Figura Suplemental 1. Cuestionario de evaluación de la salud bucodental para adultos de la OMS.

World Health Organization

Oral Health Questionnaire for Adults

Identification number	Sex		Location		
	Male	Female	Urban	Periurban	Rural
1. ☐☐☐☐	☐	☐	☐	☐	☐
1 4	1	2	1	2	3

2. **How old are you today?** _____
(Years)

3. **How many natural teeth do you have?**

No natural teeth ..... ☐ 0
1–9 teeth ..... ☐ 1
10–19 teeth ..... ☐ 2
20 teeth or more ..... ☐ 3

4. **During the past 12 months, did your teeth or mouth cause any pain or discomfort?**

Yes ..... ☐ 1
No ..... ☐ 2
Don't know ..... ☐ 9
No answer ..... ☐ 0

5. **Do you have any removable dentures?**

	Yes	No
	1	2
A partial denture?	☐	☐
A full upper denture?	☐	☐
A full lower denture?	☐	☐

6. **How would you describe the state of your teeth and gums? Is it "excellent", "very good", "good", "average", "poor", or "very poor"?**

	Teeth	Gums
Excellent	☐ 1	☐ 1
Very good	☐ 2	☐ 2
Good	☐ 3	☐ 3
Average	☐ 4	☐ 4
Poor	☐ 5	☐ 5
Very poor	☐ 6	☐ 6
Don't know	☐ 9	☐ 9

7. **How often do you clean your teeth?**

Never	☐ 1
Once a month	☐ 2
2–3 times a month	☐ 3
Once a week	☐ 4
2–6 times a week	☐ 5
Once a day	☐ 6
Twice or more a day	☐ 7

8. **Do you use any of the following to clean your teeth?**
(Read each item)

	Yes	No
	1	2
Toothbrush	☐	☐
Wooden toothpicks	☐	☐
Plastic toothpicks?	☐	☐
Thread (dental floss)	☐	☐
Charcoal	☐	☐
Chewstick/miswak	☐	☐
Other	☐	☐
Please specify	☐	☐

9.

	Yes	No
a) Do you use toothpaste to clean your teeth	☐ 1	☐ 2
b) Do you use a toothpaste that contains fluoride?	☐ 1	☐ 2
Don't know	☐ 9	

10. **How long is it since you last saw a dentist?**

Less than 6 months	☐ 1
6–12 months	☐ 2
More than 1 year but less than 2 years	☐ 3
2 years or more but less than 5 years	☐ 4
5 years or more	☐ 5
Never received dental care	☐ 6

11. **What was the reason of your last visit to the dentist?**

Consultation/advise	☐ 1
Pain or trouble with teeth, gums or mouth	☐ 2
Treatment/ follow-up treatment	☐ 3
Routine check-up/treatment	☐ 4
Don't know/don't remember	☐ 5

12. **Because of the state of your teeth or mouth, how often have you experienced any of the following problems during the past 12 months?**

	Very often 4	Fairly often 3	Some-times 2	No 1	Don't know 0
(a) Difficulty in biting foods	☐	☐	☐	☐	☐
(b) Difficulty chewing foods	☐	☐	☐	☐	☐
(c) Difficulty with speech/trouble pronouncing words	☐	☐	☐	☐	☐
(d) Dry mouth	☐	☐	☐	☐	☐
(e) Felt embarrassed due to appearance of teeth	☐	☐	☐	☐	☐
(f) Felt tense because of problems with teeth or mouth	☐	☐	☐	☐	☐
(g) Have avoided smiling because of teeth	☐	☐	☐	☐	☐
(h) Had sleep that is often interrupted	☐	☐	☐	☐	☐
(i) Have taken days off work	☐	☐	☐	☐	☐
(j) Difficulty doing usual activities	☐	☐	☐	☐	☐
(k) Felt less tolerant of spouse or people who are close to you	☐	☐	☐	☐	☐
(l) Have reduced participation in social activities	☐	☐	☐	☐	☐

13. **How often do you eat or drink any of the following foods, even in small quantities?**
(Read each item)

	Several times a day 6	Every day 5	Several times a week 4	Once a week 3	Several times a month 2	Seldom /never 1
Fresh fruit	☐	☐	☐	☐	☐	☐
Biscuits, cakes, cream cakes	☐	☐	☐	☐	☐	☐
Sweet pies, buns	☐	☐	☐	☐	☐	☐
Jam or honey	☐	☐	☐	☐	☐	☐
Chewing gum containing sugar	☐	☐	☐	☐	☐	☐
Sweets/candy	☐	☐	☐	☐	☐	☐

Lemonade, Coca Cola or other soft drinks ..	☐	☐	☐	☐	☐	☐
Tea with sugar	☐	☐	☐	☐	☐	☐
Coffee with sugar.....	☐	☐	☐	☐	☐	☐

(Insert country-specific items)

14. **How often do you use any of the following types of tobacco?**
(Read each item)

	Every day	Several times a week	Once a week	Several times a month	Seldom	Never
	6	5	4	3	2	1
Cigarettes.....	☐	☐	☐	☐	☐	☐
Cigars	☐	☐	☐	☐	☐	☐
A pipe	☐	☐	☐	☐	☐	☐
Chewing tobacco.....	☐	☐	☐	☐	☐	☐
Use snuff.....	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

Please specify _____

15. **During the past 30 days, on the days you drank alcohol, how many drinks did you *usually drink per day*?**

Less than 1 drink	☐ 0
1 drink.....	☐ 1
2 drinks	☐ 2
3 drinks	☐ 3
4 drinks	☐ 4
5 or more drinks	☐ 5
Did not drink alcohol during the past 30 days	☐ 9

16. **What level of education have you completed?**

No formal schooling.....	☐ 1
Less than primary school.....	☐ 2
Primary school completed	☐ 3
Secondary school completed.....	☐ 4
High school completed.....	☐ 5
College/university completed	☐ 6
Postgraduate degree	☐ 7

(Insert country-specific categories)

That completes our questionnaire
Thank you very much for your cooperation!

Year	Month	Day	Interviewer	District	Country
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐☐☐

Figura Suplemental 2. Cuestionario de evaluación de la salud bucodental para niños de la OMS.

Oral Health Questionnaire for Children

First, we would like you to answer some questions concerning yourself and your teeth

Identification number | **Sex** | **Location**

1. ☐☐☐☐ (1 4)

Sex: Boy ☐ (1) Girl ☐ (2)

Location: Urban ☐ (1) Periurban ☐ (2) Rural ☐ (3)

2. **How old are you today?** _____ (Years)

3. **How would you describe the health of your teeth and gums?**
(Read each item)

	Teeth	Gums
Excellent	☐ 1	☐ 1
Very good	☐ 2	☐ 2
Good	☐ 3	☐ 3
Average	☐ 4	☐ 4
Poor	☐ 5	☐ 5
Very poor	☐ 6	☐ 6
Don't know	☐ 9	☐ 9

4. **How often during the past 12 months did you have toothache or feel discomfort due to your teeth?**

- Often ☐ 1
- Occasionally ☐ 2
- Rarely ☐ 3
- Never ☐ 4
- Don't know ☐ 9

Now please answer some questions about the care of your teeth

5. **How often did you go to the dentist during the past 12 months?**
(Put a tick/cross in one only)

- Once ☐ 1
- Twice ☐ 2
- Three times ☐ 3
- Four times ☐ 4

More than four times ..... ☐ 5
I had no visit to dentist during the past 12 months..... ☐ 6
I have never received dental care/visited a dentist..... ☐ 7
I don't know/don't remember ..... ☐ 9

If you did not see a dentist during the last 12 months, go on to question 7

6. **What was the reason for your last visit to the dentist?**
(Put a tick/cross in one box only)
Pain or trouble with teeth, gums or mouth ..... ☐ 1
Treatment/follow-up treatment ..... ☐ 2
Routine check-up of teeth/treatment ..... ☐ 3
I don't know/don't remember ..... ☐ 9

7. **How often do you clean your teeth?**
(Put a tick/cross in one box only)
Never..... ☐ 1
Several times a month (2–3 times)..... ☐ 2
Once a week ..... ☐ 3
Several times a week (2–6 times) ..... ☐ 4
Once a day..... ☐ 5
2 or more times a day ..... ☐ 6

8. **Do you use any of the following to clean your teeth or gums?**
(Read each item)

	Yes 1	No 2
Toothbrush.....	☐	☐
Wooden toothpicks.....	☐	☐
Plastic toothpicks.....	☐	☐
Thread (dental floss)	☐	☐
Charcoal	☐	☐
Chewstick/miswak.....	☐	☐
Other	☐	☐

Please specify_____

9.

	Yes	No
a) Do you use toothpaste to clean your teeth.....	☐ 1	☐ 2
b) Do you use toothpaste that contains fluoride?....	☐ 1	☐ 2
Don't know.....	☐ 9	

10. **Because of the state of your teeth and mouth, have you experienced any of the following problems during the past year?**

	Yes 1	No 2	Don't know 0
(a) I am not satisfied with the appearance of my teeth	☐	☐	☐
(b) I often avoid smiling and laughing because of my teeth	☐	☐	☐
(c) Other children make fun of my teeth	☐	☐	☐
(d) Toothache or discomfort caused by my teeth forced me to miss classes at school or miss school for whole days	☐	☐	☐
(e) I have difficulty biting hard foods	☐	☐	☐
(f)I have difficulty in chewing	☐	☐	☐

11. **How often do you eat or drink any of the following foods, even in small quantities?**
(Read each item)

	Several times a day 6	Every day 5	Several times a week 4	Once a week 3	Several times a month 2	Never 1
Fresh fruit	☐	☐	☐	☐	☐	☐
Biscuits, cakes, cream cakes, sweet pies, buns etc	☐	☐	☐	☐	☐	☐
Lemonade, Coca Cola or other soft drinks	☐	☐	☐	☐	☐	☐
Jam/honey	☐	☐	☐	☐	☐	☐
Chewing gum containing sugar	☐	☐	☐	☐	☐	☐
Sweets/candy	☐	☐	☐	☐	☐	☐
Milk with sugar	☐	☐	☐	☐	☐	☐
Tea with sugar	☐	☐	☐	☐	☐	☐
Coffee with sugar	☐	☐	☐	☐	☐	☐

(Insert country-specific items)

12. **How often do you use any of the following types of tobacco?**
(Read each item)

	Every day	Several times a week	Once a week	Several times a month	Seldom	Never
	6	5	4	3	2	1
Cigarettes, pipe or cigars ...	☐	☐	☐	☐	☐	☐
Chewing tobacco or snuff..	☐	☐	☐	☐	☐	☐

13. **What level of education has your father completed (or your stepfather, guardian or other male adult living with you)?**

No formal schooling..... ☐ 1
Less than primary school..... ☐ 2
Primary school completed..... ☐ 3
Secondary school completed..... ☐ 4
High school completed ..... ☐ 5
College/university completed ..... ☐ 6
No male adult in household ..... ☐ 7
Don't know..... ☐ 9

14. **What level of education has your mother completed?**

No formal schooling..... ☐ 1
Less than primary school..... ☐ 2
Primary school completed..... ☐ 3
Secondary school completed..... ☐ 4
High school completed ..... ☐ 5
College/university completed ..... ☐ 6
No female adult in household..... ☐ 7
Don't know..... ☐ 9
(Insert country-specific categories)

That completes our questionnaire
Thank you very much for your cooperation!

Year	Month	Day	Interviewer	District	Country
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐☐☐