9. Appendices I – VI
Ad. prosjekt: Effekten av atraumatisk restaurerende tannbehandling på 12-14 åringers livskvalitet - en studie fra Tanzania. (233.07)

Det vises til din søknad om godkjenning av forskningsprosjekt, datert 28.10.07.

Komiteen behandlet søknaden i møte den 22.11.07.

De regionale komiteene for medisinsk og helsefaglig forskningsetikk foretar sin forskningsetiske vurdering med hjemmel i Forskningsetikklovens § 4. Saksbehandlingen følger Forvaltningsloven.

Komiteen mener dette er en viktig studie. En har kun noen mindre merknader:
- Informert samtykke må innhetes av barna foresatte i tillegg til en generell godkjenning fra "Head of School" til å gjennomføre studien ved valgt skole.
- REK Vest forutsetter at en følger lokale regler med hensyn til personvernhandtering.
- Av søknaden fremgår det at behandlingen skal gis under "reelle forhold". Men når forholdene tillater det må en kunne benytte kunstig lys i behandlingen.
- Informasjonsskrivet må forbedres. Det må komme tydeligere frem hva behandlingen innebærer. I første punkt i samtykkedelen må "I fully understand..." strykes.

Vedtak:
Prosjektet godkjennes på vilkår av at ovennevnte merknader tas til følge.


Postadresse
Postboks 7804
5020 Bergen
rek-vest@uib.no
www.etikkom.no/REK
Org no. 874 789 542
Regional komité for medisinsk og helsefaglig forskningsetikk, Vest-Norge
Besøksadresse
Haukeland Universitetssykehus
Telefon 55 97 84 97 / 98 / 99

side 1 av 3
Komiteen ber om å få tilsendt slutrapport evt. trykt publikasjon for studien når dette foreligger.

Vennlig hilsen

Jon Lekven
leder

Anne Berit Olmheim
førstekonsulent
CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: Effect of Basic Oral Care Services on oral quality of life of primary school children in Kilwa District, Tanzania, (Mashoto K O et al), whose Principal Investigator is Kijakazi Mashoto, has been granted ethics clearance to be conducted in Tanzania. The Principal Investigator of the study must ensure that the following conditions are fulfilled:

1. Progress report is made available to the Ministry of Health and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine.

Name: Dr Andrew Y Kitua
Name: Dr Des M Mtasiwa

Signature

CHAIRMAN MEDICAL RESEARCH COORDINATING COMMITTEE

CC: RMO DMO

Signature

CHIEF MEDICAL OFFICER MINISTRY OF HEALTH, SOCIAL WELFARE
Serial number __________
Date ___/___/____

CONSENT FORM

(School teacher)

Title of the project: Effect of Basic Package of Oral Care on the Oral Quality of Life of
Primary School Children in Kilwa Tanzania

Name of researcher:
Kijakazi Obed Mashoto

Please tick in the box

1. I confirm that I have been informed about the present study. I also confirm that I had
   the opportunity to ask question and that I fully understand the information provided

2. I understand that children participation is voluntary and that they are free to withdraw
   at any time without giving any reason

3. I accept the invitation for my school to participate in the above study

Name of school teacher                             Date                              Signature
_______________________                         ___/____/____                     ____________

Name of interviewer                                   Date                              Signature
_______________________                         ___/____/____                     ____________
CONSENT FORM

(Parent/Guardian)

Title of the project: Effect of Basic Package of Oral Care on the Oral Quality of Life of Primary School Children in Kilwa Tanzania

Name of researcher: Kijakazi Obed Mashoto

Please tick in the box

1. I confirm that I have been informed about the present study. I also confirm that I had the opportunity to ask questions and that I fully understand the information provided

2. I understand that child participation is voluntary and that they are free to withdraw at any time without giving any reason

3. I accept the invitation for my child …………………………….(Child’s name) to participate in the above study

Name of parent/guardian                                Date                              Signature
_______________________                         ___/____/____                     ____________

Name of interviewer                                     Date                              Signature
_______________________                         ___/____/____                     ____________
CONSENT FORM

(Participating subject)

Title of the project: Effect of Basic Package of Oral Care on the Oral Quality of Life of Primary School Children in Kilwa Tanzania

Name of researcher:
Kijakazi Obed Mashoto

Please tick in the box

1. I confirm that I have been informed about the present study. I also confirm that I had the opportunity to ask question and that I fully understand the information provided

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason

3. I accept the invitation to participate in the above study

Name of schoolchildren                              Date                              Signature
_______________________                         ___/____/____                     ____________

Name of interviewer                                    Date                              Signature
_______________________                         ___/____/____                     ____________
Usaili binafsi kwa wanafunzi (Ubora wa Maisha, kupima tabia za afya ya Kinywa na ulewa)
A: Maelezo ya Utambulisho

1. Jina la kata .........

2. Sehemu unayoishi
   □ Mjini □ Vijijini

3. Jina la Shule ............

4. Jina la Mtafitiwa ............

Tarehe ya usaili .........

5. Umri ..........(miaka)

6. Jinsia □ Mvulana □ Msichana

7. Mama yako alikwenda shule hadi kufikia kiwango gani?
   0. □ Hana elimu rasmi

1. □ Hakumaliza elimu ya msingi

2. □ Alimaliza elimu ya msingi

3. □ Elimu ya sekondari

4. □ Alimaliza elimu ya sekondari

5. □ Elimu ya chuo/Chuo Kikuu

6. □ Sifahamu

8. Baba yako alikwenda shule hadi kufikia kiwango gani?

   0. □ Hana elimu rasmi

1. □ Hakumaliza elimu ya msingi

2. □ Alimaliza elimu ya msingi

3. □ Elimu ya sekondari

4. □ Alimaliza elimu ya sekondari

5. □ Elimu ya chuo/Chuo Kikuu

6. □ Sifahamu

9. Je kuna mwana familia (katika familia unayoishi) anamiliki vitu vifuatavyo?

<table>
<thead>
<tr>
<th></th>
<th>Ndiyo</th>
<th>Hapana</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Baisikeli</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Pikipiki</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Gari</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Luninga</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Jokofu</td>
<td></td>
</tr>
</tbody>
</table>

B: Yafuatayo ni maswali kuhusu kinywa chako na meno yako

( Ubora wa maisha ya kinywa – kwa kutumia skeli ya mrudio wa OIDP)

Tafadhali chagua jibu moja tu kwa kila kipengele/kauli
**B1** Fikiria nyuma katika **miezi mitatu** iliyopita, umeshapata lolote kati ya haya yafuatayo?

<table>
<thead>
<tr>
<th>Hali</th>
<th>Ndiyo 1</th>
<th>Hapana 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Maumivu ya jino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Meno hisishi [meno kufa ganzi]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Kuvunjika kwa jino au meno</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Matatizo ya namna meno yalivyokaa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Kidonda kwenye mdomo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Kutoka damu kwenye mdomo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Fizi kuvimba</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Harufu mbaya mdomoni</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Matatizo ya rangi ya meno yako</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Matatizo ya nafasi katika meno yako</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Matatizo ya jipu au majipu kwenye fizi</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B2** Katika miezi mitatu iliyopita ni mara ngapi umekuwa na matatizo katika kinywa chako au meno (kwa mfano kama yale yaliyotajwa hapo juu au mengine) yaliyokusababishia taabu haya yafuatayo

**Tafadhali jaza kipengele kimoja kwa kila utendaji** imetokea mara ngapi? (0=Hata mara moja haijatokea, 1=Mara moja au mbili kwa mwezi, 2=Mara moja au mbili kwa wiki, 3=Kila siku/ karibu kila siku

<table>
<thead>
<tr>
<th>Utendaji</th>
<th>Mara ngapi</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Kula na kufaidi chackula</td>
<td></td>
</tr>
<tr>
<td>b. Kuzungumza na kutamka kwa uwazi</td>
<td></td>
</tr>
<tr>
<td>c. Kusafisha meno na kinywa</td>
<td></td>
</tr>
<tr>
<td>d. Kulala na kupumzika</td>
<td></td>
</tr>
<tr>
<td>e. Kutabasamu, kucheka na kuonyesha meno bila aibu</td>
<td></td>
</tr>
<tr>
<td>f. kuendelea kuwa na hali ya kawaida ya mhemko bila ya kukereka</td>
<td></td>
</tr>
<tr>
<td>g. kufanya kazi kubwa za shule au kutekeleza majukumu ya kijamii</td>
<td></td>
</tr>
<tr>
<td>h. kufurahia kukutana na watu</td>
<td></td>
</tr>
</tbody>
</table>

**C: Taarifa ya afya kwa ujumla & Hali ya afya ya kinywa/mahitaji ya matibabu. (Tafadhali tiki jibu moja tu)**

**C1** Unaifikiria vipi hali ya meno yako?

1. [ ] Nzuri sana
2. [ ] Nzuri
3. [ ] Mbaya
4. [ ] Mbaya sana
C2 Unaridhika au huridhiki na hali ya kinywa chako/meno yak? 

1. ☐ Ninaridhika sana 
2. ☐ Ninaridhika 
3. ☐ Siridhiki 
4. ☐ Siridhiki kabisa 

C3 Unaridhika au huridhiki kwa kiasi gani na jinsi meno yak yalivyokaa? 

1. ☐ Ninaridhika sana 
2. ☐ Ninaridhika 
3. ☐ Siridhiki 
4. ☐ Siridhiki kabisa 

C4 Unaridhika au huridhiki kwa kiasi gani na jinsi meno yak yanavyoonekana? 

1. ☐ Ninaridhika sana 
2. ☐ Ninaridhika 
3. ☐ Siridhiki 
4. ☐ Siridhiki kabisa 

C5 Unaridhika au huridhiki kwa kiasi gani na rangi ya meno yak? 

1. ☐ Ninaridhika sana 
2. ☐ Ninaridhika 
3. ☐ Siridhiki 
4. ☐ Siridhiki kabisa 

C6 Unaifikiriaje hali yak ya afya kwa ujumla? 

1. ☐ Nzuri sana 
2. ☐ Nzuri 
3. ☐ Mbaya 
4. ☐ Mbaya sana 

C7 Je unadhani unahitaji matatibabu yeyote ya meno kwa wakati huu? 

☐ Ndiyo ☐ Hapana 

C8 Unaridhika au huridhiki kwa kiasi gani na jinsi meno yak yanavyotafuna? 

1. ☐ Ninaridhika sana 
2. ☐ Ninaridhika 
3. ☐ Siridhiki 
4. ☐ Siridhiki kabisa 

C9. Umeshawahi kwenda kwende kwenye kliniki ya meno kwa ajili ya matibabu? 

1. ☐ Ndiyo 0. ☐ Hapana 

**MUHIMU KUZINGATIA:** Swali hili liulizwe katika utafiti wa mara ya pili na ni kwa wale waliopata matibabu ya meno tu 

C10 Tangu upate matibabu hali yak ya kinywa na meno unaionaje? 

1. ☐ Imekuwa mbaya sana 
2. ☐ Imekuwa mbaya 
3. ☐ Imebaki vilevile/haibadilika 
4. ☐ Imekuwa nzuri 
5. ☐ Imekuwa nzuri sana 

D: Yafuatayo ni maswali kuhusu tabia zinazohusiana na afya ya kinywa chako. 

D1 Kwa kawaida ni mara ngapi unapiga mswaki? 

1. ☐ Sisafishi 
2. ☐ Mara chache
3. □ Mara kadhaa kwa wiki
4. □ Mara moja kwa siku
5. □ Zaidi ya mara moja kwa siku

**D2 Unatumia nini kwa kusafisha meno yako?**

<table>
<thead>
<tr>
<th>Ndiyo</th>
<th>Hapana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidole</td>
<td></td>
</tr>
<tr>
<td>Mswaki wa dukani</td>
<td></td>
</tr>
<tr>
<td>Mswaki wa kijiti/miti</td>
<td></td>
</tr>
<tr>
<td>Sisafishi</td>
<td></td>
</tr>
<tr>
<td>Kingine (taja)</td>
<td></td>
</tr>
</tbody>
</table>

**D3 Unasafisha meno yako na?**

<table>
<thead>
<tr>
<th>Ndiyo</th>
<th>Hapana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawa ya meno</td>
<td></td>
</tr>
<tr>
<td>Hutumii kitu chochote</td>
<td></td>
</tr>
<tr>
<td>Kingine (taja)</td>
<td></td>
</tr>
</tbody>
</table>

**D4 Unatumia dakika ngapi kusafisha meno yako?**

1. □ Dakika moja mpaka mbili
2. □ Dakika tatu mpaka tano
3. □ Dakika sita mpaka kuni
4. □ Zaidi ya dakika kumi

**D5 Kama unatumia dawa ya meno, je ni kiasi cha dawa unatumia unapopiga mswaki?**

1. □ Ujazo wa kichwa cha mswaki
2. □ Ujazo wa nusu ya kichwa cha mswaki
3. □ Ujazo wa robo ya kichwa cha mswaki
4. □ Ujazo wa ukubwa wa mbaazi au njegere

**D6 Ni baada ya muda gani unabasilisha mswaki wako?**

1. □ Baada ya miezi mitatu
2. □ Baada ya miezi sita
3. □ Baada ya mwaka au miwili
4. □ Brushi za mswaki zinapoanza kuharibika

**Fikiria nyuma katika miaka miwili iliyoita, ni mara ngapi umekula vitu vifuatavyo? Tafadhali weka tiki jibu moja tu kwa kila kipengele**

**D7 Biskuti**

0. □ Sijawahi kula biskuti
1. □ Mara chache
2. □ Mara kadhaa kwa wiki
3. □ Mara moja kwa siku

**D8 Chokoleti/tofi/peremende**

0. □ Sijawahi kula chokoleti/tofi/peremende
1. □ Mara chache
2. □ Mara kadhaa kwa wiki
3. □ Mara moja kwa siku
4. □ Zaidi ya mara moja kwa siku

**D9 Barafu (zenye sukari/iskrimu)**

0. □ Sijawahi kula barafu zenye sukari
1. □ Mara chache
2. □ Mara kadhaa kwa wiki
3. □ Mara moja kwa siku
4. □ Zaidi ya mara moja kwa siku
D10 Soda (pepsi, coca cola n.k)
0. □ Sijawahi kunywa soda
1. □ Mara chache
2. □ Mara kadhaa kwa wiki
3. □ Mara moja kwa siku
4. □ Zaidi ya mara moja kwa siku
D11 Maji ya matunda yenyenye sukari
0. □ Sijawahi kunywa maji ya matunda yenyenye sukari
1. □ Mara chache

E. Maswali ya kupima uelewa wa afya ya kinywa na meno

E1 Jino au meno kuosa usababishwa na nini?
(Tafadhali chagua jibu moja kwa kila kipengele/kauli)

<table>
<thead>
<tr>
<th></th>
<th>Ndiyo</th>
<th>Hapana</th>
<th>Sijui</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)Vijidudu aina ya bacteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)Kutokuwa msafi wa kinywa na meno</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)Kula vyakula vyenyenye sukari mara kwa mara</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)Kula vyakula vyenyenye sukari kwa wingi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)Mnyoo ndani ya jino au meno</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E2 Je kuosa kwa meno kunaweza zuilika?

□ Ndiyo  □ Hapana

E3 Mambo yafuatayo yanaweza kuzuia meno kuosa
(Tafadhali tiki jibu moja kwa kila kipengele/kauli)

<table>
<thead>
<tr>
<th></th>
<th>Ndiyo</th>
<th>Hapana</th>
<th>Sijui</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)Kupunguza kula vyakula vya sukari mara kwa mara</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)Kupiga mswaki mara kwa mara</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)Kutumia dawa ya meno vyenyenye fluoride</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)Kupiga mswaki mara moja kwa siku</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)Kuacha kula vyakula vyenyenye sukari</td>
<td></td>
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</tr>
</tbody>
</table>

F: Sasa tutakuuliza maswali ili kujua unaafikiria nini kuhusu kujizuia kula vyakula na kunywa vinywaji vyenyenye sukari mara kwa mara
(Tafadhali tiki jibu moja kwa kila kauli)

<table>
<thead>
<tr>
<th>Kwa kipindi kijacho natarajia kujizuia kula vyakula na kunywa vinywaji vyenyewe sukari mara kwa mara</th>
<th>Nakubali kabisa (1)</th>
<th>Nakubali kabisa (2)</th>
<th>Sikubali na wala sikatai (3)</th>
<th>Sikubali (4)</th>
<th>Sikubali kabisa (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwa kipindi kijacho ninaweza kujizuia kula vyakula na kunywa vinywaji vyenyewe sukari</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kwangu mimi ni jambo la kupendeza kujizuia kula vyakula na kunywa vinywaji vyenyewe sukari kwa kipindi kijacho</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kwangu mimi si vizuri kujizuia kula vyakula na kunywa vinywaji vyenyewe sukari kwa kipindi kijacho</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kwa kipindi kijacho ni vyema kujizuia kula vyakula na kunywa vinywaji vyenyewe sukari mara kwa mara kwa siku</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kwa kipindi kijacho sioni umuhimu wa kujizuia kula vyakula na kunywa vinywaji vyenyewe sukari mara kwa mara kwa siku</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watu muhimu kwangu wanataka nijizuie kula vyakula na kunywa vinywaji vyenyewe sukari mara kwa mara kwa kipindi kijacho</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kwako ni jinsi gani ni rahisi au vigumukujizuia kula vyakula na kunywa vinywaji vyenyewe sukari</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ninao uwezo wa kusafisha meno yangu kila siku</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kwa kipindi kijacho kama nataka naweza kujizuia kula vyakula na kunywa vinywaji vyenyewe sukari mara kwa mara kirahisi</td>
<td></td>
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</tr>
</tbody>
</table>
**QUESTIONNAIRE - STRUCTURED PERSONAL INTERVIEW FOR CHILDREN**

Section A: General information of adolescent

1. Name of ward ..............................
2. Place of residence
   - Urban
   - Rural
3. Name of school ..............................
4. Stream ...................................................
5. Respondent’s name ............................
6. Age (give your age at last birthday) ..............................
7. Gender of informant
   - Boy
   - Girl
8. Up to what level did your mother go to school?
   - No formal education
   - not completed primary school
   - Completed primary school
   - Secondary School
   - Completed secondary education
   - College / university
   - don’t know
9. Up to what level did your father go to school?
   - No formal education
   - not completed primary school
   - Completed primary school
   - Secondary School
   - Completed secondary education
   - College / university
   - don’t know
10. Does any member of your family (with whom you live) owns and is in good condition

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Bicycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Motorcycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Television</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Refrigerator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B Oral quality of life- OIDP frequency scale

B1: Step 1: Think back on the previous 3 months, have you experienced the following problems?

<table>
<thead>
<tr>
<th>Problems</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a). Toothache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b). Sensitive teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c). Broken tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d). Problems with the positioning of your teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e). Ulcers in the mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f). Bleeding in the mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g). Swollen gums</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h). Bad breaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i). Problems with the color of your teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k). Problems with the spaces for your teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l). Problem with gum abscess</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B2: Step 2: Please answer the next questions irrespective of the answers to the above problems

In the past 3 months, how often have problems with your mouth or teeth (for example such as mentioned above or other) caused you any difficulty in performance? (Please ask the question for each performance, and fill the selected category for each performance in the Child-OIDP form)
Frequency 0= Never, 1= Once or twice a month, 2 = Once or twice a week, 3 = Everyday/ nearly everyday

<table>
<thead>
<tr>
<th>Performance</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating food</td>
<td></td>
</tr>
<tr>
<td>Speaking and pronouncing clearly</td>
<td></td>
</tr>
<tr>
<td>Cleaning teeth/mouth</td>
<td></td>
</tr>
<tr>
<td>Sleeping and relaxing</td>
<td></td>
</tr>
<tr>
<td>Smiling, laughing and showing teeth without embarrassment</td>
<td></td>
</tr>
<tr>
<td>Maintaining usual emotional state without being irritable</td>
<td></td>
</tr>
<tr>
<td>Carrying out major school work or social role</td>
<td></td>
</tr>
<tr>
<td>Contact with people</td>
<td></td>
</tr>
</tbody>
</table>

Section C: Reported general & oral health status/perceived treatment needs

C1. What do you think about the state of your teeth?
   1. □ Very good
   2. □ Good
   3. □ Bad
   4. □ Very bad

C2. Are you satisfied or dissatisfied with your mouth/teeth?
   1. □ Very satisfied
   2. □ Satisfied
   3. □ Dissatisfied
   4. □ Very dissatisfied

C3. How satisfied or dissatisfied are you with the position of your teeth?
   1. □ Very satisfied
   2. □ Satisfied
   3. □ Dissatisfied
   4. □ Very dissatisfied

C4. How satisfied or dissatisfied are you with the appearance of your teeth?
   1. □ Very satisfied
   2. □ Good
   3. □ Bad

C5. How satisfied or dissatisfied are you with the color of your teeth?
   1. □ Very satisfied
   2. □ Satisfied
   3. □ Dissatisfied
   4. □ Very dissatisfied

C6. How satisfied are you with your chewing ability?
   1. □ Very satisfied
   2. □ Satisfied
   3. □ Dissatisfied
   4. □ Very dissatisfied

C7. What do you think about the state of your general health?
   1. □ Very good
   2. □ Good
   3. □ Bad
4. □ Very bad

C8. Do you perceive any need for dental treatment now?
   1. □ Yes
   0. □ No

C9. Have you ever attended a dentist/dental therapist for treatment?
   1. □ Yes
   0. □ No

NB: this question only for the follow up survey

C10. Since the completion of dental treatment – have the state of your teeth and mouth improved or worsened?
   1. □ Worsened a lot
   2. □ Worsened a little
   3. □ Stayed the same
   4. □ Improved a little
   5. □ Improved a lot

Section D: The following are questions about your oral health related behaviors

D1. How often do you usually brush your teeth?
   4. □ More than once a day
   3. □ Once a day
   2. □ Several times a week
   1. □ Seldom
   0. □ Never

D2. For cleaning your teeth, what do you use?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toothbrush</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chewing stick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t clean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D3. With what substance do you clean your teeth?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toothpaste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t use anything</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D4. How much time do you use to brush your teeth?
   1. □ One to two minutes
   2. □ Three to five minutes
   3. □ Six to ten minutes
   4. □ More than ten minutes

D5. If you use toothpaste, what amount of toothpaste do you use when brushing your teeth?
   1. □ Large amount (fill the whole head of toothbrush)
   2. □ Fill half of the head of the toothbrush
   3. □ Fill quarter of the head of the toothbrush
   4. □ I use pea size amount of it

D6. When do you replace your toothbrush?
   1. □ after 3 months
   2. □ after 6 months
   3. □ after a year or two
   4. □ When the bristles start to get out of shape

Think back on the previous 2 years, how often have you taken the following?

D7. Biscuits
   4. □ More than once a day
   3. □ Once a day
   2. □ Several times a week
   1. □ Seldom
   0. □ Never

D8. Chocolates or toffees/sweets

   4. □ More than once a day
   3. □ Once a day
   2. □ Several times a week
   1. □ Seldom
   0. □ Never
D9. Sugared Ice sticks

4. More than once a day
3. Once a day
2. Several times a week
1. Seldom
0. Never

DII. Sugared fruit juice

4. More than once a day
3. Once a day
2. Several times a week
1. Seldom
0. Never

D10. Soda (Pepsi, coca cola etc)

4. More than once a day
3. Once a day
2. Several times a week
1. Seldom
0. Never

D12. Sugared tea/coffee

4. More than once a day
3. Once a day
2. Several times a week
1. Seldom
0. Never

Section E. Oral health knowledge questions

E1. Are the following causes of dental caries?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a). Bacteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b). Lack of oral hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c). Eating sugary food or snacks frequently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d). Eating a lot of sugary food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e). Virus/worms in tooth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E2. Can dental caries be prevented?

☐ Yes
☐ No

E3. Can the following prevent dental caries from occurring?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a). Reducing eating sugary foods or snacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b). Brushing teeth regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c). Use of fluoride toothpaste</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d). Brushing teeth once a day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e). Stop eating food that contains sugar</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section F Now I will ask you some questions about what you think of avoid eating sugared snacks and drinks frequently (sugared snacks and drinks- explain)

| I intend to avoid frequent intake of sugared snacks and drinks in the future | Strongly agree | Agree | Neither agree/nor disagree | Disagree | Strongly disagree |
| It is likely that you will avoid frequent intake of sugared snacks and drinks in the future |
| For me to avoid frequent intake of sugared snacks and drinks in the future is desirable |
| For me to avoid frequent intake of sugared snacks and drinks in the future is bad |
| For me to avoid frequent intake of sugared snacks and drinks on a daily basis in the future is useful |
| For me to avoid frequent intake of sugared snacks and drinks on a daily basis in the future is unwise |
| People who are important to me want me to avoid frequent intake of sugared snacks and drinks in the future |
| How easy or difficult will it be for you to avoid frequent intake of sugared snacks and drinks in the future |
| I am able to clean my teeth on a daily basis |

*If I want to I can easily avoid frequent intake of sugared snacks and drinks in the future*
Clinical examination chart for caries

Name of the school -------------------------- 3. Filled no decay
Age of the child -------------------------- 4. Missed tooth due to caries
Name of the child -------------------------- 5. Missing any other reason
Identification number -------------------------- 6. Fissure sealant
Name of the examiner -------------------------- 7. Bridge abutment, special crown

Tooth codes (WHO, 1997)

- 0. Sound tooth
- 1. Decayed
- 2. Filled with decayed
- 3. Filled no decay
- 4. Missed tooth due to caries
- 5. Missing any other reason
- 6. Fissure sealant
- 7. Bridge abutment, special crown
- 8. Unerupted crown
- 9. Not recorded

T=Trauma/fracture

DENTITION STATUS FOR PERMANENT TEETH

<table>
<thead>
<tr>
<th>Upper right</th>
<th>Upper left</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28</td>
<td></td>
</tr>
<tr>
<td>Lower right</td>
<td>Lower left</td>
</tr>
<tr>
<td>48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38</td>
<td></td>
</tr>
</tbody>
</table>

DENTITION STATUS FOR DECIDUOUS TEETH

<table>
<thead>
<tr>
<th>Upper right</th>
<th>Upper left</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 54 53 52 51 21 22 23 24 25</td>
<td></td>
</tr>
<tr>
<td>Lower right</td>
<td>Lower left</td>
</tr>
<tr>
<td>45 44 43 42 41 31 32 33 34 35</td>
<td></td>
</tr>
</tbody>
</table>

Treatment needs

<table>
<thead>
<tr>
<th>Treatment type</th>
<th>Number of teeth to be treated</th>
<th>Number of teeth treated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Permanent</td>
<td>Deciduous</td>
</tr>
<tr>
<td>0. No treatment needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Extraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ART</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ERRATA

We regret that some errors occurred in the following papers

Paper I

Methods: study area section paragraph 1, 7th line 66,046 per square km corrected to 12 persons per square km. 8th line 791,306 corrected to 787,624. 9th line 41,549 corrected to 41,075. 10th line 215,764 corrected to 214,882; and 75,546 corrected to 75,128. 11th line 124,516 corrected to 124,009; and 162,081 corrected to 161,473. 12th line 171,850 corrected to 171,057. Study population section line 22nd; 2465 corrected to N = 2467

Results: 3rd paragraph, 1st line; DMFT score 0.37 (sd 0.85) and 0.32 (sd 0.79) in urban and rural students respectively corrected to DMFT score 0.32 (sd 0.9) and 0.37 (sd 0.85) in urban and rural students respectively

Paper II

Methods: study area section paragraph 1, 5th line; 66,046 per square km corrected to 12 persons per square km. 7th line 791,306 corrected to 787,624. 8th line 171,850 corrected to 171,057. Last line 1: 171,850 corrected to 1: 171.057

Results: 1st paragraph, 1st line; DMFT score 0.37 (sd 0.85) and 0.32 (sd 0.79) in urban and rural students respectively corrected to DMFT score 0.32 (sd 0.9) and 0.37 (sd 0.85) in urban and rural students respectively. 3rd line; 20.2% corrected to 20.4%. Table 1, caries experience DMT>0 unweighted 20.2% corrected to 19.2%, weighted 20.9% corrected to 20.4%. DMT = 0 unweighted 79.8% corrected to 80.8%, weighted 79.1% corrected to 80.1%

Paper III

Material and methods 1st paragraph 4th line; 791, 306 corrected to 787,624; 6th line 171, 850 corrected to 171,057; 11th line 1: 171.850 corrected to 1: 171057

2nd paragraph 13th line 2465 corrected to 2467, 14th line 72.2% corrected to 72.6%

Results 1st paragraph 2nd line 72.2% corrected to 72.6%.

Figure 1 2nd box 72.2% corrected to 72.6%