CHILD-OIDP QUESTIONNAIRE

Please answer the following questions and mark with a cross what is right:

1.- In the last three months, have you had problems eating (meals, ice creams,…) due to teeth pain?

- ☐ Yes
- ☐ No

If your answer is YES:

How has this problem affected your life?

☐ Almost nothing ☐ Something ☐ A Lot

How many times have you had this problem?

- ☐ Once or twice a month
- ☐ Three or more times a month, or once or twice a week
- ☐ Three or more per week

If you have had this problem eating less than once a month, during how many days occurred it in total?

- ☐ 1-7 days
- ☐ 8-15 days
- ☐ 15 days or more

Mark with a cross what you think has kept you from eating well in the last few months:

- ☐ Teeth pain
- ☐ Teeth sensitivity
- ☐ Decayed teeth
- ☐ Baby teeth that have fallen out
- ☐ Hollows because the baby teeth did not come out
- ☐ Fractures of definitive teeth
- ☐ Changes in tooth color
- ☐ Problems in size or shape
- ☐ Crooked teeth
- ☐ Bleeding gums
- ☐ Swelling of the gums
- ☐ Tartar
- ☐ Mouth sores
- ☐ Bad breath
- ☐ Lump on the face
- ☐ Emergence of teeth
- ☐ Some definitive tooth has fallen out
- ☐ Others

2.-Have you had problems speaking clearly and pronouncing well in these last three months due to problems in the mouth?

- ☐ Yes
- ☐ No

If your answer is YES:

How has this problem affected your life?

☐ Almost nothing ☐ Something ☐ A Lot

How many times have you had this problem?

- ☐ Once or twice a month
- ☐ Three or more times a month, or once or twice a week
- ☐ Three or more per week

If you have had this problem speaking less than once a month, during how many days occurred it in total?

- ☐ 1-7 days
- ☐ 8-15 days
- ☐ 15 days or more

Mark with a cross what you think has kept you from speaking well in the last few months:

- ☐ Teeth pain
- ☐ Teeth sensitivity
- ☐ Decayed teeth
- ☐ Baby teeth that have fallen out
- ☐ Hollows because the baby teeth did not come out
- ☐ Fractures of definitive teeth
- ☐ Changes in tooth color
- ☐ Problems in size or shape
- ☐ Crooked teeth
- ☐ Bleeding gums
- ☐ Swelling of the gums
- ☐ Tartar
- ☐ Mouth sores
- ☐ Bad breath
- ☐ Lump on the face
- ☐ Emergence of teeth
- ☐ Some definitive tooth has fallen out
- ☐ Others

3.-Have you been able to brush and rinse your teeth well during these last three months?

- ☐ Yes
- ☐ No

If your answer is YES:

How has this problem affected your life?

☐ Almost nothing ☐ Something ☐ A Lot

How many times have you had this problem?

- ☐ Once or twice a month
- ☐ Three or more times a month, or once or twice a week
- ☐ Three or more per week

5.- Have you been angry or annoyed in these last three months because your teeth hurt or you had a problem in your mouth?

- ☐ Yes
- ☐ No

If your answer is YES:

How has this problem affected your life?

☐ Almost nothing ☐ Something ☐ A Lot

How many times have you had this problem?

- ☐ Once or twice a month
- ☐ Three or more times a month, or once or twice a week
- ☐ Three or more per week

If you have had this problem in your mouth less than once a month, during how many days occurred it in total?

- ☐ 1-7 days
- ☐ 8-15 days
- ☐ 15 days or more

Mark with a cross what you think has kept you from eating well in the last few months:

- ☐ Teeth pain
- ☐ Teeth sensitivity
- ☐ Decayed teeth
- ☐ Baby teeth that have fallen out
- ☐ Hollows because the baby teeth did not come out
- ☐ Fractures of definitive teeth
- ☐ Changes in tooth color
- ☐ Problems in size or shape
- ☐ Crooked teeth
- ☐ Bleeding gums
- ☐ Swelling of the gums
- ☐ Tartar
- ☐ Mouth sores
- ☐ Bad breath
- ☐ Lump on the face
- ☐ Emergence of teeth
- ☐ Some definitive tooth has fallen out
- ☐ Others

6.- Have you been embarrassed to smile or show your teeth in these last three months because you do not like them?

- ☐ Yes
- ☐ No

If your answer is YES:

How has this problem affected your life?

☐ Almost nothing ☐ Something ☐ A Lot

How many times have you had this problem?

- ☐ Once or twice a month
- ☐ Three or more times a month, or once or twice a week
- ☐ Three or more per week

If you have had this problem smiling less than once a month, during how many days occurred it in total?

- ☐ 1-7 days
- ☐ 8-15 days
- ☐ 15 days or more

Mark with a cross what you think has kept you from smiling and showing your teeth in the last few months:

- ☐ Teeth pain
- ☐ Teeth sensitivity
- ☐ Decayed teeth
- ☐ Baby teeth that have fallen out
- ☐ Hollows because the baby teeth did not come out
- ☐ Fractures of definitive teeth
- ☐ Changes in tooth color
- ☐ Problems in size or shape
- ☐ Crooked teeth
- ☐ Bleeding gums
- ☐ Swelling of the gums
- ☐ Tartar
- ☐ Mouth sores
- ☐ Bad breath
- ☐ Lump on the face
- ☐ Emergence of teeth
- ☐ Some definitive tooth has fallen out
- ☐ Others

7.- Have you ever had to stop doing homework or housework, or not go to school because your teeth hurt in these last three months?

- ☐ Yes
- ☐ No

If your answer is YES:

How has this problem affected your life?

☐ Almost nothing ☐ Something ☐ A Lot

How many times have you had this problem?

- ☐ Once or twice a month
- ☐ Three or more times a month, or once or twice a week
- ☐ Three or more per week

If you have had this problem to brush your teeth less than once a month, during how many days occurred it in total?

- ☐ 1-7 days
- ☐ 8-15 days
- ☐ 15 days or more

Mark with a cross what you think has kept you from brushing your teeth well in the last few months:

- ☐ Teeth pain
- ☐ Teeth sensitivity
- ☐ Decayed teeth
- ☐ Baby teeth that have fallen out
- ☐ Hollows because the baby teeth did not come out
- ☐ Fractures of definitive teeth
- ☐ Changes in tooth color
- ☐ Problems in size or shape
- ☐ Crooked teeth
- ☐ Bleeding gums
- ☐ Swelling of the gums
- ☐ Tartar
- ☐ Mouth sores
- ☐ Bad breath
- ☐ Lump on the face
- ☐ Emergence of teeth
- ☐ Some definitive tooth has fallen out
- ☐ Others

If you have had this problem to do homework less than once a month, during how many days occurred it in total?

- ☐ 1-7 days
- ☐ 8-15 days
- ☐ 15 days or more

Mark with a cross what you think has kept you from doing homework or going to school in the last few months:

- ☐ Teeth pain
- ☐ Teeth sensitivity
- ☐ Decayed teeth
- ☐ Baby teeth that have fallen out
- ☐ Hollows because the baby teeth did not come out
- ☐ Fractures of definitive teeth
- ☐ Changes in tooth color
- ☐ Problems in size or shape
- ☐ Crooked teeth
- ☐ Bleeding gums
- ☐ Swelling of the gums
- ☐ Tartar
- ☐ Mouth sores
- ☐ Bad breath
- ☐ Lump on the face
- ☐ Emergence of teeth
- ☐ Some definitive tooth has fallen out
- ☐ Others

4.-Have you had pain or any problems in your mouth in these last three months that have prevented you from resting or sleeping well?

- ☐ Yes
- ☐ No

If your answer is YES:

How has this problem affected your life?

☐ Almost nothing ☐ Something ☐ A Lot

How many times have you had this problem?

- ☐ Once or twice a month
- ☐ Three or more times a month, or once or twice a week
- ☐ Three or more per week

If you have had this problem in your mouth less than once a month, during how many days occurred it in total?

- ☐ 1-7 days
- ☐ 8-15 days
- ☐ 15 days or more

Mark with a cross what you think has kept you from resting or sleeping well in the last few months:

- ☐ Teeth pain
- ☐ Teeth sensitivity
- ☐ Decayed teeth
- ☐ Baby teeth that have fallen out
- ☐ Hollows because the baby teeth did not come out
- ☐ Fractures of definitive teeth
- ☐ Changes in tooth color
- ☐ Problems in size or shape
- ☐ Crooked teeth
- ☐ Bleeding gums
- ☐ Swelling of the gums
- ☐ Tartar
- ☐ Mouth sores
- ☐ Bad breath
- ☐ Lump on the face
- ☐ Emergence of teeth
- ☐ Some definitive tooth has fallen out
- ☐ Others

8.- In these last three months, have you ever not been able to go and play with your friends because your teeth hurt?

- ☐ Yes
- ☐ No

If your answer is YES:

How has this problem affected your life?

☐ Almost nothing ☐ Something ☐ A Lot

How many times have you had this problem?

- ☐ Once or twice a month
- ☐ Three or more times a month, or once or twice a week
- ☐ Three or more per week

If you have had this problem to play less than once a month, during how many days occurred it in total?

- ☐ 1-7 days
- ☐ 8-15 days
- ☐ 15 days or more

Mark with a cross what you think has kept you from going and play with your friends in the last few months:

- ☐ Teeth pain
- ☐ Teeth sensitivity
- ☐ Decayed teeth
- ☐ Baby teeth that have fallen out
- ☐ Hollows because the baby teeth did not come out
- ☐ Fractures of definitive teeth
- ☐ Changes in tooth color
- ☐ Problems in size or shape
- ☐ Crooked teeth
- ☐ Bleeding gums
- ☐ Swelling of the gums
- ☐ Tartar
- ☐ Mouth sores
- ☐ Bad breath
- ☐ Lump on the face
- ☐ Emergence of teeth
- ☐ Some definitive tooth has fallen out
- ☐ Others

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SUPPLEMENTARY MATERIALS:

FIGURE S1: CHILD-ORAL IMPACTS ON DAILY PERFORMANCES questionnaire