

Frequency of Brushing	Intake	Evaluation
Not everyday	0.5%	0%
Once a day	15%	11%
Twice a day	70%	77%
More than 2 x a day	14%	12%

Toothpaste w or w/o fluoride	Intake	Evaluation
Unknown	3%	3%
With fluoride	83%	87%
Without fluoride	14%	10%

Type of toothbrush	Intake	Evaluation
Manual	29%	4%
Powered	59%	85% *
Hybrid	12%	12%

Interdental Brush	Intake	Evaluation
Never	40%	7%
Not every day	20%	16%
Once a day	30%	53% *
Twice or more x a day	10%	23%