

Appendix: Questionnaire about oral health problems, oral health behaviors and dietary habits

[Basic information]
Age(), Gender(), Your living condition (with family, alone, others)
[Oral complaints]
1) During the past year, have you ever been absent or late, or left early from school due to problems of the teeth or gums? (never, occasionally, sometimes, quite often)
2) During the past year, have you ever been unable to concentrate on study due to problems of the teeth or gums? (never, occasionally, sometimes, quite often)
3) During the past year, have you ever been unable to sleep well due to problems of the teeth or gums? (never, occasionally, sometimes, quite often)
4) During the past year, have you ever been unable to enjoy your meal due to problems of the teeth or gums? (never, occasionally, sometimes, quite often)
5) If you currently have problems in your teeth, please circle all answers that describe your situation. (pain, difficulty in eating, difficulty in speaking, worried about appearance, worried about bad breath, cannot go to treatment, nothing in particular, others) If you answered "cannot go to treatment", please circle all the reasons that apply. (cannot be absent from school, cannot be absent from part-time job, dislike dentists, others)
6) Do you feel stickiness in your mouth when you get up in the morning? (never, occasionally, sometimes, quite often)
7) Do you feel tiredness at your jaw when you get up in the morning? (never, occasionally, sometimes, quite often)
8) Do your gums bleed when you brush your teeth? (never, occasionally, sometimes, quite often)
9) Do your gums ever appear red, swollen and flabby? (never, occasionally, sometimes, quite often)
10) Do you ever feel your teeth somewhat weak or sensitive to pressure and feel irritation in your gums? (never, occasionally, sometimes, quite often)
11) Do you ever have difficulty in chewing hard things? (never, occasionally, sometimes, quite often)
12) Do you ever breathe through your mouth without realizing it? (never, occasionally, sometimes, quite often)
13) Do you ever clench your teeth without realizing it? (never, occasionally, sometimes, quite often)
14) Are your teeth sensitive to hot or cold food or drink? (never, occasionally, sometimes, quite often)
15) Do you have any decayed teeth that need to be treated? (do not know, no, yes)
[Dental visits]
16) Have you ever experienced tartar removal at a dental clinic? (yes, no) If you answered "yes", what was your impression of tartar removal? (not good, not so good, good, very good) If you answered "yes", when was your last tartar removal? (__months ago, 1 year ago, 2-3 years ago, 4-5 years ago, more than 5 years ago)
17) Do you regularly visit a dental clinic for checkups or tartar removal? (yes: ____ times per year, no) If you answered "yes", how long has it been since you started regular dental visits? (__years) If you answered "yes", what was the reason you started regular dental visits? (recommendation at a dental clinic, suggestion from family/friends, practice since childhood, magazine article, information on the Internet, feeling refreshed after cleaning treatment, others)
18) Have you ever received instructions on proper brushing, flossing or interdental brushing? (yes, no) If you answered "yes", what was your impression of the instructions? (not good, not so good, good, very good)
19) Do you think you should force yourself to get your teeth treated? (no, not so true, somewhat true, absolutely)
20) Do you think regular checkups are effective in preventing gum diseases? (no, not so true, somewhat true, absolutely)
[About dentistry]
21) Circle all the words you know. (plaque, interdental brush, dental floss, periodontal pocket, scaling, dental calculus, gingivitis, 8020 promotion, dental hygienist, periodontal disease)

22) Do you think tooth loss in old age cannot be prevented? (no, not so true, somewhat true, absolutely)
23) Do you think you can prevent gum disease by self-care? (no, not so true, somewhat true, absolutely)
24) Do you think smoking has a bad effect on gum disease? (no, not so true, somewhat true, absolutely)
25) Would you want to join a program that gives practical guidance about preventing gum disease if it is held in school? (no, not so true, somewhat true, absolutely)
26) Do you think annual dental checkups are needed in universities? (no, not so true, somewhat true, absolutely)
[Tooth brushing habits]
27) How many times a day do you brush your teeth? (once, twice, three times or more)
28) Please circle the times when you brush your teeth each day. (after getting up, after breakfast, after lunch, after dinner, before going to bed, others)
29) How often do you use an interdental brush or dental floss? (never, occasionally, sometimes, frequently)
30) Can you use dental floss or an interdental brush properly? (no, not much, roughly, well, do not know)
31) Do you try to brush between your teeth using the tips of the bristles of your toothbrush? (no, yes)
32) Do you consciously brush along the gum line when brushing your teeth? (no, yes)
33) Do you check your teeth and gums carefully with a mirror at least once a week? (no, yes)
34) Do you always carry your toothbrush with you? (yes, no) If you answered "yes", do you brush your teeth after lunch at school? (rarely, occasionally, sometimes, quite often)
35) How many people around you brush their teeth after lunch at school? (none, a few, more than half, almost all)
[Lifestyle habits]
36) How long do you sleep on average? (5 hours or less, 6 hours, 7 hours, 8 hours, 9 hours, 10 hours or more)
37) How often do you drink alcohol? (every day, 5-6 days per week, 3-4 days per week, 1-2 days per week, 1-3 days per month, do not drink)
38) Do you smoke? (yes ___ cigarettes per day, no, used to smoke ___ cigarettes per day)
39) Do you usually have breakfast? (every day, almost every day, not much, no)
40) Do you ordinarily chew foods well when eating? (not so much, somewhat, pretty much, yes)
41) Do you ordinarily take soft drinks, or coffee and tea with sugar? (often, sometimes, not much, rarely)