

Table S1. Covariates and oral health outcomes variables

Variable	Response	
	PATH Study	This Study
Alcohol use		
1. Have you ever used alcohol at all, including sips of someone's drink or your own drink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other tobacco Use		
2. Have you ever smoked any cigar product?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever smoked a pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever smoked a hookah?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever used snus pouches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever used smokeless tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever used dissolvable tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviors and Attitudes		
8. Have you ever had your teeth cleaned by a dentist, hygienist, or other health professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. In the last seven days, how many times did you use dental floss or any other device to clean between your teeth?	-----	<input type="checkbox"/> ≥ 7 times <input type="checkbox"/> < 7 times
10. Based on what you believe, how much do you agree or disagree with the following statement? Smoking can cause mouth cancer in smokers.	<input type="checkbox"/> Strg. Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strg. Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree
Outcome measures		
11. Have you ever been told by a dentist, hygienist, or other health professional that you have gum disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been told by a dentist, hygienist, or other health professional that you lost bone around your teeth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever observed any bleeding after brushing or flossing, or due to other conditions in your mouth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever had any teeth become loose on their own, without an injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. How many of your permanent teeth have been removed because of tooth decay or gum disease?	-----	<input type="checkbox"/> ≥ 1 tooth <input type="checkbox"/> < 1 tooth