APPENDIX-I

STUDIES ON ORAL DISEASES WITH REGARDS TO THE CHEWING HABITS

National Institute of Occupational Health
Meghaninagar, Ahmedabad - 380016
&
Govt. Dental College & Hospital, Ahmedabad

Consent of the subject: I agree to participate in this investigation

Signature of participant

OPD Case Number: □ □ □ □ □
Studies on Oral diseases with regards to the chewing habits

A. Personal information:

Name __________________________
Address __________________________
Area 1) Rural 2) Urban
State to which belong __________________________
Age _____________(Years)
Date of birth (if known) D D D D D D  D  D  D
Date  Month  Year
Sex 1) Male 2) Female
Religion / Race 1) Hindu 2) Muslim
3) Christian 4) Others
Educational status: 1) Illiterate 2) Primary
3) Secondary 4) Graduate
5) Other

2
<table>
<thead>
<tr>
<th>Marital Status</th>
<th>1) Married □</th>
<th>2) Unmarried □</th>
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<tr>
<td>Total family income</td>
<td>Rs. □□□□□□ (per month)</td>
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<tr>
<td>Occupation (Present)</td>
<td>1) Physical Labour □</td>
<td></td>
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<tr>
<td></td>
<td>2) Office Worker □</td>
<td></td>
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<tr>
<td></td>
<td>3) Industrial worker □</td>
<td>(Particularly exposed to dust or Chemicals)</td>
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<td></td>
<td>4) Student □</td>
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<td></td>
<td>5) Housewife □</td>
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<td></td>
<td>6) Tobacco related occupation □</td>
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<td></td>
<td>7) Others □</td>
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<tr>
<td>Duration in Years</td>
<td>□□</td>
<td></td>
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<tr>
<td>Occupation (Past)</td>
<td>1) Physical Labour □</td>
<td></td>
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<td></td>
<td>2) Office Worker □</td>
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Oral Hygiene measures

1. Do not use brush/powder for cleaning of teeth □
2. Use powder/brush occasionally □
3. Use powder/brush regularly □

Knowledge & Belief

a) Do you know that:
1. Areca nut or panmasala chewing can cause cancer □
2. Chewing drain your economy □
3. Chewing is social problem □

b) Would you like to quit the habit?

1) No □ 2) Yes □

c) Habit of chewing arecanut/panmasala in family

1) No □ 2) Yes □

d) Incidence of cancer in family

1) No □ 2) Yes □

B. Personal Habits:

Chewing habit
Have you ever chewed tobacco, areca-nut, pan-masala or any other mixture containing either or applied any of the these substances?

1) No □ 2) Yes □ 3) Not known □

If yes
Chewing any mixture without Tobacco

1) No □ 2) Yes □
If yes, -type

1. Are you chewing Pan-masala (Plain-without tobacco)?
   1) No □  2) Yes □

2. Are you chewing Betel nut /Areca nut (without tobacco)?
   1) No □  2) Yes □

3. Are you chewing Pan (Betel leaf + Arecanut etc.)?
   1) No □  2) Yes □

Chewing any mixture with Tobacco (Are you chewing tobacco in any form)

   1) No □  2) Yes □

If yes, -type

1. Pan masala (Gutkha)
   1) No □  2) Yes □

2. Tobacco with betel nut/areca-nut (Mawa)
   1) No □  2) Yes □

3. Tobacco with lime (Khaini)
   1) No □  2) Yes □

4. Tobacco with betel leaf (Pan)
   1) No □  2) Yes □

5. Any other form of tobacco chewing
   1) No □  2) Yes □

If Yes, Please specify__________________________________________

Site of placement in mouth

Where do you place any of these materials (Please specify)

1) Buccal left □

2) Buccal right □

3) Labial front □

4) Do not place constantly at one place □
If Chewers or Past Chewers, please specify

1) Frequency Nos./ day □□□

2) Duration (Years) □□□

3) What was your age when you started chewing? □□□ Yrs.

4) What made you to start chewing?
   1) Encourages by the friends □
   2) Curiosity □
   3) Feel self-pleasure □
   4) Social status □
   5) Other reasons (specify) □

5) If past Chewers, since how long have you given up chewing □□□ Years

6) What made you to stop chewing?
   1) Due to I consider chewing is bad habit □
   2) Due to illness of throat or mouth □
   3) Due to relative & friends does not like chewing □
   4) Due to fear of major disease such as cancer □
   5) Any other reasons □

7) 1. Do you (did you) swallow the chewed material when you chew?
   1) No □  2) yes □  3) Occasionally □

   2. Do you keep the chew material in your mouth when you sleep?
   1) No □  2) Yes □  3) Occasionally □
8) How many Minutes you keep/ chew the material in mouth? □□

Any Other Tobacco habit (Snuff etc)

Smoking Habit
1) Non-smoker □ 2) Smoker □ 3) Ex-Smoker □

If Smoker/Ex-Smoker, Please specify
a) Frequency □□Nos./day
b) Duration (Years) □□
c) If Ex-Smoker, since how long have you given up smoking (Years) □□

Alcoholism
1) Non-alcoholic □ 2) Alcoholic □ 3) Past alcoholic □

If alcoholic or past alcoholic, please specify
1. Frequency (times/month) □□
2. Duration (Years) □□
If past alcoholic, since how long have you given up (Years) □□

C. Complaints of the subject:
1. Discoloration / Stains on teeth 1) No □ 2) Yes □
2. Sensitivity to hot or cold beverages and food items 1) No □ 2) Yes □
3. Bleeding gums 1) No □ 2) Yes □
4. Bad odour 1) No □ 2) Yes □
5. Difficulty in opening mouth 1) No  2) Yes

6. Difficulty in swallowing 1) No  2) Yes

7. Burning sensation of soft tissue 1) No  2) Yes

8. Ulceration 1) No  2) Yes

If yes, Please mention the site ______________________________

D. CLINICAL INTRA ORAL EXAMINATION:

1. Oral hygiene status
   i. Good □ DI-S + CI-S = OHI-S
   ii. Fair □
   iii. Poor □

2. Clinical examination of teeth
   (i) Normal 1) No  2) Yes
   (ii) Staining (score 0 to 3) 0 □ 1 □ 2 □ 3 □
   (iii) Attrition 1) No  2) Yes
   (iv) No. of missing teeth 1) No  2) Yes

   If Yes, 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
   8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

   (v) Treatment received any 1) No  2) Yes

   If yes, please specify _______________________________________
   ____________________________________________________________
3. **Clinical examination of gums:**

   **Periodontal pockets**
   - 1) Absent □ 2) Present □
   - If present,
     1) overall □ 2) localized □

   **Gingival lesions**
   - 1) No □ 2) Yes □
   - If yes, Please specify ________________________________

   **Gingival recession**
   - 1) No □ 2) Yes □
   - If yes, Please specify ________________________________

4. **Oral mucosal lesions**
   - 1) No □ 2) Yes □
     - Site
       1) Buccal left □ 2) Buccal right □ 3) Upper Labial □
       4) Lower Labial □ 5) Others __________________________
     - Size
     - Color 1) White □ 2) Pale □ 3) Pink □
     - Contour
     - Texture 1) Stiff □ 2) Rough □
     - Degree of severity 1) Mild □ 2) Moderate □ 3) Severe □

**Specific lesions:**

- **Lichen planus**
  - 1) No □ 2) Yes □

- **Leucoplakia**
  - 1) No □ 2) Yes □

  If Yes
  1---Color texture change but no thickness □
  2---Color & texture change with moderate thickening □
  3---No normal color severe texture changes heavy thickening/Creating □
- Submucous Fibrosis: 1) No □  2) Yes □
  If yes  1) Mild □  2) Moderate □  3) Severe □
- Ulcer  1) No □  2) Yes □
- Any other lesions( Please specify___________________________

5. Mouth Opening
   i) Inter-incisor distance in cm. □□□
   ii) Inter-molar distance in cm. □□

E. Laboratory Investigation
1) Frequency of Micronuclei in Buccal mucosa cells(%) □□□□
2) Frequency of Micronuclei in Peripheral blood cells(%) □□□□
3) pH of the saliva (Mouth fluid) □□
4) Copper level in saliva(mouth Fluid) □□
5) Copper level in serum □□
6) Any other investigation ________________________________

♦ If Oral Disease is present, patient is referred to
_______________ Department

BIOLOGICAL SAMPLES COLLECTED:
  1) Blood sample
  2) Urine sample
  3) Saliva sample
  4) Buccal smear