

**Please answer the following questions regarding your oral hygiene, oral complaints and dental behavior.**

	<b>Yes</b>	<b>No</b>
1. Do you suffer from bleeding gums?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you perceive a bad taste/worsened taste?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you already undergo a periodontal treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you smoker?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you visit your dentist regularly (e.g. once a year)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you regularly undergo a professional tooth cleaning?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your dentist informed about your psychiatric disease?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel well-educated with regard to oral hygiene measures?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you use one of the following devices for oral hygiene?		
<input type="checkbox"/> Interdental brushes or floss		
<input type="checkbox"/> Mouthrinse		

**Thank you for participation**