

Please circle your answer. Ask questions if you need help! ☺

Age: \_\_\_\_\_

Where are you from? \_\_\_\_\_

1. My teeth are healthy.
  - a. Yes
  - b. No
2. When did you see the dentist?
  - a. This year
  - b. Last year
  - c. Never
  - d. Other: \_\_\_\_\_
    - i. Was the dentist in Canada?
      1. Yes
      2. No

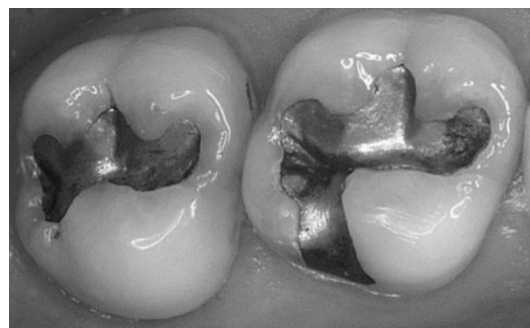


3. How many times do you brush your teeth a day?
  - a. Once
  - b. Twice
  - c. Other: \_\_\_\_\_
4. Do you clean in between your teeth?
  - a. Yes
    - i. How many times per week? \_\_\_\_\_
    - ii. With what? \_\_\_\_\_
  - b. No

5. Do you see bleeding when you brush or floss your teeth? (what is bleeding?)
  - a. Frequently
  - b. Sometimes
  - c. Rarely
  - d. Not at all



6. Have you had cavities before?
  - a. Yes
  - b. No
  - c. I think so

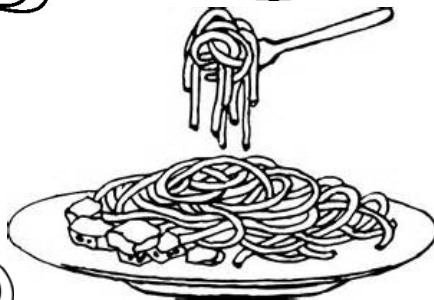
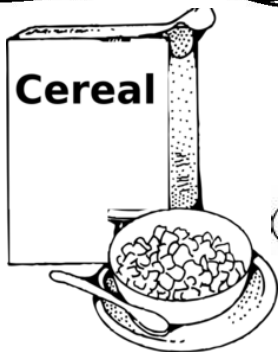
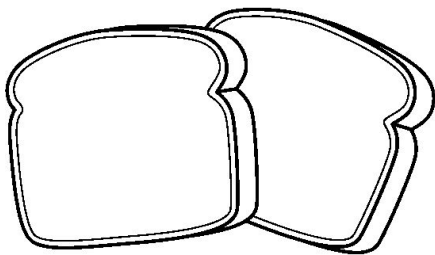
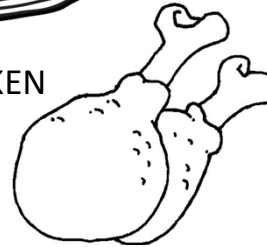


7. I eat these foods more than twice a week (put ✓ next to picture):

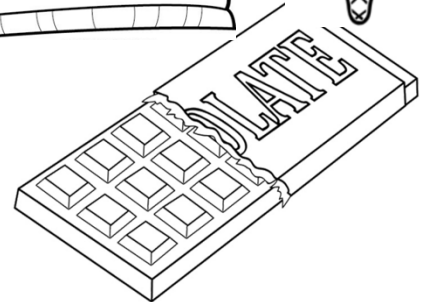
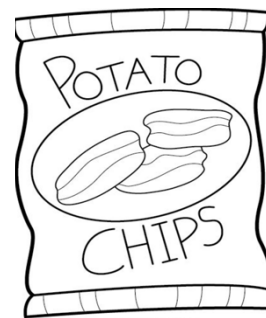
DAIRY AND EGGS



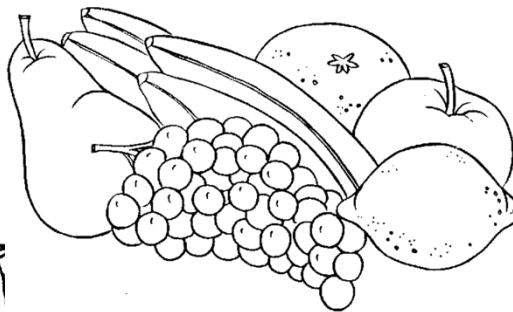
MEAT, FISH, CHICKEN



JUNK FOOD (CHIPS, ICE CREAM)



GRAINS (BREAD, PASTA, RICE)



FRUITS



VEGETABLES



DRINKS (COFFEE, WATER, TEA, SODA)

8. Do you smoke or drink alcohol?

a. Yes

i. Smoke

Alcohol

Both

b. No

9. What do you want to know about your mouth and teeth?

A large, empty rectangular box with a thin black border, intended for a user to write their response to question 9.