**Questionnaire:**

**Molar-Incisor Hypomineralization (MIH) and Dental Anxiety among Adopted and orphans children**

**Date:_____/_____/_____**

**Section 1: Data collector information:**

| | |
|---|---|
| **Examiner Code** | |
| **Child school** | |

**Section 2: Child information:**

| | | | |
|---|---|---|---|
| **Group** | School children | | |
| **Child name:** | | **Phone Number:** | |
| **Child age:** | | **Child gender:** | □Male □Female |
| **Country:** | | **City:** | |
| **Who is this child living with?** | | □ Mother □ father □Parents □others_____ | |
| **Is the child only child** | | □Yes □No | |
| **Child order** | | 1 2 3 4 5 6 7 8 9 | |

**Section 3: Parents information:**

| | |
|---|---|
| **Age of mother** | □less than 25 years □25 - 35 years □35 - 45 years □more than 45 years |
| **Age of father** | □less than 30 years □30 - 40 years □40 - 50 years □more than 50 years |
| **Mother education** | □less than high school □high school □more than high school |
| **Father education** | □less than high school □high school □more than high school |
| **Parental consanguinity** | □Yes □No |
| **Family income per month** | □In dept □just meet routine expenses □meet routine expenses and emergency □able to save/invest money |
| **Is he/she a single child** | □Yes □No |
| **History of pregnancy and delivery** | □Difficulty during pregnancy □ normal delivery □Caesarean births □Premature birth |
| **Did the child experience breast feeding** | □Yes □No |
| **For how long** | □1-3 months □1-6 months □1-12 months □More than 12 months |

**Section 4: Medical History: (parents)**

| | |
|---|---|
| Did the child had any medical condition in first two years of his life | □Yes □No □ I do not know |
| Has the child ever been hospitalized | □Yes □No □ I do not know<br>If yes, kindly mention the time and reason?<br><br>When? _____ Why? _____ |
| How old was the child admitted | □ 0-1 years □ 1-2 years |

**Have you ever been diagnosed for any of the following conditions? (<u>During the first 2 years of your life</u>)?**

| **Name of the medical condition** | How many times / 2 years | |
|---|---|---|
| High fever | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Use of Antibiotics | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Asthma & Allergies | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Pneumonia | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Mental problems | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Epilepsy | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Psychological problems | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Otitis media | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Speech & Hearing problems | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Heart problems | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Kidney problems. | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Liver problems. | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Adenoiditis | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Skin Abnormalities | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Chicken pox/Measles | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Congenital or hereditary disease | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Urinary tract infection | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Rubella | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Jaundice | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |

| | | |
|---|---|---|
| Any other medical condition | □Yes □No<br>If yes, kindly mention the condition<br>mention the condition_____ | |
| How many times/per 2 years | □1 □2 □3 □4 □5 □6 □7 | |
| Medication | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Folic acid | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |
| Calcium | □Yes □No □I don't know | □1 □2 □3 □4 □5 □6 □7 |

**Section 5: Dental History: (Parents)**

| | |
|---|---|
| **Chief complaint:** | □Decayed teeth □Sensitivity in teeth □Pain in teeth □Follow up □Check up |
| **Did the child ever visited the dental clinic before?** | □Yes □No □I don't know |
| **Did the patient experience dental anesthesia before?** | □Yes □No □I don't know |
| **Has the child ever had toothache in the past?** | □Yes □No □I don't know |
| **If yes:**<br>**The pain is related to (you can select more than one** | □Cold<br>□Hot<br>□While eating |

**Section 6: Clinical Examinations.**

Kindly, use the WHO scoring system to record DMFS/dmfs below, then use MIH/HSPM recording sheet. (Conducted by EAPD) to record MIH/HSPM accordingly.

**A. DMFs score**

| Condition | Dmfs codes | DMFS codes |
|---|---|---|
| Sound | A | 0 |
| decayed | B | 1 |
| Missing due to caries | C | 2 |
| Filled | D | 3 |
| Pit and fissure sealant | E | 4 |

**Primary dentition:**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 |
| | | | | | | | | | |
| | | | | | | | | | |
| 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 |

ds:__ ms:__ fs:__ dmfs score-: ___

**Permanent dentition:**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |

DS:__ MS:__ FS:__ DMFS score-: ___

**B. MIH Score/HSPM**

Kindly, use the EAPD criteria to diagnose enamel defect respectively

Kindly note to record **lesion extent**, visually condense all affected area to sum the extent of the lesion, then compare to the total area affected to the total visible tooth surface area, thank you.

**1- Eruption status criteria**

A = not visible or less than one third of the occlusal surface or of the crown length of the incisors
B= fully eruption or at least one third of the occlusal surface or of the crown length of the incisors

**2- Clinical status criteria**

0 = No visible enamel defect.
1 = Enamel defect, not MIH/HSPM (*hypominiralized primary second molar*).
- 11 – diffuse opacites
- 12 – hypoplasia
- 13 – amelogenesis imperfecta
- 14 – hypomineralization defect (not MIH/HSPM)

2 = White, creamy, yellow, or brown demarcated opacities.
- 21 – White or creamy demarcated opacities
- 22 – Yellow or brown demarcated opacities

3 = PEB. Post eruption break down.
4 = Atypical restoration.
5 = Atypical caries.
6 = Missing due to MIH/HSPM (Hypomineralized second primary molar).
7 = Cannot be scored (extensive coronal breakdown and it is impossible to determine the cause of breakdown)
(The presences of two lesions per surface, the more severe score is assigned)

**3-**

**4- Lesion extension/ visible surface criteria (Index teeth only, for scores 2 to 6) (Severity)**

I = less than one third of the tooth surface affected.
II = at least one third but less than two thirds of the surface affected
III = at least two thirds of the tooth surface affected
(To record lesion extent, visually condense all affected area to sum the extent of the lesion, then compare to the total area affected to the total visible tooth surface area)

Sample of writing (Eruption status, Clinical status, Lesion extent)

| **MAXILLA RIGHT** | | | | **MAXILLA LEFT** | | | |
|---|---|---|---|---|---|---|---|
| **16** | **55** | **12** | **11** | **21** | **22** | **65** | **26** |
| | | | | | | | |
| **MANDIBLE RIGHT** | | | | **MANDIBLE LEFT** | | | |
| **46** | **85** | **42** | **41** | **31** | **32** | **75** | **36** |
| | | | | | | | |