

The logo for open.michigan, featuring the text "open.michigan" in a lowercase, sans-serif font. Below the text are several thin, wavy lines in a light blue color, suggesting a landscape or a stylized 'm'.

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Oral Health Related Quality of Life
Child Perception Questionnaire

Date:/...../2010

Study Code:

*Thank you very much for answering a few questions
 about your teeth and why you are here today.*

1. How Happy or Unhappy are you right now?

1	2	3	4	5
Very Unhappy	Unhappy	Neither Happy nor Unhappy	Happy	Very Happy
				

If Unhappy, please, tell me why you are not happy?

2. Now we ask you some questions about your teeth:

- | | | |
|------------------------------------------------------------------------|-----|----|
| a. Do your teeth hurt you now? | Yes | No |
| b. Do your teeth hurt when you eat something hot or cold? | Yes | No |
| c. Do your teeth hurt when you eat something sweet? | Yes | No |
| d. Do your teeth hurt when you chew or bite? | Yes | No |
| | | |
| e. Does a hurting tooth ever wake you up at night? | Yes | No |
| f. Does a hurting tooth ever stop you from playing? | Yes | No |
| g. Does a tooth ever hurt you while you are in school? | Yes | No |
| h. Does a hurting tooth ever keep you home from school? | Yes | No |
| i. Does a hurting tooth ever keep you from learning in school? | Yes | No |
| j. Does a hurting tooth ever keep you from paying attention in school? | Yes | No |
| | | |
| k. Do you like your teeth? | Yes | No |
| l. Do you have a nice smile? | Yes | No |
| m. Do kids make fun of your teeth? | Yes | No |
| n. Are you happy with your teeth? | Yes | No |
| <i>If no, please, tell me why you are not happy?</i> | | |
| | | |
| o. Do you clean your teeth? | Yes | No |
| p. Do you use a miswak? | Yes | No |
| q. Do you have your own toothbrush? | Yes | No |

3. About the treatment today:

These questions are about your treatment today. For each topic we mention please tell us how afraid you are. Tell us if you are not afraid at all, a little afraid, a fair amount, pretty much afraid, or very afraid.

Item	Not at All	A little afraid	A fair amount	Pretty much	Very afraid
Doctor
Having somebody examine your mouth
Having to open your mouth
Having somebody look at you
Instruments in your mouth
Choking from things in your mouth
Having someone clean your teeth

Is there anything else you want to tell us about your teeth?
Thank you very much for answering these questions.