## Questionnaire/Interview Form

subject ID	School ID	Interviewer	date:	Day	Month Year		
Locality		Type of	:		Class		
		school Pub priv	ШМ	□F			
Your name:			Youi phor				
Address:			<b>P</b>				
Contact person:			Con phor				
Your date of birth: Age at your last birt	hday:		Da □		onth Year 		
Sex:	□male	female					
Ethnicity:							
Tribe:							
Live with:	□pare	nts	arents [	othe	relatives others		
//		••					
# siblings: Family size:							
Father's education:	□none	 ∏elem sch		lle/hiah	sch Ocollege		
Tatrici 3 caddation.		☐none ☐elem. sch ☐middle/high sch ☐college ☐ Higher educ					
Mother's education	:		mido	dle/high	sch  college		
Does family own capersonal use)	ır (forno [	1 2 2 >	2				
	pes family own house  on  1  2  >2						
Do you sr cigarettes?	moke  neve	never cig/week cig/day					
Smoke duration					3у □4у □5у □6у		
Have you sm	oked 🗌 neve	☐never ☐quit smoking. Number of years since you					

before?	quit				
Other smoking habits?					
Other smoking habits- frequency	□never □<1 da	y/w			
What is your weight/height?	W: kg H	1: cm			
Do you brush your teeth?	☐never ☐1-2 p daily	r/w □every other day □daily □>1			
Do you use miswak?	☐never ☐1-2 p daily	r/w □every other day □daily □>1			
Do you clean teeth by other methods?	· · · · · · · · · · · · · · · · · · ·				
Ever visited a dentist?	□never □<1 y □1 y □2y □3y □4y > 4 y?:				
Why visited a dentist	☐never ☐pain regular checkups ☐other	☐swollen gums ☐loose teeth ☐			
Medical history Do you have:					
- Juvenile diabetes?		no yes don't know			
- Asthma, allergies?		no yes , if yes explain			
rioumna, anorgioo.					
- Respiratory bacterial ir year)?	nfections (>1 per	□no □yes , if yes explain			
- Anemia?		☐no ☐yes ☐don't know			
- Sickle cell anemia?		□no □yes □don't know			
- Other disease?		□no □yes , if yes explain			
- Do you currently use at have used during the last		□no □yes , if yes explain			
Dental history					
- Does your gum bleed wh	nen you brush?	□no □yes , if yes explain			
- Do you feel that your te drifting?	eth are mobile or	□no □yes , if yes explain			
- Do you have toothache?		☐no ☐yes , if yes explain			
- Do you have other comteeth?		 □no □yes , if yes explain			
Medical history of parents					
Do any of your parents ha					

- Diabetes?	noyes, 1 parentyes, both don't know
- Asthma?	☐no ☐yes, 1 parent ☐yes, both ☐ don't know
- Anemia?	☐no ☐yes, 1 parent ☐yes, both ☐ don't know
- Sickle cell anemia?	☐no ☐yes, 1 parent ☐yes, both ☐ don't know
Dental history of parents	
- Does any of your parents wear a denture?	☐no ☐yes, 1 parent ☐yes, both
<ul><li>- Is any of your parents edentulous?</li><li>- Does any of your parents have a g um problem?</li></ul>	☐no ☐yes, 1 parent ☐yes, both ☐no ☐yes, 1 parent ☐yes, both ☐ don't know
- Any other problems with parents' teeth?	□no □yes , if yes explain
Dental history of siblings	
- Is any of your siblings edentulous or wear a denture?	□no □yes, if yes explain
- Does any of your siblings have a gum problem?	□no □yes, if yes explain
- Any other problems with siblings' teeth?	$\square$ no $\square$ yes , if yes explain