

Table 1 Oral health-related quality of life questionnaires^a

Measure	Dimensions measured	No. of questions	Example of question	Response format
Sociodental scale	Chewing, talking, smiling, laughing, pain, appearance	14	Are there any types of foods you have difficulties chewing?	Yes/no
RAND dental health index	Pain, worry, conversation	3	How much pain have your gums and teeth caused you?	4 categories: "not at all" to "a great deal"
General oral health assessment index	Chewing, eating, social contacts, appearance, pain, worry, self-consciousness	12	How often did you limit the kinds or amounts of food you eat because of problems with your teeth or dentures?	6 categories: "always" to "never"
Dental impact profile	Appearance, eating, speech, confidence, happiness, social life, relationships	25	Do you think your teeth or dentures have a good effect (positive), a bad effect (negative), or no effect on feeling comfortable?	3 categories: good effect, bad effect, no effect
Oral health impact profile	Function, pain, physical disability, psychological disability, social disability, handicap	49	Have you had difficulties chewing foods because of problems with your teeth or dentures?	5 categories: "very often" to "never"
Subjective oral health status indicators	Chewing, speaking, symptoms, eating, communication, social relations	42	During the last year, how often have [dental problems] caused you to have difficulty sleeping?	Various, depending on question format
Oral health quality of life inventory	Oral health, nutrition, self-related oral health, overall quality of life	56	Two-part questions: (A) How important is it for you to speak clearly? (B) How happy are you with your ability to speak clearly?	Part A: 4 categories ("not at all important" to "very important"). Part B: 4 categories ("unhappy" to "happy")
Dental impact on daily living	Comfort, appearance, pain, daily activities, eating	36	How satisfied have you been, on the whole, with your teeth in the last 3 months?	Various, depending on question format

Table 1 Oral health-related quality of life questionnaires^a (concluded)

Measure	Dimensions measured	No. of questions	Example of question	Response format
Oral health-related quality of life	Daily activities, social activities, conversation	3	Have problems with your teeth or gums affected your daily activities such as work or hobbies?	6 categories: “all of the time” to “none of the time”
Oral impacts on daily performances	Performance in eating, speaking, oral hygiene, sleeping, appearance, emotion	9	Four-part questions: (A) In the past 6 months, have [dental problems] caused you any difficulty in eating and enjoying food? (B) Have you had this difficulty on a regular/periodic basis or for a period/spell? (C) During the last 6 months, how often have you had this difficulty? (D) Using a scale from 0 to 5, which number reflects what impact the difficulty in eating and enjoying food had on your daily life?	Various, depending on question format

^aAdapted from reference [2].