

**Supervised
Toothbrushing
Programme
Teeth for Life**



Dear Parent/Carer

You recently completed a set of questions and gave consent for your child to take part in the 'Teeth for life' supervised toothbrushing programme. To evaluate the impact of the programme we would be grateful if you would complete the questions below.

Is your child registered with a Dentist?

Yes No

Have you registered your child with a dentist since them taking part in the 'Teeth for life' programme?

Yes No

How many times does your child clean their teeth each day (please circle)?

Not at all once twice or more

How long does your child spend brushing their teeth?

30 secs 1 minute 2 minutes

How would you rate your knowledge in supporting your child with oral health care? (Please indicate by circling below 1 being lowest, 5 being highest).

1-----2-----3-----4-----5

Thank you for completing this short questionnaire