

Figure S1: Research questionnaire about health, diet and tobacco consumption.

The
Correlation of Swedish Snus, Nicotine Pouches and Other Tobacco Products with
Oral Mucosal Health and Salivary Biomarkers.

* Required

1. Your Email adress *

2. Your name

3. Please write your telephone number (to schedule your dental check up): *

4. Gender *

Mark only one oval.

☐ Female

☐ Male

5. Age *

6. Nationality *

7. Occupation *

Check all that apply.

- ☐ Unemployed
- ☐ Pupil (in school)
- ☐ Student (in university)
- ☐ Athlete
- ☐ I work for a living
- ☐ Pensioner
- ☐ Other

8. What toothpaste do you use? *

9. How often do you brush your teeth? *

Mark only one oval.

- ☐ I don't brush at all
- ☐ Nonregularly
- ☐ Once a day
- ☐ Twice a day
- ☐ 3 times per day
- ☐ Other

10. Do you floss your teeth? *

Mark only one oval.

- ☐ Yes
- ☐ No

11. Do you use mouthwashes? *

Mark only one oval.

☐ Yes

☐ No

12. Do you use interdental brushes? *

Mark only one oval.

☐ Yes

☐ No

13. Do you use tongue cleaning brushes? *

Mark only one oval.

☐ Yes

☐ No

14. When was the last time you visited a dentist? *

Mark only one oval.

☐ I don't even remember

☐ In the last 6 months

☐ During the last year

☐ 2-3 years ago

☐ More than 4 years ago

☐ I have never visited a dentist

15. When was the last time you visited a hygienist? *

Mark only one oval.

- ☐ I don't even remeber
- ☐ In the last 6 months
- ☐ During the last year
- ☐ 2-3 years ago
- ☐ More than 4 years ago
- ☐ I have never visited a hygienist

16. Do you eat regularly on a daily basis? *

Mark only one oval.

- ☐ Yes
- ☐ No

17. Do you take snacks between meals? *

Mark only one oval.

- ☐ Yes
- ☐ No

18. Do you drink sweetened drinks every day (lemonades, juices, water with sugar, tea with sugar, coffee with sugar, etc.)? *

Mark only one oval.

- ☐ Yes
- ☐ No

19. How much sweetened drink do you drink every day? *

Mark only one oval.

- ☐ Up to 500 ml
- ☐ 500-1000 ml
- ☐ More than 1l
- ☐ I don't drink sweetened drinks

20. How much water do you drink every day? *

Mark only one oval.

- ☐ Up to 500 ml
- ☐ 500-1000 ml
- ☐ 1000-1500 ml
- ☐ More than 1500 ml
- ☐ I don't drink water daily

21. Do you drink alcohol on a daily basis? *

Mark only one oval.

- ☐ Yes
- ☐ No

22. Do you use chewing gum every day? *

Mark only one oval.

- ☐ Yes
- ☐ No

23. Do you have any dietary restrictions? If so, please explain

24. Are you a vegetarian or vegan? *

Mark only one oval.

☐ Yes

☐ No

25. Do you have diabetes? *

Mark only one oval.

☐ Yes

☐ No

26. Do you have asthma (or have you ever had asthma)? *

Mark only one oval.

☐ Yes

☐ No

27. Do you have reflux / GERD or stomach ailments? *

Mark only one oval.

☐ Yes

☐ No

28. Do you have heart disease / altered blood pressure? *

Mark only one oval.

☐ Yes

☐ No

29. Are you taking medication for heart health? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ No need

30. Do you have allergies? If yes, please list

31. Do you take antidepressants on a daily basis? *

Mark only one oval.

- ☐ Yes
- ☐ No

32. Are you currently taking intravenous drugs (cocaine, amphetamine, etc.)? *

Mark only one oval.

- ☐ Yes
- ☐ No

33. Do you smoke marijuana every day? *

Mark only one oval.

- ☐ Yes
- ☐ No

34. Have you used antibiotics in the last 3 months? *

Mark only one oval.

☐ Yes

☐ No

35. Are you pregnant right now? *

Mark only one oval.

☐ Yes

☐ No

Questions about tobacco

36. Do you use tobacco products on a daily basis? *

Mark only one oval.

☐ Yes

☐ No

☐ Occasionally at a parties, events

37. Have you used a tobacco or nicotine-containing product in your lifetime? *

Mark only one oval.

☐ Yes

☐ No

38. What tobacco products and products do you use every day: *

Check all that apply.

- ☐ Cigarettes
- ☐ Cigars
- ☐ Electronic cigarettes
- ☐ Snus
- ☐ Nicotine bags
- ☐ Hookahs
- ☐ Tobacco heating appliances
- ☐ Other
- ☐ I do not use tobacco products

39. How many cigarettes do you smoke a day? *

Mark only one oval.

- ☐ Up to 10 cigarettes per day
- ☐ 10-20 cigarettes a day
- ☐ More than 20 cigarettes a day
- ☐ I don't smoke

40. How many bags of snus or nicotine do you use per day? *

Mark only one oval.

- ☐ Up to 5 bags per day
- ☐ 5-10 bags per day
- ☐ More than 10 bags a day
- ☐ I don't use

41. Do you tend to reuse a bag of snus or nicotine? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't use

42. Do you tend to use several bags of snus or nicotine at the same time? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't use them

43. Do you use snus or nicotine bags at night? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't use them at all

44. Do you use snus or nicotine bags during sports / training? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't use them at all

45. How long have you been using tobacco products? *

Mark only one oval.

- ☐ About 1 year
- ☐ 2-5 years
- ☐ 5-10 years
- ☐ More than 10 years
- ☐ I don't use

46. The name of the tobacco product of your choice that you use most often:

47. Where do you buy tobacco products? *

Check all that apply.

- ☐ Sales outlets in Latvia
- ☐ Buy from acquaintances, friends
- ☐ I import from abroad myself
- ☐ I do not use tobacco products

48. How much does an average package cost?

49. Do you use chewing gum after using tobacco? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't use tobacco

50. Do you brush your teeth after using tobacco? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't use tobacco

51. Where you store your tobacco product: *

Check all that apply.

- ☐ Most often in the pocket
- ☐ In your handbag
- ☐ On the table, in the cupboard (at room temperature)
- ☐ In the refrigerator
- ☐ Elsewhere
- ☐ I don't use tobacco

52. Have you ever tried to quit using this product? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ I don't use tobacco

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