

Appendices

APPENDIX I

Serial number

Date

CONSENT FORM

(Parent/Caregiver)

Title of the project:

Reporting on dental caries prevalence and associated risk factors: a study among nursery school children in Uganda

Name of researcher:

Kiwanuka Suzanne N.

Please tick in the box

1. I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time with out giving any reason.

3. I agree that my child(child's name) and I will take part in the above study.

Name of child's parent/caregiver

Date

Signature

___/___/___

Name of interviewer

Date

Signature

___/___/___

Section A

General information about child and parent / caregiver

Nursery school.....

Child's name.....

Child's date of birth.....

Tribe.....

Religion.....

Child's gender

- Male
- Female

Respondent's relation to the child

- Mother
- Father
- Other (please specify)

.....

1. What is your age? (Age of respondent)

.....

2. What is your (present) marital status?
(Please tick one only)

- Single
- Married
- Divorced/separated
- Widowed

3. At what level did the child's mother finish her full time education? (Please tick one only)

- Primary school
- Secondary school
- Further education (college)
- Higher education (university/higher learning institution)
- No formal education
- Other (please specify)

.....

4. At what level did the child's father finish his full-time education? (Please tick one only)

- Primary school
- Secondary school
- Further education (college).
- Higher education (university/higher learning institution)
- No formal education.
- Other (please specify)

.....

5. Who owns the house your family is living in at the moment? (Please tick one only)

- Owned by the family
- Rented house
- Owned by the government
- Owned by my employers

6. How many bedrooms does the house you are living in have? (Please tick one only)

- 1
- 2
- 3
- 4
- More than 4

7. What kind of roof does the house you are living in have? (Please tick one box)

- Iron sheets
- Concrete
- Tiles
- Grass thatched
- Asbestos sheets

8. What source of energy do you use for lighting the house at night? (Please tick one box)

- Electricity
- Paraffin lamp
- Gas light
- Candle light
- Other (Please specify)

.....

9. What source of energy do you use in the home for cooking? (Please tick one box)

- Electricity
- Gas
- Paraffin
- Charcoal
- Firewood
- Other (Please specify)

.....

10. How many children are living in your house now? (Please tick one box)

- 1
- 2
- 3
- More than 3

11. What birth order is this child?

.....

12. Who does your child live with? (Tick as many as apply)

- Both parents
- Mother only
- Father only
- Grand parents
- Other relatives
- Other (Please specify)

.....

13. Who usually looks after your child during the day? (Please tick one box)

- Mother at home
- Grand parents
- Sister/brother
- Other relative
- Father at home
- Friend/neighbour
- House maid
- Day nursery

Section B

The following questions are related to your child's eating habits

1. When your child was a baby did you;
(please tick one box)

- Only breast-feed?
 Only bottle-feed?
 Both breast and bottle-feeding was done?

2. Has your child ever used a
dummy/pacifier?

- Yes No

If yes, has your child's dummy/pacifier ever
been dipped in something sweet to make it
taste nice?

- Yes No

3. How often does your child take tea,
porridge or milk with added sugar? (Please
tick one)

- Not everyday
 Once a day
 Twice a day
 Three times a day
 More than three times a day

4. How often does your child take drinks
like soda? (Please tick one box)

- Not everyday
 Once a day
 Twice a day
 Three times a day
 More than three times a day

5. How often does your child eat sweets
(such as toffees, chocolates, and chewing
gum?)

- Daily
 Several times a week
 Once a week
 Occasionally
 Never

6. How often does your child eat sugary
foods like cakes, biscuits and ice cream?

- Daily
 Several times a week
 Once a week
 Occasionally
 Never

Section C

The following questions are about your attitude towards sugared snacks and foods

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. As a family we intend to control how often our child takes sugared foods and drinks					
2. As a family we would like to control our child's sugar intake					
3. To control how often our child takes sugared snacks and drinks between meals might prevent tooth decay					
4. To control how often our child takes sugared snacks and drinks between meals might make them behave well					
5. The people in our family feel it is important that we control how often our child takes sugared foods and drinks between meals					
6. The people in our family control their intake of sugared foods and drinks between meals					
7. The people we know well would feel it was important that we control how often our child takes sugared foods and drinks between meals					
8. As a family we feel it is difficult to control how often our child takes sugared foods and drinks between meals					

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
9. If clean water is available ,we as a family would be able to control how often our child takes sugared foods and drinks between meals					
10. If time allows, we as a family would be able to control how often our child takes sugared foods and drinks between meals					
11. The chances that our child will get tooth decay in the future is great					
12. As a family we worry a lot that our child will have tooth decay in the future					
13. To control how often our child takes sugared snacks and drinks between meals is good					
14. To control how often our child takes sugared snacks and drinks between meals is not wise					

Section D

The following questions are about tooth brushing/tooth cleaning

1. What is used to clean your child's teeth?
(Please tick one only)

- Tooth brush
- Chewing stick
- Cloth
- Finger
- Other (Please specify)

.....

2. How old was your child when he/she first started having his or her teeth cleaned/brushed? (Please tick one only)

- Under 1 year
- 1-2years
- 2-3years
- Over 3 years
- Teeth are not cleaned / brushed

3. Who usually brushes your child's teeth?
(Please tick as many as apply)

- Child
- Parent
- Someone else
- Teeth are not brushed

4. How often are the child's teeth cleaned / brushed? (Please tick one only)

- Never
- Less than once a day
- Once a day
- Twice a day
- More than twice a day

5. Has your child started using toothpaste?

- Yes No

If yes, what toothpaste does the child use?
(Please tick as many as apply)

- Toothpaste bought in shops
- Ash/Charcoal
- Salt
- Other (Please specify)

.....

Section E

The following questions are related to dental attendance and oral care

1. Before today, have you ever taken your child to a dentist?

Yes No

If yes, did the dentist examine the child?

Yes No

2. Has your child had a toothache in the last year?

Yes No

If yes, how many times? (Please tick one box)

- Once
- Twice
- Three times
- Don't remember

3. What is your usual reason for going to see a dentist? (Please tick one box)

- Regularly for check up
- Regularly for treatment
- Only if I have problems with my teeth or gums
- I do not visit a dentist

4. How often do you take tea, porridge or milk with added sugar? (Please tick one box)

- Not everyday
- Once a day
- Twice a day
- Three times a day
- More than three times a day

5. How often do you take drinks like soda? (Please tick one box)

- Not everyday
- Once a day
- Twice a day
- Three times a day
- More than three times a day

6. How often do you eat sweets (such as toffees, chocolates, and chewing gum?)

- Daily
- Several times a week
- Once a week
- Occasionally
- Never

7. How often do you eat sugary foods like cakes, biscuits and ice cream?

- Daily
- Several times a week
- Once a week
- Occasionally
- Never

8. How many times do you brush your teeth per day? (Please tick one box)

- Once
- Twice
- Three times
- Don't know

9. Would you like to get more information on oral/dental health?

Yes No

Section F

The following questions are related to the parent's / caregiver's opinion of own oral health, availability to dental treatment, dental attendance and belief in keeping teeth for life

1. How many teeth (natural teeth) do you have in your upper jaw? Please, count them.

.....

2. How many teeth (natural teeth) do you have in your lower jaw? Please, count them.

.....

3. How do you consider the present condition of your mouth and teeth, do you consider it very good, good, bad or very bad?

- Very good
- Good
- Bad
- Very bad
- Neither good nor bad

4. Are you satisfied or dissatisfied with the appearance of your teeth?

- Satisfied
- Dissatisfied
- I don't know

5. Is it easy for you to get a dentist appointment if you need it?

- I can easily get a dental appointment
- I can possible get a dental appointment
- It is difficult to get a dental appointment

6. How often do you attend to dental examination/treatment?

- Regularly, at least once a year
- Twice during the last three years
- Less often
- No visits during the latest three years
- Occasionally, only when I have pain
- Never

7. Last time you visited a dentist, was that to have: (Please tick one box)

- One tooth or teeth extracted
- Treatment for pain
- Check up/conservative treatment
- I have never visited a dentist

8. Is dental treatment costs expensive?

- Dental treatment costs are expensive
- Dental treatment costs are reasonable
- Dental treatment costs are cheap

9. Do you think that you can keep all your teeth for life?

- Yes
- No
- I don't know

10. How do you think people at your age react to losing front tooth or teeth?

- Very upsetting
- Upsetting
- Indifferent/not upsetting at all

APPENDIX II

District

THE CHILD	THE EXAMINER
CHILD'S NAME: ID NO: _____ DATE OF BIRTH: ____/____/____ GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	EXAMINER'S NAME: NOTES:

DENTITION STATUS

Upper right

Upper left

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	71	73	74	75

Lower right

Lower left

PLAQUE	TOOTH CODES		NOTES
Plaque present on upper anterior teeth Yes <input type="checkbox"/> No <input type="checkbox"/>	Sound tooth Decayed Filled with decay Filled no decay Missing due to caries Missing any other reason Trauma/fracture	0 1 2 3 4 5 T	

APPENDIX III

HOW TO ANSWER THIS QUESTIONNAIRE

This is not a test.

However, it is important that you answer all the questions. The answers you give will help dentists find ways of improving oral health of young people in Uganda.

Read all instructions carefully and answer each question as best as you can. Together we will read each question carefully; you will then write your answer before we go on to the next question. Please answer all the questions as honestly as possible

If you do not understand the instructions or are confused about a particular question, raise your hand and the supervisor will come and assist you.

The information you provide will be treated confidentially and used for statistical purposes only. No participant will be identified with the information he/she has given.

Section A

The first questions are about you and your family. Read each question carefully and tick off the answer that fits you the best. Tick only one answer () for each question.

1. School

.....

2. Address/Pin code

.....

3. Are you a boy or a girl?

1 Boy 2 Girl

4. Year of birth.

.....

5. Where do you live now?

1 Home 2 Hostel

6. What is your religion?

1 Hindu

2 Muslim

3 Christian (catholic protestant)

4 Other (specify)

.....

7. At what level did your mother finish her full time education?

1 Primary school (P1 – P7)

2 Secondary school (S 1-S6)

3 Degree (University)

4 Master degree (Further studies)

5 Not attended school

6 Other (specify)

.....

7b. Mother's work

.....

8. At what level did your father finish his full time education?

1 Primary school (P1 – P7)

2 Secondary school (S1-S6)

3 Degree (University)

4 Master degree (Further studies)

5 Not attended school

6 Other (specify)

.....

8b. Father's work

.....

9. Does any member of your family (with whom you live) own a bicycle?

1 Yes 2 No

10. Does any member of your family (with whom you live) own a motorcycle?

1 Yes 2 No

11. Does any member of your family (with whom you live) own a car?

1 Yes 2 No

12. Does any member of your family (with whom you live) own a television?

1 Yes 2 No

13. Does your family (with whom you live) own a refrigerator (fridge)?

1 Yes 2 No

14. At home from where do you get drinking water?

- 1. Tap / Pipe / well
- 2. River / Pond / Stream
- 3. Other (specify)

.....

15. Who owns the house your family is living in at the moment?

- 1 Rented house
- 2 Owned by the family
- 3 Owned by the government
- 4 Owned by the employers

16. How do you consider the economic situation of your family at home?

- 1 We are among the rich in the area
- 2 We are not rich but we manage to live well
- 3 We are neither rich nor poor
- 4 We struggle with the little we have
- 5 We are among the poor in the area

17. How many rooms are there in your home?

- 1 One
- 2 Two to five
- 3 Six or more
- 4 We don't have a house

18. What is the main source of cooking fuel at home?

- 1 Gas stove / Electric cooker
- 2 Kerosene stove
- 3 Wood
- 4 Cow dung
- 5 Charcoal

Section B

The following are questions about your mouth and teeth. Please tick () only one answer for each statement.

1. What do you think is the state of your mouth and teeth?

- 1 Very good
 2 Good
 3 Bad
 4 Very bad

2. Are you satisfied or dissatisfied with your mouth and teeth?

- 1 Very satisfied
 2 Satisfied
 3 Dissatisfied
 4 Very dissatisfied

3. How satisfied/dissatisfied are you with the appearance of your teeth?

- 1 Very satisfied
 2 Satisfied
 3 Dissatisfied
 4 Very dissatisfied

4. Think back on the last 12 months – have you ever had:

1=yes, 2=no, 3=don't know		
A Bleeding gums?	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
B Sore mouth?	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
C Bad breathe?	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
D Toothache?	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>
E Food stuck in your teeth?	1 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/>

5. Which of the following do you think are important reasons for looking after your teeth?

	YES	NO
A To look good to other people		
B For my teeth to look nice		
C To avoid false teeth		
D I like my breath to smell fresh		
E To avoid toothache		
F To avoid dental treatment		

Section C

The next questions are about hygiene and food habits. Please read each question carefully and answer as honestly as possible. *Please tick () only one answer for each question.*

1. How often do you brush your teeth?

- 1 More than one time a day
 2 Once a day
 3 Several times a week
 4 Never

2. Do you usually brush your teeth before breakfast?

- 1 Yes 2 No

3. Do you usually brush your teeth before going to bed?

- 1 Yes 2 No

4. Do you usually brush your teeth after mealtime?

- 1 Yes 2 No

5. After meals do you usually wash your mouth with water?

- 1 Yes 2 No

6. For cleaning your teeth what do you use?

	YES	NO
A Finger		
B Tooth brush		
C Mango leaf		
D Chewing stick		
E I don't clean my teeth		

7. With what substance do you clean your teeth?

	YES	NO
A Toothpaste		
B Ash / Charcoal		
C Salt / Oil		
D I don't use anything		

8. What kind of toothpaste do you use (See figure and fill in the blank)?

.....

9. During the last three years – how many times have you visited the dentist?

- 1 Never
 2 One time
 3 Two to five times
 4 Six and above

10. If you have attended a dentist during the last three years – what was the main reason?

	YES	NO
A Toothache		
B Wanted a check up		

11. If you have *not* attended a dentist during the last three years – what was the main reason?

1 Dental visit expensive

2 Fear

3 No need

12. Have you ever smoked, chewed or sniffed any tobacco products?

1 Yes

2 No

Section D

We would like to ask you how often you usually take sugared snacks and drinks. Please tick () only one answer for each question.

1. How often do you eat sweet biscuits?

1 More than one time a day

2 Once a day

3 3-5 times a week

4 Less than three times a week

3. How do you usually eat your chocolate?

1 All at once in a short time

2 Slowly in small amounts

3 I do not take sweets

2. How often do you eat chocolates?

1 More than one time a day

2 Once a day

3 3-5 times a week

4 Less than three times a week

4. During a normal day when do you usually have your chocolate?

1 At meal times

2 Between meal times

3 Both at meals and between meals

4 I do not take sweets

5. How often do you have ice sticks?

- 1 More than one time a day
- 2 Once a day
- 3 3-5 times a week
- 4 Less than three times a week

6. How often do you have soft drinks (pepsi, coco cola etc)?

- 1 More than one time a day
- 2 Once a day
- 3 3-5 times a week
- 4 Less than three times a week

7. How do you usually drink your soft drinks (pepsi, coca-cola etc)?

- 1 All at once in a short time
- 2 Slowly in small amounts
- 3 I do not take sweets

8. During a normal day when do you usually have soft drinks (pepsi, coca-cola etc.)?

- 1 At meal times
- 2 Between meal times
- 3 Both at meals and between meals
- 4 I do not take sweets and soft drinks

9. How often do you take sugared tea?

- 1 Several times a day
- 2 Once a day
- 3 3-5 times a week
- 4 Less than three times a week

10. How often do you take sugared coffee?

- 1 More than one time a day
- 2 Once a day
- 3 3-5 times a week
- 4 Less than five times a week

11. How often do you eat sweetened fruits/desserts?

- 1 More than one time a day
- 2 Once a day
- 3 3-5 times a day
- 4 Less than three times a day

12. How often do you take fresh fruits?

- 1 More than one time a day
- 2 Once a day
- 3 3-5 times a week
- 4 Less than three times a week

13. How often do you take fruit juice?

- 1 More than one time a day
- 2 Once a day
- 3 3-5 times a week
- 4 Less than three times a week

14. How often do you take sweets like candies, toffees, chewing gums etc?

- 1 More than one time a day
- 2 Once a day
- 3 3-5 times a week
- 4 Less than three times a week

15. How do you usually eat your sweets?

Give your comments if any:

- All at once in a short time
- Slowly in small amounts
- I do not take sweets

.....
.....
.....
.....
.....

16. During a normal day when do you usually have your sweets?

- At meal times
- Between meal times
- Both at meals and between meals
- I do not take sweets

.....
.....
.....
.....
.....

Thank you for your co-operation

APPENDIX IV

CHILD'S NUMBER -----

Male Female

DATE OF BIRTH: ___ / ___ / _____

SCHOOL-----

DENTITION STATUS

Upper right

Upper left

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

Lower right

Lower left

TOOTH CODES		NOTES
Sound tooth	0	
Decayed	1	
Filled with decay	2	
Filled no decay	3	
Missing due to caries	4	
Missing any other reason	5	
Fissure sealant	6	
Bridge abutment, special crown veneer	7	
Unerupted crown	8	
Not recorded	9	
Trauma/fracture	T	

Visible plaque on upper anterior teeth

1	Yes
0	No

APPENDIX V

Date. _____

This record will be repeated Monday (regarding Sunday), Tuesday (regarding Monday), Wednesday (regarding Tuesday), Thursday (regarding Wednesday), Friday, (regarding Thursday)

Id number _____

Please answer the following questions:

(1) What is the name of the school you attend? _____

(2) What class do you attend? _____

(3) What is your gender? _____

(4) Year of birth? _____

We would now like to ask you about the different kinds of sugared snacks and drinks that you took yesterday. If you took any of the sugared snacks and drinks yesterday we would also like to know how many times you took this sugared snacks and drinks (e.g. once, twice or three times).

Please note that we are NOT interested in the sugared snacks and drinks that you eat usually – only about what you ate and drank yesterday.

1. Did you take sweet biscuits yesterday?

Yes

No

If yes - how many times did you take sweetened biscuits yesterday? _____ number of times

2. Did you take chocolate yesterday?

Yes

No

If yes - how many times did you take chocolate yesterday? _____ number of times

3. Did you take sweets (e.g. candy, toffee, chewing gum) yesterday?

Yes

No

If yes - how many times did you take sweets yesterday? _____ number of times

4. Did you take ice sticks yesterday?

Yes

No

If yes - how many times did you take ice sticks yesterday? _____ number of times

5. Did you take sweetened deserts yesterday?

Yes

No

If yes - how many times did you take sweetened desert yesterday? _____ number of times

6. Did you take tea with sugar yesterday?

Yes

No

If yes - how many times did you take tea with sugar yesterday? _____ number of times

7. Did you take coffee with sugar yesterday?

Yes

No

If yes - how many times did you take coffee with sugar yesterday? _____number of times

8. Did you take milk with sugar yesterday?

Yes

No

If yes - how many times did you take milk with sugar yesterday? _____number of times

9. Did you take cakes yesterday?

Yes

No

If yes - how many times did you take cakes yesterday? _____number of times

10. Did you take rice yesterday?

Yes

No

If yes - how many times did you take rice yesterday? _____number of times

11. Did you take soft drinks yesterday? (e.g. coca cola-----)

Yes

No

If yes - how many times did you take soft drinks yesterday? _____number of times

12. Did you take juice yesterday? (e.g. ribena, splash, orange juice-----)

Yes

No

If yes - how many times did you take juice yesterday? _____number of times

ERRATA

Correction list

We regret that a number of errors with respect to the reference list occurred for the final part of the discussion in Paper I.

Paper 1: Dental caries experience and its relationship to social and behavioural factors among 3-5-year-old children in Uganda

Page 337, left column line 14: “sub-Saharan corrected to sub-Saharan African. And right column line 22: “primary” corrected to “nursery”.

Page 339 Table 1: column 4 line 4 “13” corrected to “113”

Page 342, left column, line 17: “ this is the first” corrected to this is the first study

Page 343, left column, line 22: [20,20,32,35,37, 41] corrected to [32,38]

Page 343, left column, line 27: [20,20,32,34] corrected to [20,32,34,39,40]

Page 343, left column, line 32: [17,17,29,31,37,40] corrected to [31]

Page 343, left column, line 39: [38,39,41,42] corrected to [39-42]

Page 343, right column. line 16: [43,44,44,45] corrected to [43,44,45]

Page 343, right column, line 50: [46,47,47,48] corrected to [46,47,48]

Page 344, left column, line 4: [48,49] corrected to [49]

Page 344, right column, line 8: [39,42,46,47] corrected to [39,42]

Ref 15: Tiromwe corrected to Tirwomwe

Ref 17: Harris R, Nicoll AD, Adair PM, Pine CM. Predictors of dental caries in young children: a qualitative systematic review of the literature. Community dental health 2003 corrected to Harris R, Nicoll AD, Adair PM, Pine CM. Risk factors of dental caries in young children: a systematic review of the literature. Community Dental Health 2004; 21: 71-85

Ref 49: Bhayat Cleaton-Jones P corrected to Bhayat A, Cleaton-Jones P

Paper III: Examining intention to control pre-school children's sugar snacking: a study of careers in Uganda.

Page 11: right column, paragraph 3, line 15; "primary" corrected to "nursery".

Page 15: Table 4 heading line 2- "caries-free and level of education" corrected to "caries –free and low level of education".