**Patient #\_\_\_\_\_\_\_\_**

**Questionnaire contributing /risk factors**

**This short questionnaire aims to explore factors that may affect your oral health.**

Please answer the following questions by ticking the box below your answer.

**1. What is your highest education?**

|  |  |  |
| --- | --- | --- |
| Primary school | High school | University |
|  |  |  |

**2. How regular are you at dental visits?**

|  |  |
| --- | --- |
| Regular (once or twice a year) | Irregular (once in two or more years) |
|  |  |

**3. How often do your brush your teeth?**

|  |  |  |
| --- | --- | --- |
| Irregularly | Once a day | ≥2 a day |
|  |  |  |

**4. How often do you clean spaces between your teeth?**

|  |  |  |  |
| --- | --- | --- | --- |
| Never | Once a day | Twice a day | Irregularly |
|  |  |  |  |

**5. What do you use for cleaning spaces between your teeth (interdental spaces)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dental floss/tape | Interdental brush | Water pick/jet | Toothpick | Nothing |
|  |  |  |  |  |

**6. Do you currently smoke?**

|  |  |  |
| --- | --- | --- |
| Yes | No | I’m a former smoker |
|  |  |  |

**7. If you answered YES to question 6, how many cigarettes per day do you smoke?**

|  |  |  |
| --- | --- | --- |
| Less than 5 | 6-10 | 11-20 or more |
|  |  |  |