



**Annexure I  
Informed Consent Term**

I authorize the Teachers Sonia Groisman and Eliane Toledo, the use of data on habits, attitudes and knowledge of oral health of children assisted by the Legion of Good Will, confidentially about habits profile and knowledge of fluoridated dentifrices and self-perception of oral health in children regularly enrolled in day care centers of the Legion of Good Will, in the city of Rio de Janeiro.

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

Responsible: \_\_\_\_\_

You are being invited to participate in the research project "habits profile and dentifrices knowledge fluoride and self-perception of oral health." Questionnaires will be applied with open and closed questions in order to meet habits and attitudes towards self care in oral health and consumption of fluoridated toothpaste and a piece of closed questions on self-perception of oral health. In contrast will be given knowledge of correct use brush and toothpaste and proceed to have a good brushing. The data is used at conferences or advertisements, without any individual is specifically identified

Me, \_\_\_\_\_, Document \_\_\_\_\_, declare that I have been informed and agree to participate as a volunteer.

Rio de Janeiro, \_\_\_ de \_\_\_\_\_ de 201...

\_\_\_\_\_  
Name and signature of the responsible

\_\_\_\_\_  
Name and signature of the responsible of this Project  
Sonia Groisman

Use Authorization Image:

Me, \_\_\_\_\_, Brazilian, responsible for the minor \_\_\_\_\_, allow the use of images in courses, book chapters, and television images.

Signature: \_\_\_\_\_

Rio de Janeiro, \_\_\_\_\_ 20 \_\_\_\_

Signature: \_\_\_\_\_

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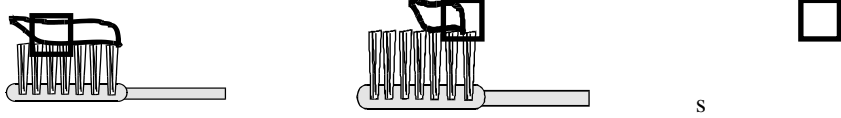
**Annexure II  
Questionnaires - Oral Health Quality Life and Jensen**

**1. Identification Data - Date: \_\_\_/\_\_\_/\_\_\_**

Child's Name:
Responsible for the information (relationship):
Address:
Phone number:
Mother:
Father:
Gender: ( ) M ( ) F Birth Date: ___/___/___
Weight: _____ Height: _____
Child attends daycare / school: ( ) No ( ) Yes

**2. Dentifrice ingestion**

Does child brush teeth? ( ) No ( ) Yes
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Does child have toothbrush? ( ) No ( ) Yes
With dentifrice? ( ) No ( ) Yes. What? _____
How many times the child brush their teeth daily? _____
Who does the child's brushing? ( ) mom ( ) dad ( ) child ( ) other _____
Who puts toothpaste on the brush? ( ) mom ( ) dad ( ) child ( ) other _____
How much paste is placed on the brush? 
The child usually eats pasta at other times, in addition to brushing? ( ) No ( ) Yes
The water that the child drinks is: ( ) public supply ( ) Well ( ) Mineral - Which brand? _____

### Oral Health and Quality of life:

- Did you have trouble speaking because of problems with your teeth, your mouth or your dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Did you feel that the taste of the food has gotten worse because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Have you ever felt severe pain in the mouth?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Do you have felt uncomfortable to eat some food because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Have you been ill at ease because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Have you been stressed because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Has your alimentation been hampered because of problems with your teeth, your mouth or dentures:  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- You had to stop their meals because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Have you found difficulty to relax because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Have you ever felt a little embarrassed because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- You have been little angry with other people because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Have you had difficulties in performing their daily activities because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Did you feel that your life in general got worse because of problems with your teeth, your mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER
- Have you been unable to do your daily activities because of problems with your teeth, mouth or dentures?  
 ALWAYS  REPEATEDLY  SOMETIMES  RARELY  NEVER

### Habits & Attitudes

- How do you choose your toothpaste?
- ( ) TV ad ( ) Price ( ) Flavor ( ) Brand ( ) Packing ( ) caught the first I see ( ) all items above ( ) other reason What? \_\_\_\_\_
- Do you look at the chemical composition of the toothpaste? ( ) Yes ( ) No
- Do you check the expiration date of the toothpaste? ( ) Yes ( ) No. Why? \_\_\_\_\_
- Have you used any toothpaste as a treatment? ( ) Yes ( ) No. Which one and why? \_\_\_\_\_

6. What toothpaste do you like more? \_\_\_\_\_ Why? \_\_\_\_\_
7. All of your family uses the same toothpaste? ( ) Yes; ( ) No. Which ones?  
\_\_\_\_\_
8. Have you ever asked someone about guidance for the use of a toothpaste use? ( ) Yes ( ) No. If Yes, who?  
( ) pharmaceutical; ( ) friend; ( ) neighbor ( ) doctor ( ) Dentist ( ) Mother
9. Did you already recommend some toothpaste to someone? ( ) Yes ( ) No. For Who and  
why? \_\_\_\_\_
10. Had your dentist recommend you some toothpaste? ( ) Yes; ( ) No. If Yes, which one and why? If it's No,  
do you think He should? Why? \_\_\_\_\_
11. What toothpaste are you using now and why? \_\_\_\_\_
12. Has your dentist recommended you some toothbrush? ( ) Yes ( ) No
13. Was it recommended by brand? ( ) Yes ( ) No. If Yes, what brand? \_\_\_\_\_
14. Recommended some kind of special bristle? ( ) Yes ( ) No
15. If so check the recommended characteristics:
16. ( ) equal bristles ( ) straight cable ( ) angled cable ( ) soft bristles ( ) Mid hardness bristles ( ) Hard  
bristles ( ) extra soft bristles ( ) bristles with equal length ( ) bristles with different length
17. Who taught you how to brush your teeth? ( ) mom ( ) dad ( ) brother ( ) other relative ( ) Technical  
Dental Hygiene ( ) Dentist ( ) Friend ( ) pediatrician ( ) Others, who? \_\_\_\_\_
18. Has your dentist recommended you some special technique of brushing? ( ) Yes ( ) No. If so, what?  
\_\_\_\_\_
19. What toothbrush are you using now?? \_\_\_\_\_
20. Do you use any mouthwash? ( ) Yes ( ) No. If so What and Why? \_\_\_\_\_
21. How long do you floss daily? ( ) Not use daily ( ) 2 minutes ( ) 5 minutes ( ) 8 minutes ( ) 10 to 15  
minutes ( ) More of 20 minutes
22. Do you consider necessary flossing? ( ) Yes ( ) No. Why? \_\_\_\_\_
23. How often do you think you should floss? ( ) once a day; ( ) twice a Day; ( ) once a week; ( ) 3 times a  
week;
24. ( ) once a month; ( ) 3 times a month ( ) 6 in 6 months ( ) I don't flossing.

**Annexure II:** Questionnaires - Oral Health Quality Life and Jensen.