
Appendix 1.

Perception of the Importance of Oral Health and Use of Dental Vouchers During Pregnancy

* Indicates a mandatory question

1. Do you wish to proceed with the questionnaire? *

Select only one option.

- Yes
- No

Sociodemographic Characterization

2. Year of birth *

3. What is your current stage of assessment? *

Select only one option.

- 1st trimester
- 2nd trimester
- 3rd trimester
- Less than 1 year postpartum
- 1 year postpartum
- 2 years postpartum
- 3 years postpartum

4. Do you have children? *

Select only one option.

- Yes
- No

5. Region of residence *

Please use the Nomenclature of Territorial Units for Statistics (NUTS 2). Select only one option.

- North
- Center
- Lisbon Metropolitan Area
- Alentejo
- Algarve
- Autonomous Region of the Azores
- Autonomous Region of Madeira

6. What category does the locality where you live fall into? *

Select only one option.

- City
- Town
- Village

7. What is the highest level of education you have obtained with a qualification? *

Select only one option.

- No formal education (did not complete primary education)
- Primary education
- Lower secondary education
- Upper secondary education
- Bachelor's degree
- Master's degree
- Doctorate
- Don't know

8. Which situation applies to you? *

You may give multiple responses. Select all that apply.

- I have a job (paid employment)
- I am unemployed / looking for work
- I am unable to work
- I receive social security support
- I am a homemaker
- I am a student
- Other

9. Have you had difficulty meeting expenses in the last 12 months? *

Select only one option.

- No, not at all.
- No, but I have to be careful where I spend my money.
- Yes, I have had to make some effort.
- Yes, great difficulty.

10. During your pregnancy, will you be/are you/were you followed by: *

Select only one option.

- Public services (public hospitals, public maternity units, health centers, ...)
- Private services (private hospitals, clinics)
- Both
- Don't know/prefer not to answer

11. Do you have health insurance that includes dental care? *

Select only one option.

- Yes
- No
- Don't know/prefer not to answer

Oral health practices and perceived importance of oral health

12. **How often do you usually brush your teeth? ***
Select only one option.
- More than twice a day
 - Twice a day
 - Once a day
 - I don't always brush my teeth every day
 - I don't brush my teeth
13. **During pregnancy, did you change your brushing frequency? ***
Select only one option.
- Increased
 - Decreased
14. **Do you use toothpaste that contains fluoride? ***
Select only one option.
- Yes
 - No
 - Don't know
15. **How often do you brush your tongue with a toothbrush or tongue scraper? ***
Select only one option.
- Daily / almost daily
 - 3 to 4 times a week
 - 1 to 2 times a week
 - 1 to 3 times a month
 - Never
16. **How often do you use mouthwash? ***
Select only one option.
- Daily / almost daily
 - 3 to 4 times a week
 - 1 to 2 times a week
 - 1 to 3 times a month
 - Never
17. **Do you go to the dentist? ***
You may give multiple responses. Select all that apply.
- Yes, less than once a year for check-ups
 - Yes, at least once a year for check-ups
 - Yes, regularly for treatment
 - Only if I have problems with my teeth
 - No, I never go to the dentist
18. **Did you/do you intend to go to the dentist during pregnancy? ***
Select only one option.
- Yes
 - No
19. **Do you believe your oral health affects your general health? ***
Select only one option.
- Agree
 - Disagree
 - Don't know/prefer not to answer

20. Are you aware that during pregnancy, your oral health affects your baby's health (for example, oral diseases increase the risk of premature birth, low birth weight, risk of pre-eclampsia/hypertension, etc.) *

Select only one option.

- Agree
- Disagree
- Don't know/prefer not to answer

21. Do you believe that your oral health had a negative impact on your well-being during pregnancy? *

Select only one option.

- Agree
- Disagree
- Don't know/prefer not to answer

22. During pregnancy, were you given information about oral health care (by a dentist, nurse, doctor, or others)? *

Select only one option.

- Yes → Go to question 24
- No → Go to question 23

23. If you answered "no" to the previous question, do you think that if you had had access to this information, you would have done something different regarding your oral health care? *

Select only one option.

- Agree
- Disagree
- Don't know/prefer not to answer

Use of Dental Vouchers

24. Did you know that, during pregnancy, there are vouchers known as “dental vouchers” that provide access to free treatment for 5 teeth? *

Select only one option.

- Yes
- No → Go to question 31

25. If you answered “yes” to the previous question, who informed you? *

Select only one option.

- Family doctor (GP)
- Dentist
- Obstetrician
- Internet or social media (e.g., NHS website, influencers)
- Friends or family
- Other

26. During pregnancy, did you use the dental voucher?

Select only one option.

- Yes → Go to question 27
- No → Go to question 30

27. If you answered “yes” to the previous question, how many vouchers did you use? *

Select only one option.

- 1
- 2
- 3

28. If you answered “yes” to question 26, did the dental voucher meet your needs? *

Select only one option.

- Yes → Go to question 31
- No → Go to question 29

29. If you answered “no” to the previous question, explain why the dental voucher did not meet your needs. *

30. 29. If you answered “no” to question 26, why did you not use the dental voucher? (You may select multiple options): *

Select all that apply.

- I didn't know it existed
- I didn't think I needed to go to the dentist
- I was afraid to go to the dentist because I was/am pregnant
- My dentist is not a participating provider, and I didn't want to/don't want to change
- I needed to book an appointment with my GP first
- I needed to travel
- The process was too lengthy
- Other

31. Did you know that your children, depending on their age, are entitled to the Dental Voucher program? *

Select only one option.

- Yes
- No