felt stressed or anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>