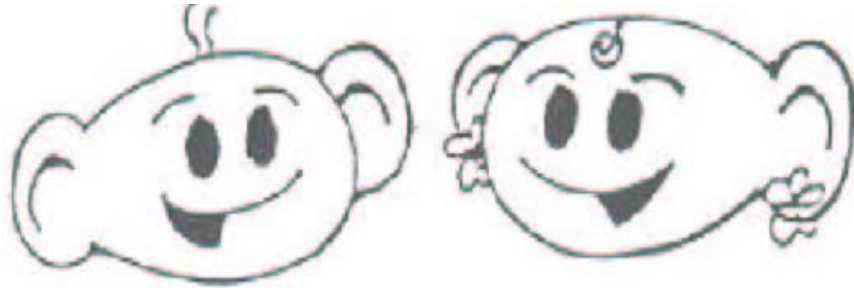


ORAL HEALTH RELATED QUALITY OF LIFE QUESTIONNAIRE  
11-18 years

This questionnaire will help us better understand problems children may have with their teeth, mouth, lips and jaws . By answering the questions, you will help us learn more about young people's experiences.

PLEASE REMEMBER:

- Don't write your name on the questionnaire.
- This is not a test and there are no right or wrong answers.
- Answer as honestly as you can. Don't talk to anyone about the questions when you are answering them. Your answers are private ; no one you know will see them.
- Read each question carefully and think about your experiences in the past 3 months when you answer.
- Before you answer, ask yourself : "Does this happen to me because of problems with my teeth, lips, mouth or jaws?"
- Put an x in the box for the answer that is best for you.



Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

**FIRST, A FEW QUESTIONS ABOUT YOU**

**1. Would you say the health of your teeth, lips, jaws and mouth is:**

- Excellent
- Very good
- Good
- Fair
- Poor

**2. How much does the condition of your teeth, lips, jaws or mouth affect your life overall?**

- Not at all
- Very little
- Some
- A lot
- Very much

**QUESTIONS ABOUT ORAL PROBLEMS**

**In the past 3 months, how often have you had:**

**3. Pain in your teeth, lips, jaws or mouth?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**4. Bleeding gums?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday



**5. Sores in your mouth?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**6. Bad breath?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday



**7. Food stuck in or between your teeth?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**8. Food stuck in the top of your mouth?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

***For the next questions...***

***Has this happened because of your teeth, lips, jaws or mouth?***

***In the past 3 months, how often have you had:***

**9. Breathed through your mouth?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**10. Taken longer than others to eat a meal?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**11. Had trouble sleeping?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**In the past 3 months, because of your teeth, lips, mouth or jaws, how often has it been:**

**12. Difficult to bite or chew food like apples, corn on the cob or steak?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**13. Difficult to open your mouth wide?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**14. Difficult to say any words?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**15. Difficult to eat foods you would like to eat?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**16. Difficult to drink with a straw?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday



**17. Difficult to drink or eat hot or cold foods?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday



**QUESTIONS ABOUT FEELINGS**

***Have you had the feeling because of your teeth, lips, jaws or mouth?  
If you felt this way for another reason, answer 'Never'.***

**In the past 3 months, how often have you:**

**18. Felt irritable or frustrated?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday



**19. Felt unsure of yourself?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**20. Felt shy or embarrassed?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

In the past **3 months**, because of your **teeth, lips, mouth or jaws**, how often have you:

**21. Been concerned what other people think about your teeth, lips, mouth or jaws?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**22. Worried that you are not as good-looking as others?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**23. Been upset?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday



**24. Felt nervous or afraid?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**25. Worried that you are not as healthy as others?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**26. Worried that you are different than other people?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

## QUESTIONS ABOUT SCHOOL

***Have you had these experiences because of your teeth, lips, jaws or mouth? If it was for another reason, answer 'Never'.***

**In the past 3 months, how often have you:**

**27. Missed school because of pain, appointments, or surgery?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**28. Had a hard time paying attention in school?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**29. Had difficulty doing your homework?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**30. Not wanted to speak or read out loud in class?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday



**QUESTIONS ABOUT YOUR SPARE-TIME ACTIVITIES  
& BEING WITH OTHER PEOPLE**

***Have you had these experiences because of your teeth, lips, jaws or mouth? If it was for another reason, answer 'Never'.***

**In the past 3 months, how often have you:**

**31. Avoided taking part in activities like sports, clubs, drama, music, school trips?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**32. Not wanted to talk to other children?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**33. Avoided smiling or laughing when around other children?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**34. Had difficulty playing a musical instrument such as a recorder, flute, clarinet, trumpet?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**35. Not wanted to spend time with other children?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday





**36. Argued with other children or your family?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**In the past 3 months, because of your teeth, lips, mouth or jaws, how often have:**

**37. Other children teased you or called you names?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday



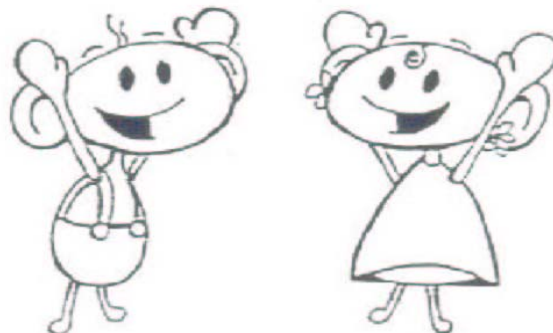
**38. Other children made you feel left out?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**39. Other children asked you questions about your teeth, lips, jaws or mouth?**

- Never
- Once or twice
- Sometimes
- Often
- Everyday or almost everyday

**THERE, IT'S FINISHED!**



**THANK YOU FOR HELPING US**

