Project document 7 - Final Child questionnaire - Birth Cohort

CATFISH - 4-5 year old questionnaire_2019 V9 14.02.2019, Study Title: An Evaluation of a Water Fluoridation Scheme in Cumbria REC reference Number: 14/EE/0108, IRAS - 149278

CATFISH STUDY

CATFISH PROJECT — Cumbrian Assessment of Teeth a Fluoride Intervention Study for Health

All questions relate to your child who is **aged 4-5 years old**.

Today's date __ __ / __ __ / __ __ __ __

Child's date of birth __ __ / __ __ / __ __ __ __

1. Height *(if known)* ____ cm __ __ / __ __ / __ __ __ __ date of measurement

2. Weight *(if known)* ____ kg __ __ / __ __ / __ __ __ __ date of measurement

3. Please tell us if your child has had any of the following drinks during the last 4 weeks, and whether they drank it from a bottle or a cup. (*Please tick all that apply)*

	Bottle 	**Sippy / trainer cup** 	**Cup** 	My child has ***not*** had this drink in the last 4 weeks.
3a. Drinks containing sugar, e.g. fruit juice, squash, lemonade, cola, milkshake, tea *with* added sugar or honey	☐	☐	☐	☐
3b. Sugar-free drinks, e.g. water, diet cola, sugar-free squash, tea *without* added sugar or honey	☐	☐	☐	☐
3c. Milk, e.g. cows milk, sheeps milk or goats milk soya milk, rice milk, almond milk	☐	☐	☐	☐

CATFISH STUDY

4. On a typical day, roughly how many 250 ml cups/glasses of the following does your child drink? (250 ml is roughly half a pint)

Tap water - unfiltered (e.g. on its own, or in drinks like squash or tea) ____ cups/glasses per day

Tap water - filtered (e.g. on its own, or in drinks like squash or tea) ____ cups/glasses per day

Bottled water (e.g. on its own, or in drinks like squash or tea) ____ cups/glasses per day

5. Please tell us about your child's general habits.

	6 times a week or more	3-5 times a week	1-2 times a week	Less than once a	Rarely/ Never
5a. How often, on average, does your child sleep through the night?	◯	◯	◯	◯	◯
5b. How often, on average, does your child eat sweets or chocolate?	◯	◯	◯	◯	◯
5c. How often, on average, does your child have fizzy drinks, fruit juice or soft drinks like squash? (excluding diet or sugar free drinks)	◯	◯	◯	◯	◯
5d. How often, on average, does your child have drinks with added sugar? (e.g. tea with sugar/honey)	◯	◯	◯	◯	◯
5e. How often, on average, does your child eat a serving of cake, biscuits, puddings or pastries?	◯	◯	◯	◯	◯

6. Does your child eat or drink anything in the hour before going to bed? ◯ No ◯ Yes ⇨ Please state what

7. Does your child take any medications, supplements or vitamins? *(Please list)*

CATFISH STUDY

8. Has your child ever been to the dentist?
◯ Yes ⇨ Go to **8a** ◯ No ⇨ Go to **9**

8a. How long ago was their most recent visit to the dentist?
_____ months

8b. What was their most recent visit to the dentist for?
◯ First check up ◯ Routine check up
◯ Emergency treatment ◯ Other ⇨ Please state

9. Has your child ever had a dental related visit to the hospital?
◯ No ⇨ Go to **10** ◯ Yes ⇨ Go to **9a**

9a. Did they have a general anaesthetic? (*i.e. were they "asleep" for treatment/operation?*)
◯ No ◯ Yes

10. Has your child been diagnosed with a chronic condition?
(*A chronic condition is one that is persistent/long lasting, e.g. eczema, asthma. If you have already told us in another questionnaire, you do not have to tell us again.)*
◯ No ◯ Yes ⇨ Please state

11. Has your child had a dental problem in the last **12 months**?
◯ No ⇨ Go to **12** ◯ Yes ⇨ Go to **11a**

11a. As a result of this dental problem, has your child had problems with the any of the following? *(Please tick all that apply)*
☐ Pain ☐ Being upset
☐ Talking ☐ None
☐ Eating ☐ Other ⇨ Please state
☐ Sleeping

12. Has your child ever had to go to the hospital for any reason in the last **12 months**?
◯ No ◯ Yes ⇨ Please state

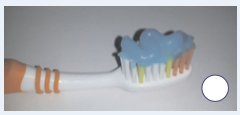
CATFISH STUDY

13. How often do they brush their teeth?

- ◯ More than twice a day
- ◯ Twice a day
- ◯ Once a day
- ◯ Less than once a day
- ◯ Never- Have not started tooth brushing.

14. How much toothpaste does your child use? *(Please tick the closest match)*



- ◯ Brushes without toothpaste

15. What type of toothpaste do they use? Please write down the type and fluoride level. This can be found on the packet or tube. *(e.g. Colgate total advanced toothpaste, 1,100ppm)*

16. Who brushes your child's teeth?

- ◯ Child on own
- ◯ Child supervised
- ◯ Parent / Carer

17. After your child brushes their teeth, do they....?

- ◯ Spit
- ◯ Rinse using a wet brush
- ◯ Rinse by putting their head under the tap
- ◯ Rinse by using their cupped hands
- ◯ Rinse using a beaker
- ◯ Don't spit / no action taken
- ◯ Other (please state)

If you have any other comments please write them in the box below.

Thank you for completing this questionnaire