

**OHIP-G14-questionnaire**

|   | <b>Never</b> | <b>Sometimes</b> | <b>Often</b> | <b>Always</b> |
|---|--------------|------------------|--------------|---------------|
| Have you had trouble pronouncing any words because of problems with your teeth or mouth               |              |                  |              |               |
| Have you felt that your sense of taste has worsened because of problems with your teeth or mouth      |              |                  |              |               |
| Have you had painful aching in your mouth   |              |                  |              |               |
| Have you found it uncomfortable to eat any foods because of problems with your teeth or mouth         |              |                  |              |               |
| Have you been self-conscious because of your teeth or mouth   |              |                  |              |               |
| Have you felt tense because of problems with your teeth or mouth                                      |              |                  |              |               |
| Has been your diet been unsatisfactory because of problems with your teeth or mouth                   |              |                  |              |               |
| Have you had to interrupt meals because of problems with your teeth or mouth                          |              |                  |              |               |
| Have you found it difficult to relax because of problems with your teeth or mouth                     |              |                  |              |               |
| Have you been a bit embarrassed because of problems with your teeth or mouth                          |              |                  |              |               |
| Have you been a bit irritable with other people because of problems with your teeth or mouth          |              |                  |              |               |
| Have you had difficulty doing your usual jobs because of problems with your teeth or mouth            |              |                  |              |               |
| Have you felt that life, in general, was less satisfying because of problems with your teeth or mouth |              |                  |              |               |
| Have you been totally unable to function because of problems with your teeth or mouth                 |              |                  |              |               |