PREVALENCE AND RISK FACTORS OF RECURRENT APHTHOUS ULCERS- A CROSS SECTIONAL STUDY

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* Required
Prevalence and Risk Factors associated with Recurrent Aphthous Ulcers among the age group of 18-30 years
Age *
Your answer
Sex *
Your answer
Course *
Your answer



Blood Group *
O A+
O A-
O B+
O B-
○ AB+
O AB-
O+
O-
Have you been affected by mouth ulcers? *
Have you been affected by mouth ulcers? * Yes
Yes
Yes
Yes No
Yes No Have you been affected by mouth ulcers in the past 6 months? *
YesNoHave you been affected by mouth ulcers in the past 6 months?*Yes



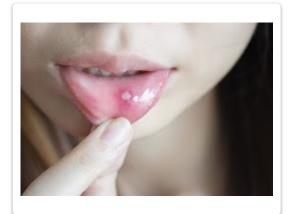
Does your family have a history of mouth ulcers? *	
Yes	
O No	

If you do get mouth ulcers do they occur in clusters or are they single mouth ulcers? *



1: A cluster of aphthous ulcers

- Clusters
- Both



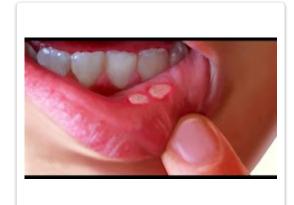
- Single Mouth Ulcers
- Not Applicable



Where do you usually get mouth ulcers? (Select as many as applicable) *



On the surface of the tongue



Inside of the lips



Inner surface of the cheeks



Bottom of the tongue

Not Applicable



Roof of the mouth



Are you a Diabetic patient? *
O Yes
○ No
Does your family have a history of Diabetes? *
O Yes
O No
Do you smoke? *
○ Yes
O No
If you stopped smoking, did you discover mouth ulcers during the initial stages when you stopped smoking? *
O Yes
O No
O Not Applicable



Do you get mouth ulcers because of biting your cheeks, biting your tongue, brushing vigorously, etc.? *
Yes
O No
O Not Applicable
Have you ever worn braces/dentures? *
O Yes
○ No
How many hours of sleep do you get regularly? *
less than 5 hours
5-6 Hours
7-8 Hours
More than 8 Hours
Do you use a toothpaste that foams on brushing? *
Yes
○ No



At what parts of the day do you brush your teeth? (Choose as many as applicable) *
Morning
Afternoon
Evening
Night
After food
Before food
For Female participants, have you been affected by ulcers specifically during menstruation? * Yes No Not Applicable
Do you get mouth ulcers when you are stressed? *
O Yes
O No



Do you get mouth ulcers after the consumption of the following fruits? (Choose as many as applicable) *
Pineapples
Apples
Figs
Lemons
Oranges
Strawberries
Bananas
Not applicable
Your answer
Does any of the following foods give you mouth ulcers? (Choose as many as applicable) *
Chocolates
Cheese
Peanuts
Almonds
Eggs
Spicy food
Not applicable

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Your a	nswer
	any of the following beverages give you mouth ulcers? (Choose as many as
c	roffee
Т	ea
N	1ilk
c	arbonated Drinks
	range Juice
P	ineapple Juice
□ N	lot Applicable
	re are any other particular beverages that gives you mouth ulcers, please ion it below.
menti	
menti Your a	ion it below.
Menti Your a	nswer
Your a	nswer s about your daily consumption of coffee? *
Your a	nswer s about your daily consumption of coffee? *

Tell us about your daily consumption of tea? *	
O Nil	
1-2 Cups	
3-4 Cups	
More than 5 cups	
Tell us about your daily consumption of Milk? *	
Nil	
O 1-2 Cups	
3-4 Cups	
More than 5 cups	
How often do you drink carbonated drinks? *	
O Daily	
3-4 times a week	
1-2 times a week	
O Nil	
Do you have any nutritional deficiencies, if yes please mention?	
Your answer	



Do you have any allergies? If so please mention?
Your answer
Do you suffer from any systemic diseases? *
Crohn's Disease
Coeliac disease
Behçet's disease
Reactive arthritis
Not applicable
Do you take any medication for your ulcer? (Choose as many as applicable) * Gel Tablets Vitamin supplements Mouth wash Home remedies Not applicable
Do you take any medication other than the above mentioned to treat your mouth ulcers, please mention it below. Your answer

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