APPENDIX-I
QUESTIONNAIRE

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the volunteer</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Male ☐ Female ☐</td>
</tr>
<tr>
<td>Age (Years)</td>
<td></td>
</tr>
<tr>
<td>Place of Birth</td>
<td></td>
</tr>
<tr>
<td>Address for local communication</td>
<td></td>
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<tr>
<td>Marital status</td>
<td>Married ☐ Unmarried ☐ Separated ☐</td>
</tr>
</tbody>
</table>

DIETARY HISTORY | Vegetarian ☐ Non Vegetarian ☐

Physical Examination Height | Height Cms : Weight Kgs:

If any other illness specify

ORAL EXAMINATION

Oral hygiene

Dental factors

TYPE OF HABITS

(1) Chewing (2) Smoking (3) Alcohol (4) Chewing + Smoking (5) Smoking + Alcohol (6) Chewing + Alcohol (7) Chewing + Smoke + Alcohol (8) Snuff (9) Unknown

5. SMOKING HABITS (Fill up A or B or C)

A. Non –Smoker (1) Never (2) Occasionally (Less than 1/day)
B. Present Smoker
   (i) Type of smoke (1) Cigarette (2) Beedi (3) Others (4) Combination
   (ii) Frequency Day : No. times
   (iii) Age Started smoking : in years
   (iv) Duration in (yrs) : in years
C. Ex-Smoker
   (v) Type of smoke (1) Cigarette (2) Beedi (3) Others (4) Combination
   (vi) Frequency Day : No. times
   (vii) Age Started smoking : in years
   (viii) Duration in (yrs) : in years
3. CHEWING HABITS (Complete a or b or c)

a. Non Chewer  (1) Never  (2) Occasionally (< 1day)

b. Present Chewer
   i. Types of Chewing (1) PST* (2) T** (3) Others*** (4) Combination
   ii. Frequency Day : Times
   iii. Age started chewing (yrs) : Years
   iv. Duration in (Yrs) : Years

c. Ex – Chewer
   i. Type of Chewing (1) PST* (2) T** (3) Others*** (4) Combination
   ii. Frequency Day : Times
   iii. Age started chewing (yrs) : Years
   iv. Duration in (Yrs) : Years

* PST = Pan supari tobacco
** T = Tobacco with or without other ingredients
*** = OOTH = Others (Specify)

Rubbing teeth / cums with ‘RED’ Coloured powder Yes No
Eating betel nuts with/ tobacco Yes No
Alcohol consumption Yes / No If Yes, Duration