

## ANNEXURE I – QUESTIONNAIRE

### “Evaluation of oral health status and treatment need among Mining Labourers, in Udaipur city, India”

Date:

Serial No. :

(All the answers given by you will be strictly confidential. It is used only for scientific purpose and your personal information will not be revealed to anybody).

#### **Consent:**

This study and procedure involved in it have been explained to me and I agree with it and ready to co-operate with my free will and wish.

Signature / Thumb impression

1. Name: .....

2. Age: .....yrs.

3. Gender: .....

4. Address.....

5. Literacy Status: A. Illiterate B. Primary school C.High school D. PUC E. Diploma F. Graduate G.PG.

6. Factory unit: A. Administrative staff B. Maintenance staff C. Transportation unit  
D. Cutting unit E. Polishing unit F. Others

7. Monthly income:

9. Diet. : A) Vegetarian B) Mixed

10. Do you eat sweets Yes/ No

- b) Frequency: i. Daily / weekly/ occasionally  
ii. Once/ twice/ more than twice

11. Do you have any following personal habits?

a) Smoking User/Ex-user/No

Duration	
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Frequency	
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b) Tobacco chewing User/Ex-user/No

Duration	
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Frequency	
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c) Pan/Gutkha chewing User/Ex-user/No

Duration	
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Frequency	
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d) Alcohol User/Ex-user/No

Duration	
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Frequency	
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12. How many times do you clean your teeth in a Day?

- a) Once b) Twice c) After every meal

13. How do you clean your teeth?

- a) Tooth brush b) Finger c) Others (Neem Stick / Mango stick, etc.)

14. What material you use to clean the teeth

- a) Tooth paste b) tooth powder c) Others (Brick powder/Mud/Charcoal)

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15. Do you have the habit of teeth grinding at the work place? Yes/No
16. Do you take any protective measures in face while working? Yes/No  
If yes, please specify .....
17. Duration of employment at the factory: .....
18. A) a) Do you have any Medical check up in your organization? Yes/no  
b) Do you have any Dental check up in your organization? Yes/no
- B) If yes, a) once in a month b) twice in a month c) once in a year d) others
19. a) Do you have medical insurance/allowances/schemes: Yes/No  
b) Do you have dental insurance/allowances/schemes: Yes/No
20. A) Have you visited the dentist before? Yes/No
- B) If yes, what was the reason?  
a) Removal of teeth b) Replacement of teeth c) Filling  
d) Cleaning e) Root canal treatment  
f) Others .....
- C) If No, what was the reason?  
a) No Problem in the teeth b) Not interested  
c) Lack of permission in the factory/ Lack of time  
d) Lack of dentist nearby e) High cost of treatment e) Fear  
f) Others .....
22. Did you had work loss in the last one year because dental care visits Yes/No
23. Do you suffer by any systemic (General) disease?  
a) Diabetes b) Hypertension  
c) Eye diseases d) Respiratory diseases  
e) Skin diseases f) Heart diseases  
g) Hearing disorders  
h) Others .....
24. Are you suffering from teeth sensitivity? Y/N  
Abrasion Y/N.....  
Attrition criteria .....
- Grade 1 : Loss of surface features, the dentin is not involved
- Grade 2 : Involvement of the dentin for less than one third of the area of the tooth surface.
- Grade 3 : Involvement of the dentin for more than one third of the area of the tooth surface.