**APPENDIX** 1

Questionnaire items and variables. The questionnaire items were recorded at age one.

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Item Variable

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Does the child have any sibling(s)? *Sibling*

Has any sibling had dental caries? *Caries in sibling*

Does the child eat or drink anything except water at night? *Night meal*

Is the child still breastfed? *Breastfeeding*

Does the child have any illness/disease? *Disease*

Does the child regularly take any medication? *Medication*

Does the child drink anything except water between meals? *Beverage other than water*

Do you brush the child’s teeth? *No tooth brushing*

How many teeth are visible? *Number of teeth*

**APPENDIX** 2

**Caries Risk Assessment for children and youths**

(Public Dental Service Östergötland 2013)

Important factors in risk grouping are the investigator's experience, training and intuition as well as a structured approach. The following three groups of health-/risk- factors have been developed to support a similar assessment between caregivers:

**Family** **factors**

• Dietary habits

• Socio-economic situation

• Language conditions

• Dental health and tobacco habits in the family

• Education

***Health factors***, for example:

Stable family relationships, regular meals.

***Risk factors***, for example:

Irregular meals, frequent snacks, high sucrose intake, and prolonged breastfeeding. Culturally conditioned diets with high sucrose frequency are very difficult to change. The children's opportunities to influence the family's dietary habits are usually very small. Unemployment in the family. Difficulties in understanding Swedish."Well known Caries Families" The risk of caries is considerably higher for children in families with: low education (especially the mother’s), single parents with weak contact network, unemployment and immigrant background.

**Medical factors**

• General health

• Medication

• Tobacco use

• Psychological treatment problems

***Health factors***, for example:

Normal development for the age, good general condition, regular sleeping habits.

***Risk factors***, for example:

Mental and / or physical developmental disorders that impair the opportunities for good oral care. Frequent infections, diseases and medications that cause dry mouth and other symptoms in the oral cavity. Eating disorders like food refusal, anorexia and bulimia. Tobacco use. Pronounced dental care which impairs the ability to communicate and cooperate.

**Odontological factors**

• Oral hygiene

• Caries experience

• Caries progression

• Fluoride supply

***Health factors***, for example:

Good oral hygiene, freedom from caries, optimal fluorine content in drinking water, fluoride supplementation. Fluoride supply reduces the effect of certain risk factors.

***Risk factors***, for example:

Previous caries experience, comprehensive filling therapy. Caries activity. It is important to consider the child's age when assessing caries experience and progression. An initial caries attack on a toddler 0-2 years may be indicative of at least as much caries risk as several manifest caries attacks on an older child. Plaque occurrence. Factors that make oral hygiene difficult, such as congestion, tooth control devices, etc. Oral hygiene is one of the easiest factors to improve.

***Risk classes***

0 No risk (very low risk): No expected caries in the next few years.

1 Low risk: possibly a caries lesion in the next few years

2 Moderate risk: 2-3 new caries lesions expected in the next few years

3 High risk: several new caries lesions expected in the coming years