Teeth Tales

-Applying the Learnings

PARENT / GUARDIAN SURVEY

2012
This survey asks you about your child’s oral health. There are also some questions about your oral health and general questions about your family. Your responses are private and will be considered in the strictest confidence.

- Please answer the questions by ticking the circles like this ✓.
- If you make a mistake and wish to change your answer put a cross through the wrong answer like this ✗, and then tick the circle with the correct answer.
- An arrow like this ► will direct you to go to the question number indicated after the arrow.
- The survey should take you about 10-15 minutes to complete.

What is today’s date? __ __ __ __ __ __ __ __ __
(Date) (Month) (Year)

Section 1: About your child

1. Is this child:  
   O 1 Male  
   O 2 Female

2. What is this child’s date of birth? __ __ ___ __ __ __ __ __
   (Date) (Month) (Year)

3. What country was this child born in:  
   O 1 Australia  
   O 2 Other: ► Please specify which country: ____________________________________________
   ► What year did he/she come to live in Australia? __ __ __ __ (Year)

Section 2: Your child’s feeding habits

The following questions are in regards to how often your child consumes the following foods and drinks

4. Is this child currently being breast fed (including expressed milk)?  
   O 1 Yes  
   O 2 No ► Was your child ever breastfed?  
       O 1 Yes  
       O 2 No

5. Does the child sip from a bottle or a cup off and on during the day?  
   O 1 Yes ► If yes, what is usually in the bottle? ____________________________________________  
   O 2 No

6. Does the child take a nap or go to bed at night with the bottle in the mouth, or fall asleep while on the breast?  
   O 1 Yes ► If yes, what is usually in the bottle? ____________________________________________  
   O 2 No
7. In a usual week, how often does your child have the following drinks:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Once a week</th>
<th>2-3 times per week</th>
<th>4-6 times per week</th>
<th>Once a day</th>
<th>2-3 times per day</th>
<th>4 or more times per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Fruit juice, fruit drinks or cordials</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>b) Water</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>c) Plain milk</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>d) Flavoured milk (eg milk with honey, sugar, topping, milo etc)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>e) Soft Drink (eg Coke, Fanta, lemonade)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>f) Diet Soft Drink (eg Diet Coke, PepsiMax)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>g) Other: ▼ Please specify</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
</tbody>
</table>

8. In a usual week, how often does your child have the following foods:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Once a week</th>
<th>2-3 times per week</th>
<th>4-6 times per week</th>
<th>Once a day</th>
<th>2-3 times per day</th>
<th>4 or more times per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Vegetables (cooked or raw)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>b) Fruit (fresh or tinned)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>c) Dried fruits (eg dates, sultanas, dried apricots)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>d) Packaged Snacks (eg potato chips, muesli bars, roll-ups, twisties etc)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>e) Confectionary/Chocolate (eg chocolate, lollies)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>f) Cakes, doughnuts, sweet biscuits, muffins etc</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>g) Fried, takeaway or fast foods (eg hot dogs, hamburgers, sausage rolls, pizza, hot chips, chicken nuggets etc)</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
<tr>
<td>h) Other ▼ Please specify</td>
<td>○₁</td>
<td>○₂</td>
<td>○₃</td>
<td>○₄</td>
<td>○₅</td>
<td>○₆</td>
<td>○₇</td>
<td>○₈</td>
</tr>
</tbody>
</table>
The following question wants to know about your child’s eating and behavioural habits

9. Please answer for each of the following:

<table>
<thead>
<tr>
<th>How often...</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) do you add sugar or sweet flavourings to your child’s food (eg add sugar or honey on cereal)?</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
<tr>
<td>b) do you add sugar or sweet flavourings to your child’s drinks (eg honey, milo, cordial, topping)?</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
<tr>
<td>c) do you chew/taste this child’s food/drinks before giving it to the child?</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
<tr>
<td>d) do you share spoons, forks or cups with your child?</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
<tr>
<td>e) do you use sweet snacks or desserts to get this child to behave?</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
<tr>
<td>f) do you use sweet snacks or dessert as a reward?</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
<tr>
<td>g) does your child use a dummy/pacifier? (go to question 10)</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
<tr>
<td>h) do you suck your child’s dummy/pacifier to clean it?</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
<tr>
<td>i) does your child use a dummy/pacifier dipped in honey, jam or a sweet liquid?</td>
<td>O_1</td>
<td>O_2</td>
<td>O_3</td>
<td>O_4</td>
<td>O_5</td>
</tr>
</tbody>
</table>

Section 3: Cleaning your child’s teeth

10. Who usually cleans/brushes this child’s teeth/mouth?
    O_1    Child
    O_2    Child with help from adult
    O_3    Adult
    O_4    Other ► Please specify ____________________________
    O_5    No one brushes this child’s teeth ► Please skip to Question 15

11. How often are the child’s teeth/mouth cleaned?
    O_1    Never or rarely
    O_2    A few times a week
    O_3    Once a day
    O_4    Twice a day
    O_5    More than twice a day
12. What do you use to clean your child’s teeth/mouth?
   (tick all that apply)
   1. a) Child toothbrush
   1. b) Adult toothbrush
   1. c) Face cloth/washer
   1. d) Miswak
   1. e) Other: ► Please describe: ____________________________________________

13. What type of toothpaste do you usually use to brush this child’s teeth?
   (Select one response only)
   1. None
   2. Adult’s toothpaste
   3. Children’s toothpaste
   4. Herbal toothpaste / toothpaste without fluoride
   5. Other: ► Please describe: ____________________________________________

14. How much toothpaste do you use to brush this child’s teeth?
   1. None
   2. A tiny smear (less than the size of a pea)
   3. A small amount (the size of a pea)
   4. A medium amount (enough to cover the bristles)
   5. A large amount (thick covering over the bristles)

15. Do any of the following limit how often you clean/brush your child’s teeth?
   (Tick all that apply)
   1. a) Too difficult to get your child to agree or behave
   1. b) Don’t have enough time
   1. c) Child wants to brush their own teeth
   1. d) Can’t afford toothbrushes or toothpaste
   1. e) Child doesn’t like it
   1. f) Other ► Please describe: ____________________________________________

16. Do people in your house sometimes use each other’s toothbrushes?
   1. Yes
   2. No
17. Has anyone ever shown you how to clean/brush this child’s teeth/mouth?
   - Yes: ► Who was it? __________________________________________________________
   - No

18. How confident do you feel cleaning this child’s teeth?
   - Not very confident
   - Somewhat confident
   - Very confident

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Section 4: Child general & oral health

19. In general how would you describe this child’s current health?
   - Poor
   - Fair
   - Good
   - Very good
   - Excellent

20. How would you rate the oral health of this child?
   - Poor
   - Fair
   - Good
   - Very good
   - Excellent

21. If you have a question or problem with your child’s teeth, who are you most likely to ask/visit:
   - a) Private dentist in Australia
   - b) Private dentist in another country ► Which country? ____________________________
   - c) Dental hospital
   - d) Public dentist (eg Community Health Centre)
   - e) Maternal and Child Health Nurse
   - f) Doctor
   - g) Friends or family
   - h) Other ► Please describe: _____________________________________________________

22. Has your child ever had problems with his/her teeth, mouth or gums?
   - Yes
   - No ► Please skip to Question 28
23. What was the problem?

*(Tick all that apply)*

- a) Toothache
- b) Discolouration of tooth/teeth
- c) Teething pain
- d) Crowded teeth
- e) Teeth are late coming through
- f) Chipped tooth
- g) Other ►*Please describe:* ____________________________________________

24. How old was the child when he/she had the problem(s)? ____________ months

25. Who did you go to?

*(Tick all that apply)*

- a) No one
- b) Private dentist in Australia
- c) Public dentist in Australia *(eg Community Health Centre)*
- d) Dental hospital
- e) Dentist in another country►*Which country?* ________________
- f) Maternal and Child Health Nurse
- g) Doctor
- h) Other ►*Please describe:* ____________________________________________

26. Did you have to pay any money to see this health care professional?

- Yes
- No ►*(go to question 28)*

27. If yes, approximately how much did you have to pay (not including the amount you got back from Medicare or insurance)?

____________________________________________________________________

28. Has your child ever visited a dentist?

- Yes
- No ►*(go to question 32)*
29. Where was your child’s last dental visit at?

- [ ] Private dentist in Australia
- [ ] Public dentist (eg Local Community Health Centre)
- [ ] Dental hospital
- [ ] Dentist in another country ► Which country? ____________________________
- [ ] School dental service
- [ ] Other ► Please describe: ____________________________________________

30. Did you have to pay any money to see this dentist?

- [ ] Yes
- [ ] No ► (go to question 32)

31. If yes, approximately how much did you have to pay (not including the amount you got back from Medicare or insurance)?

_____________________________________________________________________

32. Do any of the following prevent you from taking your child to the dentist? (Tick all that apply)

- [ ] a) Not enough time
- [ ] b) Cost of seeing dentist
- [ ] c) Distance to dentist (difficult to get to)
- [ ] d) Language difficulties
- [ ] e) Don’t know where to go to see a dentist
- [ ] f) Waiting list is too long
- [ ] g) Not eligible for public dental service
- [ ] h) No childcare
- [ ] i) You are anxious or worried
- [ ] j) Child is anxious or worried about going
- [ ] k) Child is too young to need dental services
- [ ] l) No reason to visit (e.g. healthy teeth and gums)
- [ ] m) Other ► Please describe: ____________________________________________
- [ ] n) No, nothing prevents me from seeing a dentist
Section 5: Your opinions about Oral Health

33. In your opinion, when should parents first start cleaning their child’s teeth?
   - When the first (baby) tooth comes into the mouth
   - When at least four (baby) teeth have come into the mouth
   - When all of the first (baby) teeth have come into the mouth
   - When the permanent (adult) teeth start to come into the mouth

34. How much do you agree with the following?

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) If my child has a problem with his/her teeth I know what to do</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>b) I can look after my child’s oral health well</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>c) I can easily get good advice about my child’s oral health if I need to</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>d) Only bottle fed children get tooth decay</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>e) White spots on the teeth may be a sign of early dental decay (holes in teeth)</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>f) If a child uses a bottle in bed it should only contain water</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
</tbody>
</table>

35. How much do you agree with the following questions about fluoride?

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Fluoride in the drinking water helps to prevent tooth decay</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>b) Fluoride in toothpaste helps to prevent tooth decay</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>c) Fluoride prevents tooth decay by making teeth stronger</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>d) Fluoride toothpaste should not be used with infants and toddlers</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
<tr>
<td>e) If fluoridated toothpaste is used in infants and toddlers, only a small (pea sized) amount or less should be used</td>
<td>○1</td>
<td>○2</td>
<td>○3</td>
</tr>
</tbody>
</table>
36. Do you think any of the following cause tooth decay (holes in teeth) in children?

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Not cleaning teeth everyday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) No fluoride in the water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Using a bottle in bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Sweet drinks and snacks between meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Bacteria (germs) in a child’s mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Defects in the teeth that children are born with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Bacteria (germs) that the mother/parent passes on to the child</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37. Have you got information on oral health from any of the following? (Tick all that apply)

- a) Magazines, pamphlets or newspapers
- b) TV or DVDs
- c) Foreign language TV or DVDs
- d) Internet
- e) Books
- f) Community health service ► Please specify: _____________________________
- g) Medical doctor’s surgery
- h) Public Dentist
- i) Maternal and Child Health Nurse
- j) Kindergarten / Primary school
- k) Cultural organisations or community groups ► Please specify: _____________________________
- l) Other: ► Please specify: _____________________________________________

38. Would you like more information about your child’s teeth? (Tick all that apply)

- a) Information on what foods and drinks are good and bad for teeth
- b) How to brush teeth correctly
- c) Information on fluoride
- d) Using dental floss
- e) How to get my child to brush his/her teeth
- f) How to help my child feel comfortable at the dentist
- g) How and where to access dental services
- h) How to get my child to eat healthy food and drinks
- i) Other: ► Please specify: _____________________________________________
Section 6: YOUR oral health

Now we just have a few questions about your own oral health practices as your practices can be influential on your child’s health

39. How would you rate your own ORAL health?
   - Poor ○ 1
   - Fair ○ 2
   - Good ○ 3
   - Very good ○ 4
   - Excellent ○ 5

40. In general, how would you describe your current health?
   - Poor ○ 1
   - Fair ○ 2
   - Good ○ 3
   - Very good ○ 4
   - Excellent ○ 5

41. How often do you brush/clean your teeth?
   - Never or rarely ○ 1
   - A few times a week ○ 2
   - Once a day ○ 3
   - Twice a day ○ 4
   - More than twice a day ○ 5

42. What do you use to clean your teeth/mouth?
   (Tick all that apply)
   - a) Adult toothbrush ○ 1
   - b) Face cloth/washer ○ 1
   - c) Miswak ○ 1
   - d) Other: ▶ Please describe: _____________________________________________

43. Is there always toothpaste in your house?
   - Yes ○ 1
   - No ○ 2

44. How long is it since you last saw a dentist?
   - Less than 12 months ○ 1
   - 12-24 months ○ 2
   - 2-5 years ○ 3
   - 5-10 years ○ 4
   - More than 10 years ○ 5
45. Where was your last dental visit at?
   - Private dentist
   - Dental hospital
   - Government or public dentist (e.g. Community Health Centre)
   - Other ► Please describe: ________________________________

46. Did you have to pay any money to see this dentist?
   - Yes
   - No ► (go to question 48)

47. If yes, approximately how much did you have to pay (not including the amount you got back from Medicare or insurance)?
   ___________________________________________________________________

48. What is your usual reason for visiting a dental professional? (Select only one response)
   - Check up
   - Dental Problem

49. Do any of the following prevent you from seeing a dentist? (Please tick all that apply)
   - a) Not enough time
   - b) Cost of seeing dentist
   - c) Distance to dentist
   - d) Language difficulties
   - e) I don’t know where to go to see a dentist
   - f) Waiting list is too long
   - g) Not eligible for public dental service
   - h) No childcare
   - i) Fearful / anxious about pain
   - j) Other: ► Please describe: ________________________________
   - k) No, nothing prevents me from seeing a dentist
Section 7: Parent Information

50. What country were you born in?
   
   □ 1. Australia
   □ 2. Other  ► Please specify which country: ________________________________
   
   ► What year did you come to live in Australia? ___ ___ ___ (Year)

51. How many children usually live in your household? __________________________ children

52. What is the highest schooling/education that you have completed?
   (Tick one box only)
   
   □ 1. None
   □ 2. Did not finish primary school
   □ 3. Finished primary school
   □ 4. Finished secondary school
   □ 5. Trade school or apprenticeship
   □ 6. University degree or higher

53. Do you have a partner who lives with you?
   
   □ 1. Yes
   □ 2. No  ► (go to question 56)

54. What country was your partner born in?
   
   □ 1. Australia
   □ 2. Other  ► Please specify which country: ________________________________
   
   ► What year did your partner come to live in Australia? ___ ___ ___ (Year)

55. What is the highest schooling/education that your partner has completed?
   (Tick one box only)
   
   □ 1. None
   □ 2. Did not finish primary school
   □ 3. Finished primary school
   □ 4. Finished secondary school
   □ 5. Trade school or apprenticeship
   □ 6. University degree or higher
56. Do you or your partner have a health care card?
   ○₁, Yes
   ○₂, No

57. What is the main source of income for your household?
   *(Tick all that apply)*
   ○₁, Salary or wages (earned by you or your partner)
   ○₁, Government benefits, allowance, pension or child support
   ○₁, Supported by other family members or friends
   ○₁, Other: ► Please describe: ________________________________

**Thank you for taking part in this survey 🎉**

*If you have any further comments feel free to write here:*
_________________________________________________________________________
_________________________________________________________________________
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