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Supplementary Table 1. Variables involved in the present study

	Categories	Subcategories	Options
Oral health literacy	**HKREAL-30**	-	Can read the word
	HKREALD-30-Understand	-	Understood the word
Parents' oral health status and related factors	**Parents' oral health status self-assessment**	Self-reported health of teeth	The score ranges from 1 to 5, and a higher score indicates more positive
		Self-reported health of gums	
	Parents' oral health related behavior	Frequency of brushing teeth	
		Frequency of flossing teeth	
		Dental visit	
	Parents' oral health related knowledge	Fluoride application	
		Sealants application	
		Child's teeth clean	
	Parents' oral health-related attitudes	Child's teeth healthy	
		Child's teeth get brushed regularly	
		Child visit dentist regularly	
	Parents' attitudes toward children's diet	Whether the food is healthy	
		The calories	
		The sugar content	
Children's oral health status and related factors	**Children's oral health status assessment**	Child's health of teeth	
		Child's health of gums	
	Children' oral health related behavior	Frequency of brushing teeth	
		Frequency of flossing teeth	
		Dental visit	

Supplementary Table 2: Overview of the parents' and children's background characteristics

	Background characteristics	Number	Percentages (%)
Parents'	Relationship to the child:		
	- Father	125	30.8
	- Mother	281	69.2
	Highest educational degree:		
	- Middle school	4	0.9
	- High	9	2.2
	- Technical school	2	0.5
	- Junior college	43	10.6
	- Bachelor	156	38.4
	- Master and/or above	192	47.3
	Employment:		
	- Working full-time	373	91.9
	- Working part-time	4	1.0
	- Stay-at-home	18	4.4
	- Other	11	2.7
	Combined family income/year:		
	- under 200k	137	35.4
	- 300k-500k	206	53.2
	- 500k-700k	26	6.7
	- 700k-8k	16	4.1
	- more than 900k	2	0.5
Children's	Gender:		
	- male	210	51.7
	- female	196	48.3

Questionnaire

Peking University School and Hospital of Stomatology—Parent Survey

Thank you very much for answering these questions!

Date：_____Year ____Month ____Day ID：☐☐☐☐

Child's Name：_____

Child's Gender：_____

Child's BD：_____Year _____Month _____Date

Child's Height：_____

Child's Weight：_____

Parent's age：_____

1. What is your relationship to the child？ **（Please choose only one answer）**

   1) ☐ Father 2) ☐ Mother
   3) ☐ Grandparent 4) ☐ Relative
   5) ☐ other

2. What is your employment status？ **（Please choose only one answer）**

   1) ☐ Working full-time 2) ☐ Working part-time
   3) ☐ Seeking employment 4) ☐ Stay-at-home
   5) ☐ Other

3. What is your highest academic degree？ **（Please choose only one answer）**

   1) ☐Elementary school 2) ☐ Middle school 3) ☐ High school 4) ☐ Technical school
   5) ☐Junior college 6) ☐ Bachelor 7) ☐ Master and/or above

<u>Here are some questions about parent's dental health and visits：</u>

4. How would describe the health of your teeth and gum？（Please choose only one answer for each question）

		1 Excellent	2 Very good	3 Good	4 Fair	5 Poor
1）Teeth	……	☐	☐	☐	☐	☐
2）Gum	……	☐	☐	☐	☐	☐

5. How often do you brush your teeth？ **（Please choose only one answer）**

1) ☐ Never 2) ☐ 1x week or less 3) ☐ 3x-4x week
4) ☐ 1x day 5) ☐ 2x day or more

6. How often do you floss your teeth？ **（Please choose only one answer）**

1) ☐ Never 2) ☐ 1x week or less 3) ☐ 3x-4x week
4) ☐ 1x day 5) ☐ 2x day or more

7. Did you visit the dentist during the past year？ **（Please choose only one answer）**

1) ☐ Yes 2) ☐ No

8. If NO，what is the reason？ **（Please choose only one answer）**

1) ☐ I did not have time.
2) ☐ Dental treatments are too expensive.
3) ☐ I think all my teeth are good.
4) ☐ I have some small dental issues, but they do not bother me. I will have them taken care of when they become symptomatic.

9. Please think about the dental care you received in the past, and select all of them.

（May choose more than one answer）

1) ☐ Check-ups 2) ☐ Cleanings
3) ☐ Fillings 4) ☐ Teeth pulled
5) ☐ Crowns 6) ☐ RCT
7) ☐ Braces

<u>Here are some questions about the child's dental health and visits：</u>

10. How would describe the health of your child's teeth and gum？？ **（Please choose only one answer for each question）**

	1 Excellent	2 Very good	3 Good	4 Fair	5 Poor
1）Teeth ……	☐	☐	☐	☐	☐
2）Gum ……	☐	☐	☐	☐	☐

11. How often do your child's teeth get brushed ？**(Please choose only one answer)**

1) ☐ Never 2) ☐ 1x week or less 3) ☐ 3x-4x week
4) ☐ 1x day 5) ☐ 2x day or more

12. How often do your child's teeth get flossed？ **（Please choose only one answer）**

1) ☐ Never 2) ☐ 1x week or less 3) ☐ 3x-4x week
4) ☐ 1x day 5) ☐ 2x day or more

13. Have you done any of the following？（**Please choose only one answer for each question**）

	5 Every day	4 Every week	3 Sometimes	2 Occasionally	1 Never
1）Help my child brush……	☐	☐	☐	☐	☐
2）Check after my child brushed	☐	☐	☐	☐	☐

14. How often did your child see a dentist in the past？（**Please choose only one answer**）

1) ☐ When there was a problem
2) ☐ 1x every 2 years
3) ☐ 1x every 1 year
4) ☐ 1x every 6 monts

15. Please think about what dental care your child has received in the past.（**May choose more than one answer**）

1) ☐ Check-ups 2) ☐ Cleanings
3) ☐ Fillings 4) ☐ Teeth pulled
5) ☐ Crowns 6) ☐ RCT
7) ☐ Dental care in the operating room 8) ☐ Braces

16. Why did you bring your child to a dentist？（**Please choose only one answer**）

1) ☐ Check-ups
2) ☐ Tooth pain
3) ☐ Saw something different

17. What dental care do you think your child would need？

1) ☐ Check-ups 2) ☐ Cleanings
3) ☐ Fillings 4) ☐ Teeth pulled
5) ☐ Crowns 6) ☐ RCT
7) ☐ Dental care in the operating room
8）☐ Fluoride and sealant
9) ☐ Braces

18. How often during the last 24 hours did your child have the following food?

Milk_____times Yogurt_____times Cereal_____times
Carbonated drink___times Fruits__times Formula milk_____times

Noodles_____times Cakes_____times Soup_____times
Fish_____times Bread_____times Crackers_____times
Beans_____times Rice_____times Dried fruits_____times
Eggs_____times French fries_____times Ice cream_____times
Nuts_____times Chocolate_____times Butter_____times
Candy_____times Cheese_____times Energy drinks____times
Meat such as pork, beef, and chicken_____times

Please list any other food you child ate in the past 24 hours：_____

19. Does your child usually eat breakfast？（**Please choose only one answer**）

1) ☐ Yes 2) ☐ No

20. When you eat out，how much do the followings influence your decision：**(Please choose only one answer for each question)**

	1 Not important at all	2	3	4	5 Very important
1) Costs	☐	☐	☐	☐	☐
2) Whether the food is healthy	☐	☐	☐	☐	☐
3) Calories	☐	☐	☐	☐	☐
4) Sugar contains	☐	☐	☐	☐	☐

21. Please tell me for each of the following sentences how much you agree with it？
(Please choose only one answer for each question)

	1 Disagree strongly	2	3	4	5 Agree strongly
1) My child has a toothache or pain currently	☐	☐	☐	☐	☐
2) My child's teeth hurt when she/he eats/drinks something cold or hot	☐	☐	☐	☐	☐
3) My child's teeth hurt when she/he eats/drinks something sweet.	☐	☐	☐	☐	☐
4) My child's teeth hurt when she/he bites/chews.	☐	☐	☐	☐	☐
5) My child has pain when she/he opens her/him mouth wide.	☐	☐	☐	☐	☐
6) My child sometimes wakes up at night with a toothache.	☐	☐	☐	☐	☐
7) My child sometimes has a toothache at school.	☐	☐	☐	☐	☐
8) My child sometimes misses a day of school because of a toothache.	☐	☐	☐	☐	☐
9) My child has a nice smile.	☐	☐	☐	☐	☐
10) My child is happy with her/his teeth.	☐	☐	☐	☐	☐
11) My child sometimes complains about her/his teeth.	☐	☐	☐	☐	☐

12) It is not sure that fluoride could prevent caries ☐ ☐☐☐ ☐

13) Sealant could prevent caries ☐ ☐☐☐ ☐

22. It is important to me **(Please choose only one answer for each question)**

	1 Disagree strongly	2	3	4	5 Agree strongly
1）that my child has clean teeth	☐	☐	☐	☐	☐
2）that my child has healthy teeth	☐	☐	☐	☐	☐
3）that my child's teeth get brushed regularly	☐	☐	☐	☐	☐
4）that my child sees a dentist regularly for check-up visits.	☐	☐	☐	☐	☐

23. Do you know what could protect your child's teeth？（**Please only choose one answer**）

1)☐ Yes 2)☐ No（**Please jump to question 25**）

24. Where did you acquire the knowledge？（**May choose more than one answer**）

1)☐ School 2)☐ Seminars

3)☐ Media（such as TV, newspaper） 4)☐ Social media

5)☐ Previous dental experiences 6)☐ Other

25. Please check the option that best represents the total combined income of your family during the last year（**Please choose only one answer**）

1) ☐ under 100k 2) ☐ 100k-200k 3) ☐ 300k-400k

4) ☐ 400k-500k 5) ☐ 500k-600k 6) ☐ 600k-700k

7) ☐ 700k-800k 8) ☐ 800k-900k 9) ☐ 900k-1M

10）☐ above 1M

Number:

Please read the following words, and check the one you can **read** or **understand. Do not guess.**

Score:	Please check the word you can read	Please check the word you understand
1. Smoking	☐	☐
2. Bacteria	☐	☐
3. Abscess	☐	☐
4. Bruxism	☐	☐
5. Diet	☐	☐
6. Implant	☐	☐
7. Dentition	☐	☐
8. Hyperemia	☐	☐
9. Fracture	☐	☐
10. Genetics	☐	☐
11. Sedation	☐	☐
12. Diagnosis	☐	☐
13. Avulsion	☐	☐
14. Enamel	☐	☐
15. Plaque	☐	☐
16. Mal-alignment	☐	☐
17. Canine	☐	☐
18. **Occlusion**	☐	☐
19. Cyst	☐	☐
20. Panoramic	☐	☐
21. Sealant	☐	☐
22. Socket	☐	☐
23. Cellulitis	☐	☐
24. Braces	☐	☐
25. Porcelain	☐	☐
26. Orthodontics	☐	☐
27. Veneer	☐	☐
28. Erupt	☐	☐
29. Fluoride	☐	☐
30. Molar	☐	☐