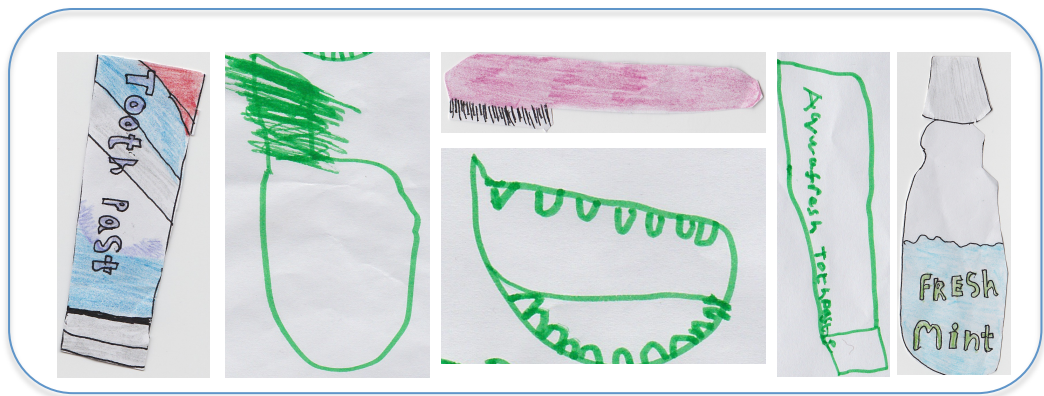


Appendix L

Caries Impacts and Experiences

Questionnaire for Children (16-item version)


Caries Impacts and Experiences Questionnaire for Children



Thank you for agreeing to fill in this questionnaire. Before you start, can you and your parent/guardian please tick the boxes below if you agree with the statements below:

	Child	Parent
I am happy for the information given in this questionnaire to be used for research purposes	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for information about my/my child's treatment to be collected anonymously to help with the research project only	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask how you feel about your teeth. Read all the answers and see which one is most like you.


Please put a circle round the answer like this . Only make one circle for each question.

Here's one I have done to show you:

How happy do you feel about your teeth?

Not at all A bit **A lot**

I feel very happy about my teeth, so I have circled this one



Now please think about your teeth and answer the questions on the next pages.

Please circle one answer for each question.

1. How much do your teeth hurt you?

Not at all

A bit

A lot

2. Do your teeth make it hard to eat some foods?

Not at all

A bit

A lot

3. Do you have to eat on one side of your mouth because of your teeth?

Not at all

A bit

A lot

4. Do you get food stuck in your teeth?

Not at all

A bit

A lot

5. How much do you get kept awake by your teeth?

Not at all

A bit

A lot

6. How much do your teeth annoy you?

Not at all

A bit

A lot

Please go to the next page.

Please circle one answer for each question.

7. Have you taken medicine because of your teeth?

Not at all

A bit

A lot

8. How much do your teeth hurt when you brush them?

Not at all

A bit

A lot

9. Do you have to eat more carefully because of your teeth?

Not at all

A bit

A lot

10. Do you have to eat more slowly because of your teeth?

Not at all

A bit

A lot

11. Do you feel cross because of your teeth?

Not at all

A bit

A lot

12. How much have you cried because of your teeth?

Not at all

A bit

A lot

Please go to the next page.

Please circle one answer for each question.

13. Do you think your front teeth look brown or black?

Not at all

A bit

A lot

14. Do your teeth make it hard to do your schoolwork?

Not at all

A bit

A lot

15. Do you feel tired because of your teeth?

Not at all

A bit

A lot

16. Can you see holes in your teeth?

Not at all

A bit

A lot

17. How much of a problem are your teeth for you?

Not at all

A bit

A lot

Thank you for answering the questions!

*Items highlighted in yellow removed following Rasch analysis