

before? quit

Other smoking habits? none waterpipe snuff chew (smokeless) tobacco other

Other smoking habits- frequency never <1 day/w 1-4 days/w daily

What is your weight/height? W: kg H: cm

Do you brush your teeth? never 1-2 pr/w every other day daily >1 daily

Do you use miswak? never 1-2 pr/w every other day daily >1 daily

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 swollen gums loose teeth regular checkups other

Medical history

Do you have:

- Juvenile diabetes? no yes don't know
- Asthma, allergies? no yes , if yes explain
- Respiratory bacterial infections (>1 per year)? 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 any medication, or have used during the last 3 years? no yes , if yes explain

Dental history

- Does your gum bleed when you brush? no yes , if yes explain
- Do you feel that your teeth are mobile or drifting? no yes , if yes explain
- Do you have toothache? no yes , if yes explain
- Do you have other complaint about your teeth? no yes , if yes explain

Medical history of parents

Do any of your parents have:

- Diabetes? no yes, 1 parent yes, 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
- Is any of your parents edentulous? no yes, 1 parent yes, both
- Does any of your parents have a gum problem? no yes, 1 parent yes, both don't know
- Any other problems with parents' teeth? no yes , if yes explain
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Dental history of siblings

- Is any of your siblings edentulous or wear a denture? no yes, if yes explain
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- Does any of your siblings have a gum problem? no yes, if yes explain
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- Any other problems with siblings' teeth? no yes , if yes explain
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