

Appendix 1 – Child questionnaire

Section one – initial demographics

"Thank you for agreeing to answer this survey. Please remember you can choose not to answer any questions if you want to, or to stop the survey at any point if you choose. Before we begin the questionnaire, I will need to enter some general information about your child into the computer so that I can ask questions which are applicable to your child's age."

1.1 To begin with, what is their first name?

[ENTER NAME]

1.2 And are they male or female?

- 1 Male
- 2 Female
- 98 Don't know
- 99 Refused

1.3 How old is [child's name]?

[Enter age] (use 1 for 1 year or under)

- 98 Don't know
- 99 Refused

1.4 Looking at [showcard] what is your relationship to [child's name]? I am their..

- 1 Biological mother
- 2 Biological father
- 3 Foster or adoptive mother (including Whāngai arrangements)
- 4 Foster or adoptive father (including Whāngai arrangements)
- 5 Mother's partner or spouse
- 6 Father's partner or spouse
- 7 Grandmother
- 8 Grandfather
- 9 Aunt
- 10 Uncle
- 11 Other, please specify
- 98 Don't know
- 99 Refused

Section two – assessment of oral health status

2.1 How would you describe the health of your child's teeth or mouth?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 98 Don't know
- 99 Refused

2.2 How much is your child's overall well-being affected by the condition of his/her teeth, lips, jaws or mouth?

- 1 Not at all
- 2 Very little
- 3 Some
- 4 A lot
- 5 Very much
- 98 Don't know
- 99 Refused

2.3 In general, compared to other children, do you think the appearance of [child's name]'s teeth is

- 1 Among the nicest
- 2 Better than average
- 3 Average
- 4 Below average
- 5 Among the worst
- 98 Don't know
- 99 Refused

2.4 In the last 12 months, has your child had any fillings placed in his/her teeth?

- 1 Yes
- 2 No
- 98 Don't know

99 Refused

2.5 In the last 12 months have any of your child's teeth been removed because of tooth decay or 'gum boil' (abscess) or infection? Do not include teeth lost for other reasons such as injury or orthodontics.

1 Yes

2 No

98 Don't know

99 Refused

Section three – assessment of oral health – symptoms

3.1 During the last 12 months how often has [child's name] had a toothache?

Was it ...

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never
- 98 Don't know
- 99 Refused

3.2 How often has [child's name] had to avoid eating some foods because of problems with his/her teeth or mouth during the last 12 months?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never
- 98 Don't know
- 99 Refused

3.3 During the last four weeks how often has [child's name] had a toothache?

Was it ...

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never
- 98 Don't know
- 99 Refused

3.4 How often has [child's name] had to avoid eating some foods because of problems with his/her teeth or mouth during the last four weeks?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never
- 98 Don't know
- 99 Refused

Section four – impact of oral health

4.1 in the past 12 months, have you or another adult taken time away from work or normal activities because of problems with [child's name]'s teeth or mouth?

- 1 Yes
- 2 No *[Go to 4.3]*
- 98 Don't know *[Go to 4.3]*
- 99 Refused

4.2 How much time did you take off?

[enter days] or [enter hours]

- 98 Don't know
- 99 Refused

4.3 in the past 12 months, has [child's name] taken time away from school (preschool, kohanga reo) or normal activities because of problems with [his/her] teeth or mouth?

- 1 Yes
- 2 No *[Go to Section 5]*
- 98 Don't know *[Go to Section 5]*
- 99 Refused

4.4 How much time did child take off?

[enter days] or [enter hours]

- 98 Don't know
- 99 Refused

Section five – perceived need for treatment

5.1 Do you feel that [name of child] currently needs dental treatment?

- 1 Yes
- 2 No [Go to 5.3]
- 98 Don't know [Go to 5.3]
- 99 Refused

5.2 What type of dental care do you think [name of child] needs now?

! INTERVIEWER NOTE: Select all mentioned

- 1 Teeth filled or replaced (for example, fillings, crowns and /or bridges)
- 2 Teeth pulled / extracted
- 3 Gum treatment
- 4 Denture work
- 5 Relief of pain
- 6 Work to improve appearance (for example, braces or bonding)
- 7 Cleaning
- 8 Other, please specify
- 9 Nothing
- 98 Don't know
- 99 Refused

Go to Section 6

5.3 If no, why not?

- 1 His/her teeth are OK as they are
- 2 I would like to but I couldn't afford it
- 3 I don't want fancy treatment for him/her
- 98 Don't know
- 99 Refused

Section six – risk & protective factors – toothbrushing

6.1 Are [child's name]'s teeth brushed, either by [child's name] or by another person?

- 1 Yes
- 2 No *[Go to 6.12]*
- 98 Don't know
- 99 Refused

6.2 How old was [child's name] when he/she first started having his/her teeth brushed?

[Enter age] (enter 0 for less than one)

- 98 Don't know
- 99 Refused

6.3 How old was [child's name] when he/she started cleaning his/her teeth on his/her own?

[Enter age] (enter 0 for less than one)

- 98 Don't know
- 99 Refused

6.4 How old was [child's name] when he/she started brushing with toothpaste (with or without help from an adult?)

[Enter age] (enter 0 for less than one)

- 20 Don't use toothpaste/ toothpaste not available in the house
- 98 Don't know
- 99 Refused

6.5 Who usually brushes [child's name]'s teeth?

- 1 [CHILD'S NAME]
- 2 Me
- 3 Parent or other caregiver
- 4 Child and parent (or other caregiver) together
- 5 Someone else
- 98 Don't know
- 99 Refused

6.6 How do you assist your child to brush his/her teeth?

- 1 I do not help him/her brush teeth
- 2 Apply toothpaste and brush teeth
- 3 Put toothpaste on his/her toothbrush only
- 4 Just watch and give advice
- 5 Help him/her in a different way
- 98 Don't know
- 99 Refused

6.7 How often are [child's name]'s teeth brushed?

- 1 Less than once a day
- 2 Once a day
- 3 Twice a day
- 4 More than twice a day
- 98 Don't know
- 99 Refused

6.8 What type of toothpaste does your child use?

- 1 Standard fluoride toothpaste
- 2 Infant or children's toothpaste
- 3 Non-fluoridated toothpaste
- 4 Don't use toothpaste/ no toothpaste available in house
- 98 Don't know
- 99 Refused

6.9 When child's teeth are brushed, is it...

- 1 Always with toothpaste
- 2 Often with toothpaste
- 3 Sometimes with toothpaste
- 4 Occasionally with toothpaste
- 5 Never with toothpaste
- 98 Don't know
- 99 Refused

6.10 After tooth brushing does your child usually....

- 1 just swallow
- 2 rinse and swallow
- 3 rinse and spit
- 4 just spit
- 5 other, please specify
- 98 Don't know
- 99 Refused

6.11 When are your child's teeth usually brushed?

- 1 Before breakfast
- 2 After breakfast
- 3 After lunch
- 4 After dinner
- 5 Immediately before bed
- 6 At other times
- 98 Don't know
- 99 Refused

6.12 At present does [child's name]

- 1 Not have a toothbrush at all
- 2 Share a toothbrush with anyone else
- 3 Have his/her own toothbrush
- 98 Don't know
- 99 Refused

Section seven – risk & protective factors – fluoride

7.1 Has [child's name] ever taken fluoride drops or tablets?

- 1 Yes, fluoride tablets only
- 2 Yes, fluoride drops only
- 3 Yes, fluoride tablets and fluoride drops
- 4 No *[Go to 7.4]*
- 98 Don't know *[Go to 7.4]*
- 99 Refused

7.2 At what age did [child's name] start taking fluoride drops or tablets

[enter years] or [enter months]

- 98 Don't know
- 99 Refused

7.3 At what age did [child's name] stop taking fluoride drops or tablets

[enter years] or [enter months]

- 98 Don't know
- 99 Refused

7.4 Has your child ever used fluoride mouthrinse? (Please note that not all mouthrinses contain fluoride)

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

7.5 Have you noticed your child eating or licking toothpaste?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never
- 98 Don't know
- 99 Refused

7.6 Is the water supply to your home fluoridated?

- 1 Yes
- 2 No
- 3 Don't know what water fluoridation is
- 98 Don't know
- 99 Refused

Section eight – risk & protective factors – diet

[If Child is 5 years and over, go to 8.4]

8.1 Does [child's name], or did [child's name] when an infant, go to bed or for a nap with a drink in a bottle?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never *[go to 8.4]*
- 98 Don't know
- 99 Refused

8.2 Does [child's name] still use a bottle?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

8.3 What drink is/was usually in the bottle?

- 1 Milk
- 2 Water
- 3 Juice
- 4 Fizzy drink
- 98 Don't know
- 99 Refused

8.4 How often does [child's name] eat something between his/her main meals?

- 1 About 3 times per day
- 2 About twice a day
- 3 About once a day
- 4 Occasionally, not every day
- 5 Rarely or never
- 98 Don't know
- 99 Refused

8.5 Many young people take a drink to bed with them either to have before they go to sleep, or for during the night. In the last week, how often would [child's name] take something to drink in bed or during the night?

- 1 Every night
- 2 4-6 nights a week
- 3 1-3 nights a week
- 4 Less often than once a week
- 5 Never *[Go to 8.9]*
- 98 Don't know *[Go to 8.9]*
- 99 Refused *[Go to 8.9]*

8.6 In the last week, what did [child's name] take to drink in bed or during the night?

- 1 Milk drinks, not flavoured
- 2 Flavoured milk, including milk shake, Milo, Nesquick
- 3 Fruit Juice, not diluted
- 4 Fruit drink or squash; diluted fruit juice
- 5 Fizzy drinks (such as cola, lemonade, Powerade, 'V')
- 6 Tea or coffee
- 7 Tap water, still mineral water, not flavoured
- 8 Fizzy mineral water, not flavoured
- 9 Fizzy mineral water, flavoured
- 10 Herbal drinks
- 11 Other drinks, please specify
- 98 Don't know
- 99 Refused

8.7 What does [child's name] usually have this drink in at night?

- 1 A (baby) bottle
- 2 A feeder beaker
- 3 A can
- 4 A carton
- 5 A mug, glass or cup
- 6 A bottle (not a baby bottle)
- 7 Something else, please specify
- 98 Don't know
- 99 Refused

8.8 Does [child's name] have sugar in his/her drink at night?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never
- 98 Don't know
- 99 Refused

8.9 In the last week, how often did [child's name] take something to eat in bed or during the night?

- 1 Every night
- 2 4-6 nights a week
- 3 1-3 nights a week
- 4 Less often than once a week
- 5 Never *[Go to Section 9]*
- 98 Don't know *[Go to Section 9]*
- 99 Refused *[Go to Section 9]*

8.10 What does [child's name] usually take to eat in bed or during the night?

- 1 Breakfast cereal-sweetened or with added sugar
- 2 Breakfast cereal-unsweetened and no added sugar
- 3 Sweet biscuits
- 4 Savoury biscuits
- 5 Cakes
- 6 Crisps or savoury snacks
- 7 Fruit
- 8 Toast or sandwiches with sweet spread or filling
- 9 Toast or bread, plain or with savoury spread or filling
- 10 Confectionery – sweets or chocolate
- 11 Something else, please specify
- 98 Don't know
- 99 Refused

Section nine – utilization of oral healthcare services

9.1 Thinking about the first time that [child's name] visited a dental professional, how old was he/she then?

[Enter age] (use 0 for under one)

- 20 Child has never visited a dental professional *[Go to 9.3]*
- 98 Don't know
- 99 Refused

9.2 Why did [child's name] go to this dental professional for the first time? Was it because...

- 1 He/she was having trouble with his/her teeth? (Include orthodontic problems, accident, trauma to teeth or gums)
- 2 He/she went for a checkup? (Include orthodontic check-ups)
- 3 He/she went just to get used to going to the dental professional
- 4 For some other reason? Please specify
- 98 Don't know
- 99 Refused

9.3 Where do you think would be the best place to take a child for their first dental check-up?

- 1 A school dental clinic
- 2 A private dental surgery
- 3 Family doctor
- 4 Māori provider
- 5 Wellchild clinic
- 6 Community clinic
- 7 Plunket clinic
- 8 PHO
- 9 Other, please specify
- 98 Don't know
- 99 Refused

9.4 How long has it been since [child's name] last visited a dental professional for any reason?

- 1 Within the past year (less than 12 months ago)
- 2 Within the past 2 years (more than 1 year but less than 2 years ago)
- 3 Within the past 5 years (more than 2 years but less than 5 years ago)
- 4 Five or more years ago
- 5 Have never seen a dental professional *[Go to 9.8]*
- 98 Don't know
- 99 Refused

9.5 Where did [child's name] go to for his/her last dental visit? Was it at a...

- 1 School dental clinic
- 2 Private dental practice – (for ROUTINE dental care)
- 3 Private dental practice- (for SPECIALIST care)
- 4 Hospital
- 5 Community Clinic
- 6 Māori Provider Clinic
- 7 Other site, please specify
- 98 Don't know
- 99 Refused

9.6 What was the reason for [child's name]'s last dental visit?

- 1 Check-up
- 2 Problem
- 3 For dental treatment recommended after a check-up
- 4 For dental treatment under general anaesthetic at a hospital
- 5 Other (e.g., specialist appointment), please specify:
- 98 Don't know
- 99 Refused

9.7 Was that dental visit necessary for the relief of pain?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

9.8 Is [child's name] or has [child's name] been enrolled in the school dental service?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

9.9 At what age do you think children are entitled to have their first dental check-up with the school dental service?

[enter age]

- 98 Don't know
- 99 Refused

[If child is 12 years or under, go to 9.17]

9.10 Has your teenager seen a dental professional in the last year?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

9.11 Is the routine dental care for your teenager provided free of charge by the dental professional?

- 1 Yes *[Go to 9.13]*
- 2 Some of it is
- 3 No
- 98 Don't know *[Go to 9.13]*
- 99 Refused *[Go to 9.13]*

9.12 If you have to pay for your teenager's routine dental care, what is the reason?

- 1 I couldn't find a dental professional who would enroll my teenager under the free scheme
- 2 I choose to pay privately for my teenager's routine dental care
- 3 I choose to pay extra for treatment like white fillings in my teenager's back teeth
- 98 Don't know
- 99 Refused

9.13 During the last 12 months, has your teenager avoided or delayed visiting a dental professional for routine dental care for any reason?

- 1 Yes
- 2 No *[Go to 9.15]*
- 98 Don't know *[Go to 9.15]*
- 99 Refused *[Go to 9.15]*

9.14 What was the reason your teenager avoided or delayed visiting a dental professional for routine care in the last 12 months?

- 1 Didn't know how to access dental care
- 2 Couldn't get an appointment
- 3 Didn't want to make a fuss
- 4 Couldn't be bothered
- 5 Had no transport to get there
- 6 Cost too much
- 7 Didn't think it was serious enough
- 8 Couldn't get an appointment soon enough/ at a suitable time
- 9 It was after hours
- 10 Couldn't get in touch with the dental professional
- 11 Couldn't spare the time
- 12 Anxiety or fear of dental treatment
- 13 Other, please specify
- 98 Don't know
- 99 Refused

9.15 Has the cost prevented your teenager from having any routine dental treatment that was recommended during the last 2 years?

- 1 Yes
- 2 No *[Go to 9.17]*
- 98 Don't know *[Go to 9.17]*
- 99 Refused *[Go to 9.17]*

9.16 Did you take up an alternative lower-cost option for the treatment that was recommended for your teenager?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

9.17 Where would you prefer your child's dental care to be provided? At a

- 1 Private dental practice
- 2 Clinic based in the school
- 3 Clinic based in the local community
- 4 Mobile clinic that comes to the school
- 5 Clinic which also provides other primary health care services like your GP
- 6 Māori provider clinic
- 7 Other, please specify
- 98 Don't know
- 99 Refused

9.18 Would you like the option to be present when your child is having dental care?

- 1 Yes, for all visits
- 2 Yes, for check-ups only
- 3 Yes, for treatment only
- 4 No, happy for child to have treatment without me present
- 98 Don't know
- 99 Refused

Section ten – additional questions for primary caregiver

‘Now it’s the end of the questions about your child’s oral health. The following questions are for you if you are not already part of this study in your own right.’

10.1 Have you been selected for, or completed an interview, about your own oral health for the this study about the oral health of people with haemophilia?

- 1 Yes *[Go to Section 11]*
- 2 No
- 98 Don't know

10.2 How would you describe the health of your teeth or mouth?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 98 Don't know
- 99 Refused

10.3 When was the last time you saw a dental professional?

- 1 Within the last 12 months
- 2 Between 12 months and 5 years *[Go to 10.5]*
- 3 Over 5 years ago *[Go to 10.5]*
- 98 Don't know *[Go to 10.5]*
- 99 Refused *[Go to 10.5]*

10.4 Have you had a tooth taken out by a dentist during the last year? (Not for orthodontic reasons)

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

10.5 Have you got any of your own natural teeth?

- 1 Yes
- 2 No *[Go to Section 11]*
- 98 Don't know *[Go to Section 11]*
- 99 Refused *[Go to Section 11]*

10.6 How often do you brush your teeth?

- 1 Never
- 2 Once a month
- 3 A few times a month
- 4 Once a week
- 5 A few times a week
- 6 Once a day
- 7 More than once a day
- 98 Don't know
- 99 Refused

Section eleven – socio-demographic update

11.1 Which ethnic group or groups does [child's name] belong to?

"Call the number or numbers of the ones that apply to you from show card"

- 1 New Zealand European
- 2 Māori
- 3 Samoan
- 4 Cook Island Māori
- 5 Tongan
- 6 Niuean
- 7 Chinese
- 8 Indian
- 9 Other, such as Dutch, Japanese, Tokelauan, please specify
- 98 Don't know
- 99 Refused

11.2 What other ethnicity or ethnicities do you belong to?

[RECORD OTHER ETHNICITY]

11.3 Looking at showcard, what is your highest secondary school qualification? [Select one]

- 1 None
- 2 NZ School Certificate in one or more subjects or National Certificate Level 1 or NCEA Level 1
- 3 NZ Sixth Form Certificate in one or more subjects or National Certificate Level 2 or NZ UE before 1986 in one or more subjects or NCEA Level 2
- 4 NZ Higher School Certificate or Higher Leaving Certificate or NZ University Entrance
- 5 Bursary/Scholarship or National Certificate Level 3 or NCEA Level 3 or NZ Scholarship Level 4
- 6 Other secondary school qualification gained in NZ, please specify
- 7 Other secondary school qualification gained overseas
- 98 Don't know
- 99 Refused

11.4 Apart from secondary school qualifications, do you have another completed qualification? Please do not count incomplete qualifications or qualifications that take less than 3 months of full-time study to get. Please tell us your highest qualifications. [Select one]

- 1 No qualification beyond secondary school
- 2 Bachelors degree, for example, BA, BSc
- 3 Bachelors degree with honours
- 4 Masters degree, for example, MA, MSc
- 5 PhD
- 6 Diploma (not postgraduate)
- 7 Diploma - Postgraduate
- 8 Trade or technical certificate which took more than 3 months full-time study
- 9 Professional qualification, for example, ACA, teachers, nurses
- 10 Other, please specify
- 98 Don't know
- 99 Refused

Section twelve – child response module oral hygiene practices (children aged 9 - 14 years)

[If child is not 9-14 years old, go to end]

"The following sets of questions are about Oral Hygiene Practices for children aged 9-14 years old. They are for [CHILD'S NAME] to answer but it is not compulsory."

12.1 Does [child's name] wish to participate?

- 1 Yes
- 2 No *[Go to end]*

12.2 How often do you brush your teeth?

- 1 Less than once a day
- 2 Once a day
- 3 Twice a day
- 4 More than twice a day
- 98 Don't know
- 99 Refused

12.3 When you brush your teeth, is it?

- 1 Always with toothpaste
- 2 Often with toothpaste
- 3 Sometimes with toothpaste
- 4 Occasionally with toothpaste
- 5 Never with toothpaste
- 98 Don't know
- 99 Refused

12.4 What type of toothpaste do you use?

- 1 Standard fluoride toothpaste
- 2 Infant or children's toothpaste
- 3 Non-fluoridated toothpaste
- 4 Don't use toothpaste/ no toothpaste available in house
- 98 Don't know
- 99 Refused

12.5 After brushing do you usually?

- 1 just swallow
- 2 rinse and swallow
- 3 rinse and spit
- 4 just spit
- 5 other, please specify
- 98 Don't know
- 99 Refused

12.6 At present do you?

- 1 not have a toothbrush at all
- 2 share a toothbrush with anyone else
- 3 have your own toothbrush
- 98 Don't know
- 99 Refused

12.7 How often do you eat something between your main meals?

- 1 About 3 times per day
- 2 About twice a day
- 3 About once a day
- 4 Occasionally, not every day
- 5 Rarely or never
- 98 Don't know
- 99 Refused

12.8 Many young people take a drink to bed with them either to have before they go to sleep, or for during the night. In the last week, how often did you take something to drink in bed or during the night?

- 1 Every night
- 2 4-6 nights a week
- 3 1-3 nights a week
- 4 Less often than once a week
- 5 Never *[Go to 12.12]*
- 98 Don't know *[Go to 12.12]*
- 99 Refused

12.9 In the last week, what did you usually take to drink in bed or during the night?

! INTERVIEWER NOTE: Flavoured, Still Mineral Water - select Fruit drink or squash and specify other drinks

- 1 Milk drinks, not flavoured
- 2 Flavoured milk, including milk shake, Milo, Nesquick
- 3 Fruit Juice, not diluted
- 4 Fruit drink or squash; diluted fruit juice
- 5 Fizzy drinks (such as cola, lemonade, Powerade, 'V')
- 6 Tea or coffee
- 7 Tap water, still mineral water, not flavoured
- 8 Fizzy mineral water, not flavoured
- 9 Fizzy mineral water, flavoured
- 10 Herbal drinks
- 11 Other drinks, please specify
- 98 Don't know
- 99 Refused

12.10 What do you usually have this drink in at night?

- 1 A (baby) bottle
- 2 A feeder beaker
- 3 A can
- 4 A carton
- 5 A mug, glass or cup
- 6 a bottle (not baby bottle)
- 7 Something else, please specify
- 98 Don't know
- 99 Refused

12.11 Do you have sugar in your drink at night?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never
- 98 Don't know

99 Refused

12.12 In the last week, how often did you take something to eat in bed or during the night?

- 1 Every night
- 2 4-6 nights a week
- 3 1-3 nights a week
- 4 Less often than once a week
- 5 Never [Go to end]
- 98 Don't know [Go to end]
- 99 Refused

12.13 What do you usually take to eat in bed or during the night?

! INTERVIEWER NOTE: Enter one code only

- 1 Breakfast cereal-sweetened or with added sugar
- 2 Breakfast cereal-unsweetened and no added sugar
- 3 Sweet biscuits
- 4 Savoury biscuits
- 5 Cakes
- 6 Crisps or savoury snacks
- 7 Fruit
- 8 Toast or sandwiches with sweet spread or filling
- 9 Toast or bread, plain or with savoury spread or filling
- 10 Confectionery – sweets or chocolate
- 11 Something else, please specify
- 98 Don't know
- 99 Refused

Section thirteen – Short-form Child Perceptions Questionnaire (for children aged 11 - 14)

(If child is not aged 11 – 14 go to end)

13.1 In the past 3 months, how often have you had sores in your mouth?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.2 In the past 3 months, how often have you had bad breath?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.3 In the past 3 months, how often have you had food stuck in between your teeth?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.4 In the past 3 months, how often have you had difficulty biting or chewing food like apples, corn on the cob or steak?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.5 In the past 3 months, how often have you found it difficult to drink or eat hot or cold foods?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.6 In the past 3 months, how often have you had difficulty saying any words?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.7 In the past 3 months, how often have you had trouble sleeping?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.8 In the past 3 months, how often have you had pain in your teeth, lips, jaws or mouth?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.9 In the past 3 months, how often have you had taken longer than others to eat a meal?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.10 In the past 3 months, how often have you felt irritable or frustrated?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.11 In the past 3 months, how often have you felt shy or embarrassed?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.12 In the past 3 months, how often have you been upset?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.13 In the past 3 months, how often have you been concerned what other people think about your teeth, lips, mouth or jaws?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.14 In the past 3 months, how often have you avoided smiling or laughing when around other children?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.15 In the past 3 months, how often have you not wanted to speak or read out loud in class?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.16 In the past 3 months, how often have other children teased you or called you names?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.17 In the past 3 months, how often have you had other children ask you questions about your teeth, lips, jaws or mouth?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.18 In the past 3 months, how often have you argued with other children or your family?

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often
- 5 Every day or almost every day
- 98 Don't know
- 99 Refused

13.19 Would you say the health of your teeth, lips, jaws and mouth is:

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 98 Don't know
- 99 Refused

13.20 How much does the condition of your teeth, lips, jaws or mouth affect your life overall?

- 1 Not at all
- 2 Very little
- 3 Some
- 4 A lot
- 5 Very much
- 98 Don't know
- 99 Refused

"Thank you for participating in this survey. I am very grateful that you have given your time to provide this important information to me. This information will be kept confidential and will help to find out more about the health of individuals with haemophilia. Do you have any questions?"

