

School staff: Please complete back page

Questionnaire about You and Your Teeth: Baseline Part 2



School ID	<input type="text"/>	<input type="text"/>	Participant ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please fill in TODAY's date:

<input type="text"/>	<input type="text"/>
Day	

<input type="text"/>	<input type="text"/>
Month	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year			

If you have a new mobile telephone number,
please contact the research team and let them know:

BRIGHT Trial Team – York Trials Unit
ARRC Building, University of York
Heslington, York, YO10 5DD
Tel: 01904 321725
Email: ytu-bright@york.ac.uk

[Insert regional site contact details]

Instructions

Thanks for taking part in our study. You recently completed a questionnaire for us and we would like you to complete this questionnaire for us as well:

- 😊 Remember to answer all the questions in this booklet
- 😊 There are no right or wrong answers, we just want to know what you think
- 😊 Please hand this back to your teacher
- 😊 You will be asked to complete another short questionnaire again over the next few days

The first set of questions ask about **how you are today**. For each question, read all the options and choose which one is most like you.

Then put a tick in the box next to it  like this. Only cross **ONE** box for each question.

Example

I normally brush my teeth twice a day so I would put a cross in this box...

- How often do you usually brush your teeth?
- ☐ More than three times a day
 - ☐ Three times a day
 - ☒ Twice a day
 - ☐ Once a day
 - ☐ Less than once a day
 - ☐ Never

These questions ask about how you are **TODAY**. For each question, read all the choices and decide which one is most like you **TODAY**.

1. Worried

- ☐ I don't feel worried today
- ☐ I feel a little bit worried today
- ☐ I feel a bit worried today
- ☐ I feel quite worried today
- ☐ I feel very worried today

2. Sad

- ☐ I don't feel sad today
- ☐ I feel a little bit sad today
- ☐ I feel a bit sad today
- ☐ I feel quite sad today
- ☐ I feel very sad today

3. Pain

- ☐ I don't have any pain today
- ☐ I have a little bit of pain today
- ☐ I have a bit of pain today
- ☐ I have quite a lot of pain today
- ☐ I have a lot of pain today

4. Tired

- ☐ I don't feel tired today
- ☐ I feel a little bit tired today
- ☐ I feel a bit tired today
- ☐ I feel quite tired today
- ☐ I feel very tired today

5. Annoyed

- ☐ I don't feel annoyed today
- ☐ I feel a little bit annoyed today
- ☐ I feel a bit annoyed today
- ☐ I feel quite annoyed today
- ☐ I feel very annoyed today

6. School work/ Homework (such as reading, writing, doing lessons)

- ☐ I have no problems with my schoolwork/homework today
- ☐ I have a few problems with my schoolwork/homework today
- ☐ I have some problems with my schoolwork/homework today
- ☐ I have many problems with my schoolwork/homework today
- ☐ I can't do my schoolwork/homework today

7. Sleep

- ☐ Last night I had no problems sleeping
- ☐ Last night I had a few problems sleeping
- ☐ Last night I had some problems sleeping
- ☐ Last night I had many problems sleeping
- ☐ Last night I couldn't sleep at all

8. Daily routine (things like eating, having a bath/shower, getting dressed)

- ☐ I have no problems with my daily routine today
- ☐ I have a few problems with my daily routine today
- ☐ I have some problems with my daily routine today
- ☐ I have many problems with my daily routine today
- ☐ I can't do my daily routine today

9. Able to join in activities (things like playing out with your friends, doing sports, joining in things)

- ☐ I can join in with any activities today
- ☐ I can join in with most activities today
- ☐ I can join in with some activities today
- ☐ I can join in with a few activities today
- ☐ I can join in with no activities today

Last set of questions – remember please only tick one answer.

10. Do you have your own toothbrush?

- ☐ Yes, I have my own toothbrush
- ☐ No, I share one
- ☐ No, I do not have a toothbrush

11. Do you have toothpaste you can use?

- ☐ There is always toothpaste I can use
- ☐ There is sometimes toothpaste I can use
- ☐ There is no toothpaste I can use

12. Do you usually go to the dentist?

- ☐ For a check up
- ☐ Only when I have trouble with my teeth
- ☐ I have never been to the dentist

13. How many times do you usually eat:

Put a cross in one box on each row

	Four or more times a day	Three times a day	Two times a day	Once a day	Less than once a day	Never
Fruit (Fresh, tinned, dried or frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cakes or biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets (candy or chocolate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How many times do you usually drink:

Put a cross in one box on each row

	Four or more times a day	Three times a day	Two times a day	Once a day	Less than once a day	Never
Diet coke or other non- sugar drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coke, other soft drinks or squash that contain sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy (sport) drinks (e.g. Powerade, Lucozade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water (tap or bottled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juices and smoothies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Have you received helpful information about how to keep your teeth and mouth healthy from any of these places?

Tick yes or no for each source

	Yes	No
Adverts	<input type="checkbox"/>	<input type="checkbox"/>
TV programmes	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g. Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>
A lesson in school	<input type="checkbox"/>	<input type="checkbox"/>
Friends in your year group	<input type="checkbox"/>	<input type="checkbox"/>
Friends in another year group	<input type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input type="checkbox"/>
Text messages	<input type="checkbox"/>	<input type="checkbox"/>

16. Over the last year have you regularly used any of the following products to look after your teeth or mouth?

Tick yes or no for each source

	Yes	No
Toothbrush (non-electric)	<input type="checkbox"/>	<input type="checkbox"/>
Electric/battery operated toothbrush	<input type="checkbox"/>	<input type="checkbox"/>
Toothpaste	<input type="checkbox"/>	<input type="checkbox"/>
Mouthwash	<input type="checkbox"/>	<input type="checkbox"/>
Dental floss	<input type="checkbox"/>	<input type="checkbox"/>
Sugar free or dental chewing gum	<input type="checkbox"/>	<input type="checkbox"/>
Other (write below)	<input type="checkbox"/>	<input type="checkbox"/>

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17. What is your gender?

- ☐ Female (girl)
- ☐ Male (boy)
- ☐ Rather not say

Thank you very much for answering all these questions



School ID			Participant ID						
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School staff, please complete:

Reason for questionnaire non-completion	Please tick
Absent	
No longer at the school	
Declined to complete this questionnaire	

Date this section
was completed:

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Day

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Month

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Year