



## Appendixes

### Appendix I: Questionnaire to Collect Clinical Oral History

Question 1: When was your last visit to dentist?

Question 2: What was the reason behind your last visit?

Question 3: Had he suggested some oral treatment to you?

- Yes
- No

Question 4: What treatment he had suggested to you?

Question 5: Sugar Consumption per Day?

- Once a day
- 2 times a day
- ≥ 3 times a day

Question 6: Brushing frequency per Day?

- Once a day
- 2 times a day
- 3 times a day

Question 7: Have you suffered from any of following oral disorders in past?

|                                |     |    |
|--------------------------------|-----|----|
| Gingivitis (Bleeding gums)     | Yes | No |
| Periodontitis                  | Yes | No |
| Dental Caries (Tooth Decay)    | Yes | No |
| Dental Calculus (Teeth Tartar) | Yes | No |
| Oral Cancer                    | Yes | No |
| Sores and Ulcers               | Yes | No |
| Oral Thrush (Oral Candidiasis) | Yes | No |

Question 8: What is your mean number of decayed, missing and filled teeth (DMFT)?

Question 9: Are you suffering from any of current systemic diseases?

|                            |     |    |
|----------------------------|-----|----|
| Cardiovascular Diseases    | Yes | No |
| Diabetes                   | Yes | No |
| Osteoporosis               | Yes | No |
| Metabolic Syndromes        | Yes | No |
| Adverse Pregnancy Outcomes | Yes | No |
| Bacterial Pneumonia        | Yes | No |
| Atherosclerotic Disease    | Yes | No |

Question 10: Do you Smoke?

- Yes
- No

Question 11: No. of Cigarettes consume per day?

Question 12: Out of following, what behaviours are more adopted by you?

- Acidic Food Consumption
- Soft Drinks
- Aggressive mode of Brushing
- Too much Mouthwash