

## Questionnaire for the Baseline Session

name:

date of birth:

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### General data

#### 1. Gender of the child

male

female

#### 2. Age of the child (years and months)

\_\_\_\_\_

#### 3. Who cares for the child in the daytime?

mother

father

grandparents

childminder

day nursery

#### 4. If a day nursery cares for the child, since when does the child attend the nursery?

since the \_\_\_\_\_ month of life

### Food

#### 1. The child

is currently breast-fed

has been breast-fed up to an age of \_\_\_\_ months

has never been breast-fed

#### 2. How many times the child was breast-fed daily? \_\_\_\_\_

#### 3. was the child frequently breast-fed at night?

yes

no

#### 4. Did the child drink from a baby bottle?

yes

no

#### 5. If yes, up to which age did the child use the bottle? \_\_\_\_\_ months

#### 6. How did the child drink from the bottle?

without help

I held the bottle

**7. How often did the child drink from the bottle?**

- up to three times a day
- up to six times a day
- more than six times a day

**8. Did the child get the baby bottle at night with intent to assist falling asleep?**

- yes
- no

**9. What was the content of the bottle?**

- breast milk
- follow-up milk
- water
- tea
  - sweetened
  - not sweetened
- instant tea
- fruit juice
- juice with sparkling water

**10. When did the child drink from the bottle?**

- during the main meal
- between meals
- primarily at night
- to calm the child, if cries
- the child always has the bottle with it

**11. Currently the child likes most to drink**

- water
- fruit juice
- juice with sparkling water
- tea
  - sweetened
  - not sweetened
- milk with or without cacao
- ice tea
- coke, soft drinks
- instant tea

**12. From which drinking vessel does the child currently drink?**

- cup or tumbler
- drinking training cup
- bottle
- combination of several vessels

**13. How many meals does the child eat a day?**

\_\_\_\_\_ main meals  
\_\_\_\_\_ in-between meals

**14. Does the child eat additional snacks in the course of the day?**

- yes, ca. \_\_\_\_\_ times a day
- no

**15. How frequently does the child eat the foodstuff specified below?**

	never	one time a week	several times a week	daily	several times a day
fruits					
vegetables					
brown bread					
white bread					
honey, nougat cream, jam					
yogurt					
jellybaby					
candy					
chocolate					
sweet snacks					
ice cream					
cornflakes					
granola					
Cola, lemonade					
ice tea					
sweetened tea					
fruit juice					

**16. Does the child receive sweets as a reward?**

- yes
- no

**17. Which food do you provide for the child at kindergarten or school?**

- sandwiches
- vegetables, salad
- fruits
- yogurt, quark
- sweet snacks

**18. Do you think there is a connection between diet and dental health?**

- yes
- no
- do not know

**19. Could you imagine to change dietary habits, when necessary, in order that the teeth of the child remain healthy?**

- yes
- no
- do not know

**20. If yes, what would you be willing to change?**

- reduce consumption of sweets
- sweets only at main meals, not in between
- reduction of in-between meals generally
- giving of non-sweetened beverages
- refusal of the nursing bottle as a fall asleep device or its permanent use
- let the child only drink from a cup as from its first birthday
- other suggestions \_\_\_\_\_

**21. Have you ever got another advice regarding diet and dental health for infants?**

- yes
- no
- do not know

**22. Are you interested in advice regarding diet and dental health?**

- yes
- no

## Dental health

### 1. The child brushes its teeth

- not
- not regularly
- daily

### 2. When did the child begin to brush?

- when the first primary tooth erupted
- when all primary teeth were erupted

### 3. Who brushes the children's teeth?

- the child brushes itself
- parents brush the children's teeth
- the child brushes first, parents brush afterwards

### 4. Where is the brushing performed?

- in the bathroom
- in front of the television set
- different place \_\_\_\_\_

### 5. How does the child brush?

- standing
- sitting
- recumbent

### 6. With which device is brushing performed?

- manual toothbrush
- electric toothbrush

### 7. How many times a day does the child brush?

- once a day
- two times a day
- after every meal
- also in the kindergarten/school

### 8. Which toothpaste does the child use?

trade name \_\_\_\_\_

### 9. The child responds to brushing:

- willingly
- with opposition
- sometimes willingly, sometimes not

## Questionnaire for Follow-up Sessions

name:

date of birth:

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### Food

#### **1. Currently the child likes most to drink**

- water
- fruit juice
- juice with sparkling water
- tea
  - sweetened
  - not sweetened
- milk with or without cacao
- ice tea
- coke, soft drinks
- instant tea

#### **2. From which drinking vessel does the child currently drink?**

- cup or tumbler
- drinking training cup
- bottle
- combination of several vessels

#### **3. How many meals does the child eat a day?**

\_\_\_\_\_ main meals

\_\_\_\_\_ in-between meals

#### **4. Does the child eat additional snacks in the course of the day?**

- yes, ca. \_\_\_\_\_ times a day
- no

**5. How frequently does the child eat the foodstuff specified below?**

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jellybaby					
candy					
chocolate					
sweet snacks					
ice cream					
cereals					
granola					
coke, soft drinks					
ice tea					
sweetened tea					
fruit juice					

**6. Does the child receive sweets as a reward?**

- yes  
 no

**7. Which food do you provide for the child at kindergarten or school?**

- sandwiches  
 vegetables, salad  
 fruits  
 yogurt, quark  
 sweet snacks

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