Supplementary Appendix 1. Questionnaire

English translation of the questionnaire administered in Portuguese

Participant code: _____

This anonymous and voluntary questionnaire was designed to assess oral health behaviors and perceptions among individuals receiving residential treatment for substance dependence. The instrument contained 29 questions and subquestions divided into four sections and required approximately 10 minutes to complete.

Section 1. History of substance dependence

1. Are you currently living in a therapeutic community and receiving treatment for dependence on a psychoactive substance?
- ☐ Yes
- ☐ No

1.1. If yes, which substance or substances are associated with your dependence? Select all that apply.
- ☐ Cocaine
- ☐ Heroin/opioids
- ☐ Ecstasy
- ☐ Cannabis
- ☐ Other: _____

2. How old were you when the dependence began?
- ☐ Younger than 18 years
- ☐ 18–24 years
- ☐ 25–34 years
- ☐ 35–64 years
- ☐ Older than 64 years

3. How long did the substance use last?
- ☐ Less than 1 year
- ☐ 1–5 years
- ☐ 6–10 years
- ☐ More than 10 years

4. How long ago did you begin treatment for substance dependence?
- ☐ Less than 1 month
- ☐ 1–6 months
- ☐ 6 months–1 year
- ☐ More than 1 year

Section 2. Sociodemographic information

1. Sex
- ☐ Male
- ☐ Female

2. Age
- ☐ 18–24 years
- ☐ 25–34 years
- ☐ 35–64 years
- ☐ Older than 64 years

3. Educational level
- ☐ Primary education
- ☐ Upper primary education
- ☐ Lower secondary education
- ☐ Upper secondary education
- ☐ Vocational education
- ☐ Higher education

4. Employment status
- ☐ Full-time employment
- ☐ Part-time employment
- ☐ Unemployed
- ☐ Other situation (student, retired, homemaker, etc.): _____

5. Living arrangement
- ☐ Spouse/children
- ☐ Parents
- ☐ Alone
- ☐ Homeless
- ☐ Other: _____

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Section 3. Oral health behaviors and perceptions

1. How would you currently rate your oral health?
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

2. Have you experienced any oral cavity problems since the onset of substance dependence?
- ☐ Yes
- ☐ No

2.1. If yes, which problem or problems have you experienced? Select all that apply.
- ☐ Tooth loss
- ☐ Dental caries
- ☐ Dry mouth
- ☐ Gingival bleeding
- ☐ Tooth mobility
- ☐ Pain or discomfort during chewing or speaking
- ☐ Other: _____

3. Did you use dental or oral hygiene services before entering the therapeutic community?
- ☐ Yes
- ☐ No

4.1. Have you used dental or oral hygiene services since entering the therapeutic community?
- ☐ Yes
- ☐ No

4.2. If you answered yes to either of the previous questions:

4.2.1. What was the main reason for the appointment?
- ☐ Routine care
- ☐ Aesthetic reasons
- ☐ Treatment of the oral problems listed above
- ☐ Other: _____

4.2.2. When was your most recent dental appointment?
- ☐ Less than 1 year ago
- ☐ 1–2 years ago
- ☐ More than 2 years ago

5. Do you brush your teeth?
- ☐ I do not brush
- ☐ Sometimes, when I remember
- ☐ Daily

5.1. If yes:

5.1.1. When do you usually brush your teeth? Select all that apply.
- ☐ In the morning
- ☐ After meals
- ☐ At night, before going to bed

5.1.2. How often do you brush your teeth?
- ☐ Once per day
- ☐ Twice per day
- ☐ Three or more times per day

5.1.3. Which areas do you brush?
- ☐ Gums, teeth, and tongue
- ☐ Teeth and gums
- ☐ Teeth and tongue
- ☐ Teeth only

5.1.4. Which movements do you use when brushing? Select all that apply.
- ☐ Horizontal movements
- ☐ Vertical movements
- ☐ Circular movements

5.1.5. What type of toothbrush do you use?
- ☐ Manual toothbrush
- ☐ Electric toothbrush

6. Which characteristics do you consider important in a good toothbrush? Select all that apply.
- ☐ Soft bristles
- ☐ Hard bristles
- ☐ Large head
- ☐ Small head
- ☐ Well-known brand

7. Do you use dental floss?
- ☐ Never
- ☐ Sometimes
- ☐ Once or twice per week
- ☐ Daily, once per day
- ☐ When I remember

8. Do you use fluoridated toothpaste?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always
- ☐ I do not know

9. How often do you consume sugary foods and drinks?
- ☐ Rarely
- ☐ Once per day
- ☐ Twice per day or more
- ☐ Daily between meals

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Section 4. Oral health approach received in the therapeutic community

1. During your stay in the community, have you received any of the following measures? Select all that apply.

- ☐ Personal-hygiene training that included oral hygiene
- ☐ Referral for a dental appointment
- ☐ Oral health counseling
- ☐ Provision of oral hygiene materials, such as a toothbrush or dental floss

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