Manuscript: CRE-2020-1-19/R2 RESUBMISSION - Erosive tooth wear among adults in Lithuania: a cross-sectional national oral health study

Supplementary material

Table 1. Operationalization of variables for statistical analyses.

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| Variable | Measurement | Categorization for statistical analysis |
| **Socio-demographic characteristics** |
| **Education** | *“What level of education have you completed?”* *1 No formal schooling**2 Less than primary school**3 Primary school completed**4 Secondary school completed**5 College less than 4 years**6 College 4 years**7 Master’s degree* | *1 Secondary school or less**2 College less than 4 years* *3 College 4 years or more* |
| **Residency** | *“Location”**1 Urban**2 Peri-urban**3 Rural* | *1 Peri-urban/rural**2 Urban* |
| **F levels in drinking water** | *Recorded from the water supply company* | *Cut-off point – recommended level for artificial water fluoridation**1 Less or equal 1 ppm**2 More than 1 ppm* |
| **Age**  | *“How old are you?”* | *Continuous, per 10 years* |
| **Oral health behaviour** |  |  |
| **Tooth brushing frequency** | *“How often do you clean your teeth”?* *1 Never**2 Once a month**3 2-3 times a month**4 Once a week**5 2-6 times a week**6 Once a day**7 Twice or more a day* | *1 Twice or more a day* *2 Once a day or less* |
| **Using fluoridated toothpaste** | *“Do you use a toothpaste that contains fluoride?” 1 Yes**2 No* *9 I do not know* | *1 No**2 Yes* |
| **Diet** |  |  |
| **Fruit****Juice****Soft drinks** | *“How often do you eat or drink any of the following foods or drinks, even in small quantities?”**1 Seldom/never**2 Several times a month**3 Once a week**4 Several times a week**5 Every day**6 Several times a day* | *1 Once or more every day**2 Several times a week or less* |
| **Oral health** |  |  |
| **Past dental caries experience** | *D3MFS clinically detected based on WHO methods* | *Cut-off point – mean value in the study sample**1 D3MFS more than 77**2 D3MFS 77 or less* |
| **Fluorosis** | *Clinically detected based on WHO criteria* | *1 Yes (very mild, mild, moderate, severe)**2 No* |
| **General health** |  |  |
| **Chronic diseases****Reflux**  | *“Do you have a general practitioner confirmed chronic diseases? If yes, please, specify.”* | *1 Yes**2 No* |
| **Dry mouth** | *“How often do you have dry mouth?”**1 Never**2 Sometimes**3 Often**4 Always* | *1 Sometimes/often/always**2 Never* |