CHILD - ORAL IMPACTS ON DAILY PERFORMANCE (CHILD-OIDP): SELF-ADMINISTERED QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS

Child OIDP self-administered questionnaire

Thank you for agreeing to help us with our study!
These questions are mostly about whether or not problems you may have with your teeth and mouth have caused you difficulty in **8 daily activities**. But first, please answer the following questions on this page. Please fill in your name, school and class in the relevant spaces provided for this purpose. Do not write anything in the ID number. Then, please answer Q1 which asks about whether you have had problems with your mouth and teeth in the past 3 months.

Name: .....

School: .....

Class: .....

I.D. number [please leave blank]: .....

Q1. In the past three months (months:.....……....., …...……..., ….....) have you had any problem with your mouth or teeth?

Put ✓ for problem(s) you have had including those that are present and those that are no longer present. You may put more than one ✓, if you have had more than one problems.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)

☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar

☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing permanent tooth

☐ Other (specify)…….

Now, please answer the following questions about whether or not problems you may have with your teeth and mouth have caused you difficulty in **8 daily activities**.

Child OIDP self-administered questionnaire

Activity 1

In the last 3 months has it been difficult to **eat some foods** because of problems with your teeth and mouth? (please tick one)

☐ **Yes** (if "yes", answer the questions below)
☐ **No** (if "no", go to **Activity 2**)

How often has it been difficult to **eat some foods** because of problems with your teeth and mouth? (please tick one)

☐ Once or twice a month
☐ Once or twice a week
☐ Three or more times a week

How much has the difficulty to **eat some foods** affected your daily life? (please tick one)

☐ A little
☐ Moderate
☐ A lot

Please **tick** the dental problem(s) that has caused you the difficulty to **eat some foods** over the past 3 months.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)
☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar
☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing tooth
☐ Other (specify) ----------

Activity 2

In the last 3 months has it been difficult to **speak clearly** because of problems with your teeth and mouth?

☐ **Yes** (if "yes", answer the questions below)
☐ **No** (if "no", go to **Activity 3**)

How often has it been difficult to **speak clearly** because of problems with your teeth and mouth? (please tick one)

☐ Once or twice a month
☐ Once or twice a week
☐ Three or more times a week

How much has the difficulty to **speak clearly** affected your daily life? (please tick one)

☐ A little
☐ Moderate
☐ A lot

Please **tick** the dental problem(s) that has caused you the difficulty to **speak clearly** over the past 3 months.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)
☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar
☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing tooth
☐ Other (specify) ----------

Child OIDP self-administered questionnaire

Activity 3

In the last 3 months has it been difficult to **clean your teeth** because of problems with your teeth and mouth?

☐ **Yes** (if "yes", answer the questions below)
☐ **No** (if "no", go to **Activity 4**)

How often has it been difficult to **clean your teeth** because of problems with your teeth and mouth? (please tick one)

☐ Once or twice a month
☐ Once or twice a week
☐ Three or more times a week

How much has the difficulty to **clean your teeth** affected your daily life? (please tick one)

☐ A little
☐ Moderate
☐ A lot

Please **tick** the dental problem(s) that has caused you the difficulty to **clean your teeth** over the past 3 months.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)
☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar
☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing tooth
☐ Other (specify) ----------

Activity 4

In the last 3 months has it been difficult to **relax (including sleeping)** because of problems with your teeth and mouth?

☐ **Yes** (if "yes", answer the questions below)
☐ **No** (if "no", go to **Activity 5**)

How often has it been difficult to **relax (including sleeping)** because of problems with your teeth and mouth? (please tick one)

☐ Once or twice a month
☐ Once or twice a week
☐ Three or more times a week

How much has the difficulty to **relax (including sleeping)** affected your daily life? (please tick one)

☐ A little
☐ Moderate
☐ A lot

Please **tick** the dental problem(s) that has caused you the difficulty to **relax (including sleeping)** over the past 3 months.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)
☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar
☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing tooth
☐ Other (specify) ----------

Activity 5

In the last 3 months have you **felt different** (for example being more impatient, irritated, easily upset) because of problems with your teeth and mouth?

☐ **Yes** (if "yes", answer the questions below)
☐ **No** (if "no", go to **Activity 6**)

How often have you **felt different** because of problems with your teeth and mouth? (please tick one)

☐ Once or twice a month
☐ Once or twice a week
☐ Three or more times a week

How much has this **feeling** affected your daily life? (please tick one)

☐ A little
☐ Moderate
☐ A lot

Please **tick** the dental problem(s) that has made you **feel different** over the past 3 months.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)
☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar
☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing tooth
☐ Other (specify) ----------

Activity 6

In the last 3 months has it been difficult to **smile, laugh and show your teeth without being embarrassed** because of problems with your teeth and mouth?

☐ **Yes** (if "yes", answer the questions below)
☐ **No** (if "no", go to **Activity 7**)

How often has it been difficult to **smile, laugh and show your teeth without being embarrassed** because of problems with your teeth and mouth? (please tick one)

☐ Once or twice a month
☐ Once or twice a week
☐ Three or more times a week

How much has the difficulty to **smile, laugh and show your teeth without being embarrassed** affected your daily life? (please tick one)

☐ A little
☐ Moderate
☐ A lot

Please **tick** the dental problem(s) that has caused you the difficulty to **smile, laugh and show your teeth without being embarrassed** over the past 3 months.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)
☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar
☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing tooth
☐ Other (specify) ----------

Activity 7

In the last 3 months has it been difficult **to do your schoolwork** (for example going to school, learning in class, doing homework) because of problems with your teeth and mouth?

☐ **Yes** (if "yes", answer the questions below)
☐ **No** (if "no", go to **Activity 8**)

How often has your **schoolwork** been difficult because of problems with your teeth and mouth? (please tick one)

☐ Once or twice a month
☐ Once or twice a week
☐ Three or more times a week

How much has the difficulty **to do your schoolwork** affected your daily life? (please tick one)

☐ A little
☐ Moderate
☐ A lot

Please **tick** the dental problem(s) that has caused you the difficulty to **do your schoolwork** over the past 3 months.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)
☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar
☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing tooth
☐ Other (specify) ----------

Activity 8

In the last 3 months has it been difficult to **enjoy being with people** (for example going out, visiting friends) because of problems with your teeth and mouth?

☐ **Yes** (if "yes", answer the questions below)
☐ **No**

How often has it been difficult to **enjoy being with people** because of problems with your teeth and mouth? (please tick one)

☐ Once or twice a month
☐ Once or twice a week
☐ Three or more times a week

How much has the difficulty to **enjoy being with people** affected your daily life? (please tick one)

☐ A little
☐ Moderate
☐ A lot

Please **tick** the dental problem(s) that has caused you the difficulty to **enjoy being with people** over the past 3 months.

☐ Toothache
☐ Sensitive tooth
☐ Tooth decay (hole in my tooth)
☐ Loose baby (milk) tooth
☐ A large space between my teeth
☐ Broken tooth
☐ Colour of my teeth
☐ Shape or size of my teeth
☐ Position of my teeth (crooked, projecting, gap)
☐ Bleeding gums
☐ Swollen gums
☐ Dental plaque and/or tartar
☐ Mouth ulcers (sores)
☐ Bad breath
☐ Cleft lip and/or cleft palate
☐ A new tooth pushing through
☐ Missing tooth
☐ Other (specify) ----------

Thank you!