

Appendix: Extract from the SMILE questionnaires
Wave 1 Baseline questionnaire:

Confounding factors: SES

E7	<p>Please complete the table below.</p> <p>If your child lives in a <u>one-parent household</u>, please fill in one column for yourself (Mother).</p> <p>If your child lives in a <u>two-parent household</u>, please fill in a column for yourself (Mother) and a column for your partner (Other Parent /Guardian).</p>	
QUESTIONS	↓ Mother	↓ Other Parent/Guardian
a) What is <u>your</u> age? Years Old Years Old
b) What is your sex? (Tick one box only)	<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female	<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female
c) In which country were you born?	<input type="checkbox"/> ₁ Australia <input type="checkbox"/> ₂ Other country (please specify)	<input type="checkbox"/> ₁ Australia <input type="checkbox"/> ₂ Other country (please specify)
d) Is English your first language?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No Please specify what other language(s) you speak at home?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No Please specify what other language(s) you speak at home?
e) Are you of Aboriginal or Torres Strait Islander origin? (Tick one box only)	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes, Aboriginal <input type="checkbox"/> ₃ Yes, Torres Strait Islander <input type="checkbox"/> ₄ Yes, Aboriginal & Torres Strait Islander	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes, Aboriginal <input type="checkbox"/> ₃ Yes, Torres Strait Islander <input type="checkbox"/> ₄ Yes, Aboriginal & Torres Strait Islander
f) What is the highest level of education you have? (Tick one box only)	<input type="checkbox"/> ₁ Some high school <input type="checkbox"/> ₂ Completed high school <input type="checkbox"/> ₃ Some vocational training (i.e. trade) <input type="checkbox"/> ₄ Completed vocational training <input type="checkbox"/> ₅ Some University or College <input type="checkbox"/> ₆ Completed University or College <input type="checkbox"/> ₇ Postgraduate	<input type="checkbox"/> ₁ Some high school <input type="checkbox"/> ₂ Completed high school <input type="checkbox"/> ₃ Some vocational training (i.e. trade) <input type="checkbox"/> ₄ Completed vocational training <input type="checkbox"/> ₅ Some University or College <input type="checkbox"/> ₆ Completed University or College <input type="checkbox"/> ₇ Postgraduate
g) What is your current work status? (Tick one box only)	<input type="checkbox"/> ₁ Full time employed prior to this birth <input type="checkbox"/> ₂ Part time employed prior to this birth <input type="checkbox"/> ₃ Unemployed (please go to E8) <input type="checkbox"/> ₄ Home duties (please go to E8) <input type="checkbox"/> ₅ Pensioner	<input type="checkbox"/> ₁ Full time employed <input type="checkbox"/> ₂ Part time employed <input type="checkbox"/> ₃ Unemployed (please go to E8) <input type="checkbox"/> ₄ Home duties (please go to E8) <input type="checkbox"/> ₅ Pensioner
h) What is your main occupation?	<input type="checkbox"/> ₁ Manager / Administrator <input type="checkbox"/> ₂ Professional <input type="checkbox"/> ₃ Para-professional / Trade person <input type="checkbox"/> ₄ Clerk / Salesperson /Personal service worker <input type="checkbox"/> ₅ Plant / Machine operator / Drivers <input type="checkbox"/> ₆ Manual worker / Labourer <input type="checkbox"/> ₇ Other	<input type="checkbox"/> ₁ Manager / Administrator <input type="checkbox"/> ₂ Professional <input type="checkbox"/> ₃ Para-professional / Trade person <input type="checkbox"/> ₄ Clerk / Salesperson /Personal Service worker <input type="checkbox"/> ₅ Plant / Machine operator / Drivers <input type="checkbox"/> ₆ Manual worker / Labourer <input type="checkbox"/> ₇ Other

E8 Which category does your total household income (before tax) fall into? Include any salaries, pensions, allowances, benefits, etc from all persons in the household. *(Please tick one box only)*

Household income per year

- | | |
|---|--|
| <input type="checkbox"/> ₁ Up to \$20,000 | <input type="checkbox"/> ₆ \$100,001 to \$120,000 |
| <input type="checkbox"/> ₂ \$20,001 to \$40,000 | <input type="checkbox"/> ₇ \$120,001 to \$140,000 |
| <input type="checkbox"/> ₃ \$40,001 to \$60,000 | <input type="checkbox"/> ₈ \$140,001 to \$160,000 |
| <input type="checkbox"/> ₄ \$60,001 to \$80,000 | <input type="checkbox"/> ₉ \$160,001 to \$180,000 |
| <input type="checkbox"/> ₅ \$80,001 to \$100,000 | <input type="checkbox"/> ₁₀ Over \$180,000 |

Wave 4 questionnaire (age 12 months)

Exposure variable: Lay support

B32. These statements relate to the support you get from other people.

(Please tick one box only for each statement)

**Strongly
disagree**

**Strongly
agree**

There is a special person who is around when I am in need.

☐₁

☐₂

☐₃

☐₄

☐₅

Wave 5 questionnaire (age of 24 months)

Exposure variable: Visit for dental advice

A12 How many times has YOUR CHILD been seen by a healthcare professional about his/her teeth and/or gums in the last 12 months? *(This includes a dentist, dental therapist, GP or nurse)*

..... times

The child has not been seen about his/her teeth

☐_1



PLEASE GO TO A15

A13 Who did YOUR CHILD see at the last dental visit?

Private Dentist

☐_1

Child and Youth Health nurse

☐_4

School Dental Service dentist/therapist

☐_2

Other

☐_5

General Practitioner (GP)

☐_3

(Please specify)

A14 What was the reason for the visit?

Check-up /Oral hygiene instruction

☐_1

Other

☐_3

Dental pain

☐_2

(Please specify)

Outcome variable: Brushing before bed

PART A: YOUR CHILD'S DENTAL BEHAVIOURS AND PRACTICES

In this section we would like you to answer some questions about your child's teeth and mouth.

A1 Were YOUR CHILD's teeth brushed before bed yesterday?

Yes ☐_1

No ☐_2

Outcome variable: Putting to bed with a bottle

E2 How often do you put YOUR CHILD to bed with a bottle? *(tick one box only)*

At most bedtimes, including naps ☐_1

Only occasionally at bedtimes, including naps ☐_4

At most night bedtimes, but not daytime naps ☐_2

Never ☐_5



PLEASE GO TO E4

At most daytime naps, but not night bedtimes ☐_3

E3 What is usually in the bottle? *(tick one box only)*

Formula or toddler milk ☐_1

Fruit juice/juice drinks ☐_4

Expressed breast milk ☐_2

Water ☐_5

Cow's milk ☐_3

Other, please specify.....

E4 Apart from a bottle, do you feed YOUR CHILD any snacks just before bed (after toothbrushing)?

Yes ☐_1 *→ (Please answer question below)*

No ☐_2

If yes, please list what snacks you feed your child in the space provided below

.....

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