

Questionnaire

Official Title: Effectiveness of an Interactive School-Based Oral Health Education Program in Reducing Periodontal Disease Among Palestinian Adolescents: A Double-Blind Intervention Study

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Sponsor: Al-Quds University

Al-Quds University
Faculty of Graduate Studies
PhD Program in Public Health

Questionnaire

The researcher is conducting a study entitled:

**Effectiveness of an Interactive School-Based Oral Health Education Program in
Reducing Periodontal Disease Among Palestinian Adolescents: A Double-Blind
Intervention Study**

As part of the requirements for the PhD Program in Public Health at Al-Quds University.

This study aims to assess the effectiveness of a two-month interactive school-based oral health education program in reducing periodontal disease among 15-year-old students in Nablus City, Palestine. It also aims to assess the effect of this interactive oral education on oral hygiene status and practices, dietary habits, and smoking behaviours.

Please answer the questions honestly and objectively. The data collected will be used solely for scientific research purposes and will be treated with strict confidentiality.
Thank you for your cooperation.

Supervisor: Dr. Elham Kateeb
Researcher: Sura Ibrahim Al-Hassan

Section I: Participant Background

1. Participant's Name: _____

2. School Name: _____

3. Gender: Male Female

4. Type of School: Government Private

5. School System: Single-sex Coeducational

Section II: Family Information

A.1 – How many brothers and sisters live with you?

Only me 1 2 3 4 5 or more

A.2 – Does your father work? Yes No I don't know I never see him

A.3 – Does your mother work? Yes No I don't know I never see her

A.4 – Mother's education level:

Did not complete high school
 Completed high school
 post-secondary but below bachelor's
 Currently studying at or graduated from a university

A.5 – Father's education level:

Did not complete high school
 Completed high school
 post-secondary but below bachelor's
 Currently studying at or graduated from a university

A.6 – What is your family's economic status (in your opinion)?

Very good Good Average Poor

Section III: Oral Hygiene Habits

B.1 – Do you usually brush your teeth? Yes No

B.1.1 – If yes, how many times per day? Once or less Twice More than twice

B.1.2 – When do you brush your teeth?

Morning After lunch Before bed Other: _____

B.1.3 – How long do you brush your teeth?

1 minute or less 2 minutes More than 2 minutes I don't know

B.1.4 – What brushing technique do you use?

Bass Scrubbing Modified Bass None of these

B.1.5 – What type of toothbrush do you use?

Soft bristles Medium bristles Hard bristles Other

B.1.6 – How often do you replace your toothbrush?

Monthly Every 2 months Every 3 months Other

B.1.7 – Do you use other oral hygiene aids?

Dental floss Interdental brush Mouthwash None

B.1.8 – Have you ever visited a dentist? Yes No

B.1.9 – How often do you visit the dentist?

Once/twice a year Occasionally Only when I have pain

B.1.10 – When was your last dental visit?

Within 6 months 6-12 months ago 1-2 years ago 2-5 years ago More than 5 years ago

B.1.11 – What was the reason for your dental visit?

Pain Advised by friend/relative Referral by another dentist
 Check-up Cleaning Other (please specify): _____

Section IV: Nutrition and Dietary Habits

C.1 - How often do you eat breakfast (more than just a glass of milk, tea, or juice)?

On weekdays:

Never 1 day 2 days 3 days 4 days 5 days 6 days 7 days

On weekends:

Never 1 day 2 days

C.2 - How often do you eat or drink the following items? (Mark one box per item.):

Item	Never	Less than once a week	Once a week	2-4 times/week	6 times/week	Once daily	More than once daily
Fruits	<input type="checkbox"/>						
Vegetables	<input type="checkbox"/>						
Sweets (e.g., candy,	<input type="checkbox"/>						

chocolate)							
Sugary drinks (e.g., soda)	<input type="checkbox"/>						
Milk and dairy products	<input type="checkbox"/>						
Red meat	<input type="checkbox"/>						
Fish	<input type="checkbox"/>						
Water	<input type="checkbox"/>						
Nuts	<input type="checkbox"/>						
Commercial pastries (e.g., cookies, cakes)	<input type="checkbox"/>						

Section V: Smoking Habits

D.1 – Do you currently smoke (at least one cigarette)? Yes No

D.2 – How often do you currently smoke cigarettes or tobacco products?

Daily Weekly but not daily Less than once a week I don't smoke

D.1.2 – If you smoke, at what age did you smoke your first full cigarette? Age: _____

D.2.2 – How many cigarettes do you smoke per week?

Less than one (enter 0) More than one: _____ per week

D.3 – Have you ever smoked a water pipe (shisha)? Yes No

D.4 – How often do you currently smoke shisha?

Daily Weekly but not daily Less than once a week I don't smoke shisha

--- End of Questionnaire ---