

PARENT/GUARDIAN SOCIAL QUESTIONNAIRE

Name of the respondent: _____

Father () Mother () Other ()

Telephone: _____

Child's name/ID: _____

Information about the parent who is replying this questionnaire

1. Do you have a job?? Yes No

Profession: _____.

2. Residence: house apartment
 Own house rented other: _____

3. How many people live with you? _____.

4. How many people have a job? _____.

5. Monthly family income:

at least 1 brazilian minimum wages (BMW) more than de 1 until 2 BMW
 more than de 2 until 5 BMW more than 5 until 8 BMW
 more than 8 BMW

6. Did you attend any school? Yes No

elementary school secondary school
 high school college education

7. Did you know that your child had dental caries? Yes No

8. If yes, did you know it was permanent tooth? Yes No

9. If yes, did you seek for any dental treatment to solve the problem?

Yes No

10. If yes, was it private clinic or a public oral health center?

11. If in a public oral health center, were you able to make an appointment?

Yes No