# **Additional file 4: SOHO-5 questionnaire**

The Scale of Oral Health Outcomes for children (SOHO-5)

**Questions about your child’s dental health** and the effect of your child’s teeth on his / her daily life

Now we would like to know more about your child’s teeth and mouth and how they affect their daily life. Please **tick** the most appropriate response on the scale below.

**In the PAST 12 MONTHS has you child:**

**1.**  Had any difficulty **eating** because of his / her teeth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| not at all | a little | moderate | a lot | a great deal | don’t know |
|  |  |  |  |  |  |

**2.** Had any difficulty **speaking** because of his / her teeth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| not at all | a little | moderate | a lot | a great deal | don’t know |

**3.** Had any difficulty **playing** because of his / her teeth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| not at all | a little | moderate | a lot | a great deal | don’t know |

**4.** Avoided **smiling** because of the **appearance** of his / her teeth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| not at all | a little | moderate | a lot | a great deal | don’t know |
|  |  |  |  |  |  |

**5.** Avoided **smiling** because of the **state (holes in teeth, pain)** of his / her teeth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| not at all | a little | moderate | a lot | a great deal | don’t know |
|  |  |  |  |  |  |

**6.** Had difficulty **sleeping** because of his / her teeth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| not at all | a little | moderate | a lot | a great deal | don’t know |

**7.** Has your child’s **self-confidence** been affected because of his / her teeth (in the past 12 months)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| not at all | a little | moderate | a lot | a great deal | don’t know |

# **Subjective global transition judgement questions**

**a) How did your child’s general health change in the PAST 12 MONTHS?** *(Tick one)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worsened a lot | Worsened a little | Stayed the same | Improved a little | Improved a lot |

**b) How did your child’s oral health change in the PAST 12 MONTHS?** *(Tick one)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worsened a lot | Worsened a little | Stayed the same | Improved a little | Improved a lot |