

**9. Appendices I – VI**









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Deres ref

Vår ref

Dato

2007/14403-ARS

05.12.2007

**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 personvernbehandling.
- 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.*

Komiteenes vedtak etter Forskningsetikklovens § 4 kan påklages (jfr. forvaltningsloven § 28) til Den nasjonale forskningsetiske komité for medisin og helsefag. Klagen skal sendes REK-Vest (jfr. forvaltningsloven § 32). Klagefristen er tre uker fra den dagen du mottar dette brevet (jfr. forvaltningsloven § 29).

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Komiteen ber om å få tilsendt sluttrapport evt. trykt publikasjon for studien når dette foreligger.

Vennlig hilsen

  
Jon Lekven  
leder

  
Anne Berit Ølmheim  
førstekonsulent







THE UNITED REPUBLIC OF  
TANZANIA



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19<sup>th</sup> December 2007

Dr Kijakazi Obeid Mashoto  
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**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 Deo M Mtasiwa

Signature

CHAIRMAN  
MEDICAL RESEARCH  
COORDINATING COMMITTEE

Signature

CHIEF MEDICAL OFFICER  
MINISTRY OF HEALTH, SOCIAL  
WELFARE

CC: RMO  
DMO







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

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

Serial number \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

**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 question 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

\_\_\_\_\_

\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_

Serial number \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

### 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 uelewa)**

**A: Maelezo ya Utambulisho**

1. Jina la kata .....

2. Sehemu unayoishi

Mjini       Vijijini

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

3. Jina la Shule .....

4. Jina la Mtafitiwa .....

Tarehe ya usaili .....

5. Umri .....(miaka)

6. Jinsia       Mvulana        
Msichana

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?

	Ndiyo	Hapana
a. Baisikeli		
b. Pikipiki		
c. Gari		
d. Luninga		
e. Jokofu		

**B: Yafuatayo ni maswali kuhusu kinywa chako na meno yako**

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

***Tafadhali chagua jibu moja tu kwa kila kipengele/kauli***

**B1** Fikiria nyuma katika **miezi mitatu** iliyopita, umeshapata lolote kati ya haya yafuatayo?

Hali	Ndiyo 1	Hapana 0
a. Maumivu ya jino		
b. Meno hisishi (meno kufa ganzi)		
c. Kuvunjika kwa jino au meno		
d. Matatizo ya namna meno yalivyokaa		
e. Kidonda kwenye mdomo		
f. Kutoka damu kwenye mdomo		
g. Fizi kuvimba		
h. Harufu mbaya mdomoni		
i. Matatizo ya rangi ya meno yako		
j. Matatizo ya nafasi katika meno yako		
k. Matatizo ya jipu au majipu kwenye fizi		

**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)

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

**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 yako?

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

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

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

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

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

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

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

**C6** Unaifikiriaje hali yako 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 yako yanavyotafuna?

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

**C9.** Umeshawahi kwenda 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 yako ya kinywa na meno unaionaje?

1.  Imekuwa mbaya sana
2.  Imekuwa mbaya
3.  Imebaki vilevile/haijabadilika
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?

	Ndiyo	Hapana
Kidole		
Mswaki wa dukani		
Mswaki wa kijiti/mti		
Sisafishi		
Kingine (taja)		

**D3** Unasafisha meno yako na?

	Ndiyo	Hapana
Dawa ya meno		
Hutumii kitu chochote		
Kingine (taja)		

**D6** Ni baada ya muda gani unabadilisha 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 iliyopita, 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

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

1.  Dakika moja mpaka mbili
2.  Dakika tatu mpaka tano
3.  Dakika sita mpaka kumi
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 nje gere

3.  Mara moja kwa siku
4.  Zaidi ya 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 yenye sukari

0.  Sijawahi kunywa maji ya matunda yenye sukari

1.  Mara chache

2.  Mara kadhaa kwa wiki

3.  Mara moja kwa siku

4.  Zaidi ya mara moja kwa siku

**D12** Chai/ kahawa yenye sukari

0.  Sijawahi kunywa chai au kahawa yenye sukari

1.  Mara chache

2.  Mara kadhaa kwa wiki

3.  Mara moja kwa siku

4.  Zaidi ya mara moja kwa siku

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

**E1** Jino au meno kuoza usababishwa na nini?

**(Tafadhali chagua jibu moja kwa kila kipengele/kauli)**

	Ndiyo	Hapana	Sijui
a)Vijidudu aina ya bacteria			
b)Kutokuwa msafi wa kinywa na meno			
c)Kula vyakula vyenye sukari mara kwa mara			
d)Kula vyakula vyenye sukari kwa wingi			
e)Mnyoo ndani ya jino au meno			

**E2** Je kuoza kwa meno kunaweza zuilika?

Ndiyo  Hapana

**E3** Mambo yafuatayo yanaweza kuzuia meno kuoza

**(Tafadhali tiki jibu moja kwa kila kipengele/kauli)**

	Ndiyo	Hapana	Sijui
a)Kupunguza kula vyakula vya sukari mara kwa mara			
b)Kupiga mswaki mara kwa mara			
c)Kutumia dawa ya meno yenye fluoride			
d)Kupiga mswaki mara moja kwa siku			
e)Kuacha kula vyakula vyenye sukari			

F: Sasa tutakuuliza maswali ili kujua unafikiria nini kuhusu kujizuia kula vyakula na kunywa vinywaji vyenye sukari mara kwa mara

(Tafadhali tiki jibu moja kwa kila kauli)

	Nakubali kabisa (1)	Nakubali (2)	Sikubali na wala sikatai (3)	Sikubali (4)	Sikubali kabisa (5)
Kwa kipindi kijacho natarajia kujizua kula vyakula na kunywa vinywaji vyenye sukari mara kwa mara					
Kwa kipindi kijacho ninaweza kujizua kula vyakula na kunywa vyinywaji vyenye sukari					
Kwangu mimi ni jambo la kupendeza kujizua kula vyakula na kunywa vyinywaji vyenye sukari kwa kipindi kijacho					
Kwangu mimi si vizuri kujizua kula vyakula na kunywa vyinywaji vyenye sukari kwa kipindi kijacho					
Kwa kipindi kijacho ni vyema kujizua kula vyakula na kunywa vyinywaji vyenye sukari mara kwa mara kwa siku					
Kwa kipindi kijacho sioni umuhimu wa kujizua kula vyakula na kunywa vyinywaji vyenye sukari mara kwa mara kwa siku					
Watu muhimu kwangu wanataka nijizue kula vyakula na kunywa vyinywaji vyenye sukari mara kwa mara kwa kipindi kijacho					
Kwako ni jinsi gani ni rahisi au vigumukujizua kula vyakula na kunywa vinywaji vyenye sukari					
Ninao uwezo wa kusafisha meno yangu kila siku					
Kwa kipindi kijacho kama nataka naweza kujizua kula vyakula na kunywa vinywaji vyenye sukari mara kwa mara kirahisi					







## QUESTIONNAIRE - STRUCTURED PERSONAL INTERVIEW FOR CHILDREN

Section A: General information of adolescent

Name of ward .....

1. Place of residence

- Urban  
 Rural

2. Name of school .....

3. Stream .....

4. Respondent's name .....

5. Age (give your age at last birthday) .....

6. Gender of informant

- Boy  
 Girl

9. Does any member of your family (with whom you live) owns and is in good condition

Item:	Yes	No
a) Bicycle		
b) Motorcycle		
c) Car		
d) Television		
e) Refrigerator		

7. 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

8. 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

### 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?

Problems:	Yes	No
a). Toothache		
b). Sensitive teeth		
c). Broken tooth		
d). Problems with the positioning of your teeth		
e). Ulcers in the mouth		
f). Bleeding in the mouth		
g). Swollen gums		
h). Bad breaths		
i). Problems with the color of your teeth		
k). Problems with the spaces for your teeth		
l). Problem with gum abscess		

**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

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

**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.  Satisfied

3.  Dissatisfied

4.  Very dissatisfied

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?

	Yes	No
Finger		
Toothbrush		
Chewing stick		
I don't clean		
<i>Other (specify)</i>		

D3. With what substance do you clean your teeth?

	Yes	No
Toothpaste		
I don't use anything		
<i>Other (specify)</i>		

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 tooth brush  
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

**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

**D11. Sugared fruit juice**

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?

	Yes	No	<i>I don't know</i>
a). Bacteria			
b). Lack of oral hygiene			
c). Eating sugary food or snacks frequently			
d). Eating a lot of sugary food			
e). <i>Virus/worms in tooth</i>			

E2. Can dental caries be prevented?

- Yes  
 No

E3. Can the following prevent dental caries from occurring?

	Yes	No	<i>I don't know</i>
a). Reducing eating sugary foods or snacks			
b). Brushing teeth regularly			
c). Use of fluoride toothpaste			
d). Brushing teeth once a day			
e). <i>Stop eating food that contains sugar</i>			

**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)**

	Strongly agree	Agree	Neither agree/nor disagree	Disagree	<i>Strongly disagree</i>
I intend to avoid frequent intake of sugared snacks and drinks in the future					
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					
<i>If I want to I can easily avoid frequent intake of sugared snacks and drinks in the future</i>					

**Clinical examination chart for caries**

Name of the school -----

Age of the child -----

Name of the child -----

Identification number -----

Name of the examiner -----

- 3. Filled no decay
  - 4. Missed tooth due to caries
  - 5. Missing any other reason
  - 6. Fissure sealant
  - 7. Bridge abutment, special crown veneer
  - 8. Unerupted crown
  - 9. Not recorded
- T=Trauma/fracture

**Tooth codes (WHO, 1997)**

- 0. Sound tooth
- 1. Decayed
- 2. Filled with decayed

**DENTITION STATUS FOR PERMANENT TEETH**

Upper right

Upper left

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

Lower right

Lower left

48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

**DENTITION STATUS FOR DECIDUOUS TEETH**

Upper right

Upper left

55	54	53	52	51	21	22	23	24	25

Lower right

Lower left

45	44	43	42	41	31	32	33	34	35

**Treatment needs**

Treatment type	Number of teeth to be treated		<i>Number of teeth treated</i>	
	Permanent	Deciduous	Permanent	<i>Deciduous</i>
0. No treatment needed				
1. Extraction				
2. ART				







## ERRATA

We regret that some errors occurred in the following papers

### Paper I

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

**Results:** 3<sup>rd</sup> paragraph, 1<sup>st</sup> 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, 5<sup>th</sup> line; 66,046 per square km corrected to 12 persons per square km. 7<sup>th</sup> line 791,306 corrected to 787,624. 8<sup>th</sup> line 171,850 corrected to 171,057. Last line 1: 171,850 corrected to 1: 171.057

**Results:** 1<sup>st</sup> paragraph, 1<sup>st</sup> 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. 3<sup>rd</sup> 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** 1<sup>st</sup> paragraph 4<sup>th</sup> line; 791, 306 corrected to 787,624; 6<sup>th</sup> line 171, 850 corrected to 171,057; 11<sup>th</sup> line 1: 171.850 corrected to 1: 171057

2<sup>nd</sup> paragraph 13<sup>th</sup> line 2465 corrected to 2467, 14<sup>th</sup> line 72.2% corrected to 72.6%

Results 1<sup>st</sup> paragraph 2<sup>nd</sup> line 72.2% corrected to 72.6%.

Figure 1 2<sup>nd</sup> box 72.2% corrected to 72.6%

