

8. APPENDICES

App. I

MAKERERE

P.O. Box 7072 Kampala, Uganda
E-mail: dean@med.mak.ac.ug



UNIVERSITY

Tel: 256-41 530020
Fax: 256-41-541036/256-41-532204

FACULTY OF MEDICINE
OFFICE OF THE DEAN

Your Ref:

Our Ref:

Wednesday, September 27, 2006

Dr. Margaret Wandera
University Hospital, Makerere University

Dear Dr Wandera,

Re: Approval of proposal

Your proposal entitled "**Maternal Oral Health Status, Nutrition and Development of Early Childhood Dental Caries (ECC): A Birth Cohort Study of Infants in Mbale, Uganda**" was considered and reviewed by the research and ethics committee.

The proposal was found to be good. However, some amendments were suggested for incorporation in order to improve on the science of the study. I am happy that the suggested changes have been reasonably incorporated. On behalf of the committee, I am glad to inform you that the proposal has been approved. You may now proceed with the process of data collection.

Yours truly,

Prof. Elly Katabira

Chair Research & Ethics Committee

App. II

CONTENTS OF RECRUITMENT QUESTIONNAIRE



Recruitment interview

SECTION	NUMBER OF QUESTIONS
<i>SECTION 0: Background and Screening questions</i>	10
<i>SECTION I: Mother's characteristics:</i>	16
<i>SECTION II: Pregnancy history:</i>	4
<i>SECTION III: Breastfeeding experience and intentions</i>	9
<i>SECTION IV: Socio Economic Status:</i>	28
<i>SECTION V: Activities/employment:</i>	16
<i>SECTION VI: Questions on use of clinical/medical services</i>	9
<i>SECTION VII: Previous child mortality</i>	6

App. III

ENGLISH	LUMASABA KHUREBA KHUBYEBULAMU KHUNYOWA KHUREBA NGA WANDIKHILE BAMAYI BABAESA
	A: PERSONAL AND SOCIO-DEMOGRAPHIC BACKGROUND FACTORS Date..... A 1 Participant Identification number..... A 2 Age (in years as of last birthday)..... B: PERCEIVED ORAL HEALTH STATUS <p>I am now going to ask you some questions about the health of your mouth.</p> <p>B 1. During the previous 6 months (half year) have you had</p> <p>a) bleeding gums when cleaning teeth or eating</p> <p>1) yes 2) no</p> <p>b) Change in color of the gums</p> <p>1) yes 2) no</p> <p>c) Swollen gums</p> <p>1) yes 2) no</p> <p>d) Tooth decay</p>
	A: BIBINDU BIKHWAMA KHO NI ISI WAMA Date/Lunakhu..... A1 Participant Identification number..... A2 Age/ Kyimyakha..... B.BIREBO BYEKHUBULAMU BWOWO <p>Aari tsya khukhureba birebo bibyama khubyebulamu mukhanwa mwowo.</p> B1.Mumyesi kyisesaba kiyikyibirile,wabeleko ni: a)Likhole khutsya kannafuki nga uli khusenya nannwe nga uli khulya. 1)Ehh 2) Taawe b) Langi iye likhole khushusa 1) Eh 2) Taawe c)Likhole khubimba 1) Eh 2) Taawe d)Liseno khuboola 1) Eh 2) Taawe e) Khuwunya mukhanwa

<p>1) yes 2) no</p> <p>e) Bad breath</p> <p>1) yes 2) no</p> <p>f) Bad taste in the mouth</p> <p>1) yes 2) no</p>	<p>1)Ehh 2)Taawe f)Itsamu imbi iye mukhanwa</p> <p>1)Ehh 2) Taawe</p>
<p>B2. During the previous 6 months (half year) have you had</p> <p>a) dental pain/toothache</p> <p>1) yes 2) no</p>	<p>B2.Mumyesi khisabesa khikhibirile wabelekhko ni:</p> <p>1)Kameno khutsina/ liseno khutsina</p> <p>a)Ehh b)Taawe</p>
<p>B3. When did you have pain in a tooth last? (read out the alternatives)</p> <p>1) Never 2) About half a year ago 3) One year ago 4) Two years ago 5) More than 2 years ago</p>	<p>B3.Liina isi liseno lyasembayo khukhutnsina.</p> <p>1) Mbawaao taa 2) Munyesi khisesaba kykyabira 3) Kunwakha murvela kubirile 4) Kyimyakha kyibili kyabira 5) Khufura mumyakha kyibili</p>
<p>B 4 During the previous 6 months (half year) have you had pain from the gums</p> <p>1) yes 2) no</p>	<p>B4.Mumyesi kyisabesa kyibirile,wabakho ni khtsiniwa mwikhole.</p> <p>1) Ehh 2) Taawe</p> <p>B5.Wambasa uri mukhanwa ni kameno kowo kali munjeli shina?</p> <p>1) Indayi naabi 2) Indayi 3) Ikaali kamalayi namwe kamabi taa 4) Imbi 5) Imbi naabi</p>

<p>B 5 How do you consider the present condition of your mouth and teeth?</p> <ol style="list-style-type: none"> 1. Very good 2. Good 3. Neither good or bad/average 4. Bad 5. Very bad 	<p>B 6 Ukaana khubona kamo uwe kameno mumbuka yino namwe myye burangisi ?</p> <ol style="list-style-type: none"> 1) Ehh 2) Taawe <p>B7 Nga ukaana khubona umusaawu uwe kameno,khulwashina?</p>	<p>B7a) Ingana tsanjebele kamo ngeantsatsaka tsi ndalo</p> <ol style="list-style-type: none"> 1) Ehh 2) Taawe <p>B7b) Ingana anjeté khu shiangafu mumeno</p> <ol style="list-style-type: none"> 1) Ehh 2) Taawe 	<p>B 6 Do you need to see a dentist/dental assistant now or in the near future?</p> <ol style="list-style-type: none"> 1 Yes 2 No <p>B 7 If yes – what is the reason?</p> <p>B7a I need a routine dental check up</p> <ol style="list-style-type: none"> 1) Yes 2) no <p>B 7 b I need help for a dental problem</p> <ol style="list-style-type: none"> 1) yes 2) no <p>C ORAL HEALTH IMPACT</p> <p>I am now going to ask if your oral health affects the way you do things regularly</p> <p>C1 During the past 6 months (half year) how often have problems with</p>	<p>B6.Ukaana khubona kamo uwe kameno mumbuka yino namwe myye burangisi ?</p> <ol style="list-style-type: none"> 1) Ehh 2) Taawe <p>B7.Nga ukaana khubona umusaawu uwe kameno,khulwashina?</p> <p>B7a) Ingana tsanjebele kamo ngeantsatsaka tsi ndalo</p> <ol style="list-style-type: none"> 1) Ehh 2) Taawe <p>B7b) Ingana anjeté khu shiangafu mumeno</p> <ol style="list-style-type: none"> 1) Ehh 2) Taawe <p>B 6 Do you need to see a dentist/dental assistant now or in the near future?</p> <ol style="list-style-type: none"> 1 Yes 2 No <p>B 7 If yes – what is the reason?</p> <p>B7a I need a routine dental check up</p> <ol style="list-style-type: none"> 1) Yes 2) no <p>B 7 b I need help for a dental problem</p> <ol style="list-style-type: none"> 1) yes 2) no <p>C ORAL HEALTH IMPACT</p> <p>I am now going to ask if your oral health affects the way you do things regularly</p> <p>C1 During the past 6 months (half year) how often have problems with</p>
---	--	---	--	--

<p>mouth and teeth caused you any difficulty with eating</p> <ol style="list-style-type: none"> 1. never affected in the past half year (6 months) 2. Once or twice a month 3. Once or twice a week 4.Every day or nearly every day <p>C2 During the past 6 months (half year) how often have problems with mouth and teeth caused you problems with speaking?</p> <ol style="list-style-type: none"> 1. never affected in the past half year (6 months) 2. Once or twice a month 3. Once or twice a week 4.Every day or nearly every day 	<ol style="list-style-type: none"> 2. Lutwela oba khabili mumwesi 3. Lutwela oba khabili musabiti 4. Bulunakhu namwe ambi bulunakhu <p>C3. Mumyesi kyisesaba kyibirile,kimilundi kyenga kyesi biangafu mukhanwa ni mumeno bikhuretele biangafu mukhukona namwe mwikhala?</p> <ol style="list-style-type: none"> 1. Nakhtusiniwaho mumeno mumyesi kyisesaba kyibirile taawe. 2. Lutwela oba khabili mumwesi 3. Lutwela oba khabili musabiti 4. Bulunakhu namwe ambi bulunakhu <p>C4. Mumyesi kyisesaba kyibirile,kimilundi kyenga kyesi biangafu mukhanwa ni mumeno bikhuretele biangafu mukhusena kamenyo?</p> <ol style="list-style-type: none"> 1. Nakhtusiniwaho mumeno mumyesi kyisesaba kyibirile taawe. 2. Lutwela oba khabili mumwesi 3. Lutwela oba khabili musabiti 4. Bulunakhu namwe ambi bulunakhu <p>C5. Mumyesi kyisesaba kyibirile,kimilundi kyenga kyesi biangafu mukhanwa ni mumeno bikhuretele biangafu mukhuramba kyimilimo kyowo?</p> <ol style="list-style-type: none"> 1. Nakhtusiniwaho mumeno mumyesi kyisesaba kyibirile taawe. 2. Lutwela oba khabili mumwesi 3. Lutwela oba khabili musabiti
<p>C 3 During the past 6 months (half year) how often have problems with mouth and teeth caused you problems with sleeping/relaxing?</p> <ol style="list-style-type: none"> 1. never affected in the past half year (6 months) 2. Once or twice a month 3. Once or twice a week 4.Every day or nearly every day 	<p>C 4 During the past 6 months (half year) how often have problems with mouth and teeth caused you problems with cleaning teeth?</p> <ol style="list-style-type: none"> 1. never affected in the past half year (6 months)

<p>2. Once or twice a month 3. Once or twice a week 4. Every day or nearly every day</p> <p>C 5 During the past 6 months(half year) how often have problems with mouth and teeth caused you problems with carrying out work?</p> <ol style="list-style-type: none"> Never affected in the past half year (6 months) Once or twice a month Once or twice a week Every day or nearly every day 	<p>1. Nakhtsiniwakho mumeno mumyesi kyisesaba kyibirile taawe. 2. Lutwela oba khabili mumwesi 3. Lutwela oba khabili musabiti 4. Bulunaku namwe ambi bulunaku</p> <p>C6. Mumyesi kyisesaba kyibirile,kimilundi kyenga kyesi biangafu mukhanwa ni mumeno bikhurelele biangafu mukhuswala nga wamunamunile?</p> <ol style="list-style-type: none"> Bulunaku namwe ambi bulunaku Mumyesi kyisesaba kyibirile,kimilundi kyenga kyesi biangafu mukhanwa ni mumeno bikhurelele biangafu mukhusanyukha ni basho?
<p>C 6 During the past 6 months(half year) how often have problems with mouth and teeth caused you problems with smiling without embarrassment?</p> <ol style="list-style-type: none"> Never affected in the past half year (6 months) Once or twice a month Once or twice a week Every day or nearly every day <p>C 7 During the past 6 months (half year) how often have problems with mouth and teeth caused you problems with enjoying contact with people?</p> <ol style="list-style-type: none"> Never affected in the past half year (6 months) Once or twice a month Once or twice a week Every day or nearly every day 	<p>1. Nakhtsiniwakho mumeno mumyesi kyisesaba kyibirile taawe. 2. Lutwela oba khabili mumwesi 3. Lutwela oba khabili musabiti 4. Bulunaku namwe ambi bulunaku</p> <p>D:TSISAMBO TSI WAMBAKHANA NI BULAMU BWE MU KHANWA(KHURAMBISA BYE KAMENO)</p> <ol style="list-style-type: none"> Lwashina utsyatsaka wo musawo we khamenno? 1) Tsinsatsakayo taa 2) Ntsyayo nga ndini shiyangafu 3) Ntsyayo nga ndi nisiyangafu wade nga sindi kho nisiyangafu taa

D: ORAL HEALTH RELATED BEHAVIORS (USE OF DENTAL SERVICES)

D 1 Why do you usually attend a dentist?

- 1) I have never
- 2) Go only when I have a problem
- 3) Go whether or not I have a problem

D 2 When was your last dental visit?

- 1) Never gone
- 2) Less than 6 months (half a year) ago
- 3) One year ago
- 4) 2 years ago
- 5) More than 2 years ago

D 3 have you attended a dentist during your current pregnancy

- 1 yes
- 2 no

D 4 How often do you clean/brush your teeth?

- 1) more than once a day
- 2) once a day
- 3) Less than once a day

D 5 Do you know of any treatment that has to be done in a child's mouth before the teeth have erupted

- 1 Yes (mention.....)
- 2 No

D 2 Wasyemba lina khutsya kho we basawo khu songa tsi khamba khu bye kameno?

- 1) Tsintsatsakayo taa
- 2) Tsi kyola ni kyimesyi kyisesaba (shisitsa she kumwakha)
- 3) Kumwakha kutwela kubirile
- 4) Kyimyakha kyibiri tsibirile
- 5) Khufurisakho kyimyakha kyibiri tsibirile

D 3 Watsyakho wo musawo we kameno nga nuli uli shisombo ?

- 1 Ehh
- 2 Taawe

D 4 Utela khuserya kameno koowo kyimilundi kyenga?

- 1 Nfurisakho kumulundi kutwela mu lunakhu
- 2 Lutwela mu lunakhu
- 3) Lutwela namwe mbawo mu lunakhu

D 5 Wamanyakho khu bukangi bwosi bukholebwa mu khanwa mwona nga kameno kha shili khurura ?

- 1 Eeh (Bola.....)
- 2 Taawe

D 6 Bukangi bwo buwonesa bulwale shinina?

-

D 7 Utela khuyila imbuka shiina khunywa kho soda (bye khunyva bilimo

	D 6 What illness does this treatment cure?	sukali?
	D 7 How often do you usually drink Soda (sugared drinks)?	<p>1) Kyimilundi mikali lunakhu 2) Lutwela mu lunakhu 3) Bulikhasela 4) Sinywakho taa</p>
	1) Several times a day 2) Once a day 3) seldom 4) never	D 8 Utela khuyila imbuuka shiina khunywa kho kyayi ultimo sukali?
	D 8 How often do you usually drink sugared tea?	<p>1) Kyimilundi mikali lunakhu 2) Lutwela mu lunakhu 3) Bulikhasela 4) Sinywakho taa</p>
	1) Several times a day 2) daily 3) seldom 4) never	D 9 Utela khuyila imbuuka shiina khurambisakho ibindu birimu iraba?(khunywa)
	D 9 How often do you use any kind of tobacco products? (smoking)	<p>1) Kyimilundi mikali lunakhu 2) Lutwela mu lunakhu 3) Bulikhasela 4) Sinambisakakho taa</p>
	1) Several times a day 2) daily 3) seldom 4) never	D 10 Utela khuyila imbuuka shiina khulyako ts'i biscuits/ ts'i cakes tslimokali?
	D 10 How often do you usually eat sugared biscuits/cakes	<p>1) Kyimilundi mikali lunakhu 2) Lutwela mu lunakhu</p>
	1) Several times a day	

<p>2) once a day</p> <p>3) seldom</p> <p>4) never</p> <p>D 11 How often do you usually eat chocolate/candy/sweets?</p> <p>1) Several times a day</p> <p>2) daily</p> <p>3) seldom</p> <p>4) never</p>	<p>3) Bulikhasela</p> <p>4) Sindiyasatsakho taa</p> <p>D 11 Utela khuyilla imbuuka shina khulyakho chocolate/candy/ tsi sweet?</p> <p>1) Kyimlundi mikali lunakhu</p> <p>2) Lutwela mu lunakhu</p> <p>3) Bulikhasela</p> <p>4) Sindiyatsakakho taa</p> <p>E Wamhbasakho uri anyala abawo biyangafu mu khulya namwe khunyanya aby khulya bino?</p> <p>E 1 Kamatore E 2 Busima bwe bulo E 3 Busima bwa nabukubo E 4 Kumukyele E 5 Muwoko E 6 Lipondi E 7 Kumugati E 8 Inyama E 9 Tsingeni E 10 Tsinyanyi E 11 tsimali</p> <p><i>I Yes</i></p> <p><i>2 No</i></p>	<p>F: SOURCES OF ORAL HEALTH INFORMATION.</p> <p>Have you ever received any information on how to take care of your own mouth and teeth from:</p> <p>F 1 Health workers F 2 dentists/dental officers F 3 Radio</p> <p>F 4 MCH aids F 5 Magazines F 6 Newspapers</p> <p>1. Yes</p> <p>2. No</p> <p>Have you ever received any information on how to take care of your babies</p> <p>F: BIFO BYE KHUFUNAMO BIYAMBA KHU BYE BULAMU BWE MUKHANWA.</p> <p>Waftnatsakakho biyamba khu njeli ye khulinda kumunwa ni kameno koowo; ukhwama:</p> <p>F 1 Khubasawo F 2 Khu basawo be kameno F 3 Khunakhalondo F 4 Bye khusomesa hamayi bi wamba khu bana F 5 Khutsi magazine F 6 Mumawulle</p> <p>1 Eeh</p> <p>2 Taawe</p>
--	--	--

mouth and teeth during their first living years from:

F 7 Health workers F 8 dentists/dental therapists F 9 radio F 10 MCH aids F 11 Magazines F 12 Newspapers

1. yes
2. no

Thank you for your participation

Notes.....
.....
.....
.....
.....
.....
.....

1. Eeh
2. Taawe
Wanyala khukhwitubasa mu khusoma khuno.

Notes.....
.....
.....
.....
.....
.....

Watunasakakho biyamba khu njeli tse khulinda kiminwa ni kameno ke bahana boowo mumyakha kyabwe kinyowa kyekhuminy;a; ukwama:

F 7 Khubasawo F 8 Khubasawo be khameno/ umusawo ukhangga kameno F 9 Khunakhalondo F 10 Bye khusomeserakho bannayi bi wamba khu bana F 11 Tsi magazine F 12 Mumawuhile

App. IV

MOTHER'S CLINICAL ASSESSMENT

Participants' identification number

Cluster

Interviewer

Date

A. TOOTH CONDITION

2. Are all teeth present in the mouth?

Yes

No _____ (missing teeth)

(Select only 1 - ONE!)

INFO: Give number present in mouth

B. SOFT TISSUE LESION

3. Is there any lesion on the oral mucosa?

Yes _____ (Text)

No

INFO: Description and location e.g. white lesion on tongue

C. ORAL HYGIENE

Oral Hygiene Index -Simplified (Greene and Vermillion, 1960)

Index teeth and coronal surfaces

16B

11B

26B

46L

31L

36L

0 – No Debris or stain present

1 – Soft debris covering not more than one third of the tooth surface or presence of extrinsic stains without other debris regardless of surface area covered

2 – Soft debris covering more than one third but not more than two thirds of the exposed tooth surface

3 – Soft debris covering more than two thirds of the exposed surface

9 –tooth absent

16Bc

11Bc

26Bc

46Lc

31Lc

36Lc

0 - No calculus

1 – supraging. calc not more than one third of the tooth surface e

2 – supraging calc more than one third but not more than two thirds of the exposed tooth surface or subgingival flecks around cervical portion of tooth

3 – supraging calc more than two thirds or continuous band of subgingival calc around cervical portion of tooth

9 – tooth absent

E. TREATMENT NEED

Community Periodontal Index -CPI (WHO, 1997)

Index Teeth

17/16	11	26/27

47/46

31

36/37

SCORE

0 – Healthy

1 – Bleeding

2 – Calculus

3 – Pocket 4 –5mm

4 – Pocket 6mm (black band not visible)

X - Sextant excluded (when less than 2 teeth are present in the sextant)

D GINGIVITIS

GINGIVAL INDEX (Loe and Silness, 1941)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Score

0 - Normal gingiva

1 - Mild inflammation, slight change in color, slight edema; no bleeding on palpation

2 - Moderate inflammation, redness, edema and glazing; bleeding on palpation

3 - Severe inflammation, marked redness and edema, ulcerations; tendency to spontaneous bleeding

9 –tooth absent



Uganda National Council For Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

UNCST

Your Ref.....

Our Ref..... HS 313

Date:..... 08/09/07

Dr. Josephine Kayondo Zalwango
C/o Makerere University
P.O Box 7062
Kampala

Dear Dr. Kayondo,

RE: RESEARCH PROJECT, "FEEDING HABITS, NUTRITIONAL STATUS AND EARLY CHILDHOOD CARRIES (ECC): A STUDY OF 6-36 MONTHS OLD CHILDREN AND THEIR MOTHERS IN KAMPALA-UGANDA"

This is to inform you that the Uganda national Council for Science and Technology reviewed and approved amended made to the above research protocol. The amendments include extension of the age group of 6-24 months to 36 months so that recruitment of children between 24-36 months is made possible and the extension of the research sites to include Naguru health centre in Nakawa division.

You are reminded that approval is valid until 20th October 2007.

Yours sincerely,

Jane Nabbuto
for: Executive Secretary

UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

LOCATION/CORRESPONDENCE

Plot 3/S/7, Nasser Road
P.O. Box 6884
KAMPALA, UGANDA.

COMMUNICATION

TEL: (256) 414-250499, (256) 414-705500
FAX: (256) 414-234579
E-MAIL: uncst@starcom.co.ug
WEBSITE: <http://www.uncst.go.ug>

