Oral health survey of Dai children in Yunnan

1. Child name: _______________ Class: _______________

2. Contact number: _______________

3. Child gender: □ 1 Male □ 2 Female

4. Where does the child live?
   □ 1 Town □ 2 Village

5. Are parents the main care taker of the child?
   □ 1 Yes □ 2 No

6. Is your child still sleep with a bottle with milk/sweet drink?
   □ 1 Yes □ 2 No

7. Does your child brush his/her teeth daily?
   □ 1 Yes □ 2 No

8. Does your child take snacks daily?
   □ 1 Yes □ 2 No

9. Did your child visit a dentist in the last 12 months?
   □ 1 Yes □ 2 No

10. Father’s education level:
    □ 1 Secondary or below □ 2 Tertiary or above

11. Mother’s education level:
    □ 1 Secondary or below □ 2 Tertiary or above

~ The End ~