Dentine Hypersensitivity Experience Questionnaire (Example DHEQ-48)

SECTION ONE

The following questions are about your sensitive teeth, and the impact it has on your everyday life.

1) Which of the following best describe any sensations that you may have felt in your teeth (tick all that apply)

☐ Itchy (1)	☐ Aching (2)	☐ Shooting (3)
☐ Piercing (4)	☐ Tingling (5)	☐ Sharp (6)
☐ Dull (7)	☐ Flashing (8)	☐ Shivery (9)
☐ Lingering (10)	☐ Twinging (11)	☐ Flickering (12)
☐ Stabbing (13)	☐ Shattering (14)	☐ Freezing (15)
☐ Fleeting (16)	☐ Quivering (17)	☐ Pricking (18)
☐ Pain (19)	☐ Discomfort (20)	☐ Twinges (21)
☐ Sensitivity (22)	☐ Other (please specify) (23)	
☐ None of the Above (24)		

From now on in this questionnaire we are going to call what you feel as '***sensations in your teeth'*** or **'sensations'**.

2) How long have you been experiencing any ***sensations in your teeth***? (tick only one response)

- ☐ Less than six months (1)
- ☐ More than six months but less than a year (2)
- ☐ More than a year but less than five years (3)
- ☐ More than five years but less than 20 years (4)
- ☐ More than 20 years (5)
- ☐ None (0)

3) Which parts of your mouth have been affected? (tick all that apply)

- ☐ Top front (1)
- ☐ Top back (2)
- ☐ Bottom front (3)
- ☐ Bottom back (4)
- ☐ None (5)

4) Which of the following cause you to have ***sensations***? (tick all that apply)

☐ Cold fluids (1)	☐ Salty foods (2)	☐ Cold foods (3)
☐ Tooth brushing (4)	☐ Hot fluids (5)	☐ Acidy fruits (e.g. oranges) (6)
☐ Hot foods (7)	☐ Sweet things (8)	☐ Having teeth cleaned at the dentist (9)
☐ Hard foods (10)	☐ Sticky foods (11)	☐ Tooth Whitening Products (12)
☐ Cold air (13)	☐ Ice Cream (14)	☐ Metals touching my teeth (15)
☐ Other (Please Specify) (16)		
☐ None (17)		

5) How often do you have any ***sensations***? (tick only one response)

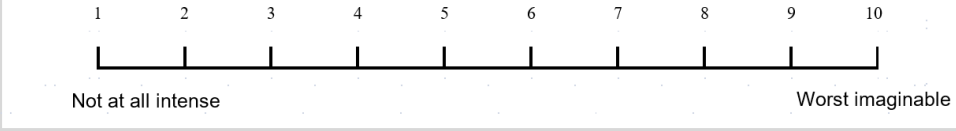
- ☐ Several times a day (7)
- ☐ Once a day (6)
- ☐ Several times a week (5)
- ☐ Once a week (4)
- ☐ Several times a month (3)
- ☐ Once a month (2)
- ☐ Less than once a month (1)
- ☐ Never (0)

6) If you have any ***sensations***, on average how long do these sensations last? (tick only one response)

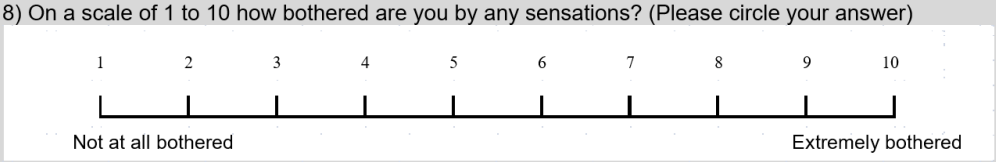
- ☐ A few seconds (5)
- ☐ About a minute (4)
- ☐ Several minutes (3)
- ☐ About half an hour (2)
- ☐ Longer than half an hour (Please specify) (1)
- ☐ Don't have them (0)

The following questions are about your sensitive teeth, and the impact it has on your everyday life.

7) On a scale of 1 to 10 how intense are the sensations? (Please circle your answer)



8) On a scale of 1 to 10 how bothered are you by any sensations? (Please circle your answer)



9) On a scale of 1 to 10 how well can you tolerate sensations? (Please circle your answer)

SECTION TWO

The following questions are about **the ways in which any sensations in your teeth affect you in your daily life.** Thinking about yourself ***over the last month*** to what extent would you agree or disagree with the following statements (Please tick only one response for each question).

	Strongly agree (7)	Agree (6)	Agree a little (5)	Neither agree nor disagree (4)	Disagree a little (3)	Disagree (2)	Strongly disagree (1)
1) Having sensations in my teeth takes a lot of the pleasure out of eating and drinking.	☐	☐	☐	☐	☐	☐	☐
2) There have been times when I can't finish my meal because of the sensations.	☐	☐	☐	☐	☐	☐	☐
3) It takes a long time to finish some foods and drinks because of sensations in my teeth.	☐	☐	☐	☐	☐	☐	☐
4) There have been times when I have had problems eating ice cream because of these sensations.	☐	☐	☐	☐	☐	☐	☐

The following questions are about **the ways in which the sensations in your teeth have forced you to change things in your daily life.** Thinking about yourself ***over the last month*** to what extent would you agree or disagree with the following statements (Please tick only one response for each question).

	Strongly agree (7)	Agree (6)	Agree a little (5)	Neither agree nor disagree (4)	Disagree a little (3)	Disagree (2)	Strongly disagree (1)
5) I have to change the way I eat or drink certain things.	☐	☐	☐	☐	☐	☐	☐
6) I have to be careful how I breathe on a cold day.	☐	☐	☐	☐	☐	☐	☐
7) I have to leave some cold foods or drinks to warm up before I can have them.	☐	☐	☐	☐	☐	☐	☐
8) I have to cool some foods or drinks down before I can have them.	☐	☐	☐	☐	☐	☐	☐
9) I have to cut up some fruits before being able to eat them.	☐	☐	☐	☐	☐	☐	☐
10) I have to wear a scarf over my mouth on cold days.	☐	☐	☐	☐	☐	☐	☐

The following questions are **about the things you do in your daily life to avoid experiencing the sensations in your teeth**. Thinking about yourself ***over the last month*** to what extent would you agree or disagree with the following statements (Please tick only one response for each question).

	Strongly agree (7)	Agree (6)	Agree a little (5)	Neither agree nor disagree (4)	Disagree a little (3)	Disagree (2)	Strongly disagree (1)
11) I have avoided very cold drinks or foods.	☐	☐	☐	☐	☐	☐	☐
12) I have avoided very hot drinks or foods.	☐	☐	☐	☐	☐	☐	☐
13) When eating some foods I have made sure they don't touch certain teeth.	☐	☐	☐	☐	☐	☐	☐
14) I have changed the way I brush my teeth.	☐	☐	☐	☐	☐	☐	☐
15) When eating some foods I have made sure I bite in small pieces.	☐	☐	☐	☐	☐	☐	☐
16) There are other foods I have avoided.	☐	☐	☐	☐	☐	☐	☐

The following questions are about **the way the sensations affect you when you are with other people or in certain situations**. Thinking about yourself ***over the last month*** to what extent would you agree or disagree with the following statements (Please tick only one response for each question).

	Strongly agree (7)	Agree (6)	Agree a little (5)	Neither agree nor disagree (4)	Disagree a little (3)	Disagree (2)	Strongly disagree (1)
17) Because of the sensations I take longer than others to finish a meal.	☐	☐	☐	☐	☐	☐	☐
18) I have to be careful what I eat when I am with others because of the sensations in my teeth.	☐	☐	☐	☐	☐	☐	☐
19) I hide the way I am eating when I am with others because of the sensations in my teeth.	☐	☐	☐	☐	☐	☐	☐
20) I am unable to fully take part in conversations because of the sensations in my teeth.	☐	☐	☐	☐	☐	☐	☐

21) Going to the dentist is hard for me because I know it is going to be painful as a result of sensations in my teeth.	☐	☐	☐	☐	☐	☐	☐

The following questions are about **<u>the way the sensations in your teeth make you</u> <u>feel</u>**. Thinking about yourself ***over the last month*** to what extent would you agree or disagree with the following statements (Please tick only one response for each question).

	Strongly agree (7)	**Agree (6)**	**Agree a little (5)**	**Neither agree nor disagree (4)**	**Disagree a little (3)**	**Disagree (2)**	**Strongly disagree (1)**
22) I've been frustrated because I can't find anything that deals with the sensations I have in my teeth.	☐	☐	☐	☐	☐	☐	☐
23) I've been anxious that something I eat or drink might cause sensations in my teeth.	☐	☐	☐	☐	☐	☐	☐
24) The sensations in my teeth have been irritating.	☐	☐	☐	☐	☐	☐	☐
25) I have been annoyed with myself because I did something that I knew caused these sensations.	☐	☐	☐	☐	☐	☐	☐
26) I felt guilty because I might have contributed to the sensations I am having with my teeth.	☐	☐	☐	☐	☐	☐	☐
27) The sensations in my teeth have been annoying.	☐	☐	☐	☐	☐	☐	☐
28) The sensations in my teeth have been embarrassing.	☐	☐	☐	☐	☐	☐	☐
29) I have been anxious because of the sensations in my teeth.	☐	☐	☐	☐	☐	☐	☐

The following questions are **<u>about what the sensations in your teeth mean for you.</u>** Thinking about yourself ***over the last month*** to what extent would you agree or disagree with the following statements (please tick only one response for each question).

	Strongly agree (7)	**Agree (6)**	**Agree a little (5)**	**Neither agree nor disagree (4)**	**Disagree a little (3)**	**Disagree (2)**	**Strongly disagree (1)**
30) I find it difficult to accept that I am a person who has these sensations in my teeth.	☐	☐	☐	☐	☐	☐	☐

31) Having these sensations in my teeth makes me feel different from others.	☐	☐	☐	☐	☐	☐	☐
32) Having these sensations in my teeth makes me feel old.	☐	☐	☐	☐	☐	☐	☐
33) Having these sensations in my teeth makes me feel damaged.	☐	☐	☐	☐	☐	☐	☐
34) Having these sensations in my teeth makes me feels as though I am unhealthy.	☐	☐	☐	☐	☐	☐	☐

The last five questions ask about **how much the sensations in your teeth affect your life overall**.

	Excellent (1)	**Very good (2)**	**Good (3)**	**Fair (4)**	**Poor (5)**	**Very poor (6)**
35) Overall How would you rate the health of your mouth, teeth and gums?	☐	☐	☐	☐	☐	☐

	Very Much (4)	**Quite a bit (3)**	**Somewhat (2)**	**A little (1)**	**Not at all (0)**
36) Overall how much do the sensations in your teeth bother you?	☐	☐	☐	☐	☐
37) Overall, how much do the things you do to manage the sensations bother you?	☐	☐	☐	☐	☐
38) Overall, how much do the sensations in your teeth affect your quality of life?	☐	☐	☐	☐	☐
39) Overall, how much do the things you do to manage the sensations in your teeth affect your quality of life?	☐	☐	☐	☐	☐