

Oral Health Impact Profile

How often have you experienced each of the following situations during the last year, because of problems with your teeth, mouth, dentures, or jaw? Place a checkmark in the appropriate column. Place a checkmark under 'N/A' if the situation is not applicable to you.

		N/A	All the time	Very often	Fairly often	Some-times	Seldom	Never
1.	Difficulty chewing any foods							
2.	Trouble pronouncing words							
3.	Noticed a tooth which doesn't look right							
4.	Felt that your appearance has been affected							
5.	Felt that your breath has been stale							
6.	Felt that your sense of taste has worsened							
7.	Had food catching in your teeth or dentures							
8.	Felt that your digestion has worsened							
9.	Felt that your dentures have not been fitting properly							
10.	Had painful aching in your mouth							
11.	Had a sore jaw							
12.	Had headaches							
13.	Had sensitive teeth with hot or cold food or drinks							
14.	Had toothache							
15.	Had painful gums							
16.	Found it uncomfortable to eat any foods							
17.	Had sore spots in your mouth							
18.	Had uncomfortable dentures							
19.	Been worried by dental problems							
20.	Been self-conscious							
21.	Been miserable							
22.	Felt uncomfortable about your appearance							
23.	Felt tense							

CONTINUE ON OTHER SIDE

		N/A	All the time	Very often	Fairly often	Sometimes	Seldom	Never
24.	Speech been unclear							
25.	People misunderstood some of your words							
26.	Felt there has been less flavor in your food							
27.	Been unable to brush your teeth properly							
28.	Had to avoid eating some foods							
29.	Had an unsatisfactory diet							
30.	Been unable to eat with your dentures							
31.	Avoided smiling							
32.	Had to interrupt meals							
33.	Your sleep been interrupted							
34.	Been upset							
35.	Found it difficult to relax							
36.	Felt depressed							
37.	Your concentration been affected							
38.	Been embarrassed							
39.	Avoided going out							
40.	Been less tolerant of your spouse or family							
41.	Had trouble getting on with other people							
42.	Been a bit irritable with other people							
43.	Had difficulty doing your usual jobs							
44.	Felt that you general health has worsened							
45.	Suffered any financial loss							
46.	Been unable to enjoy other peoples' company							
47.	Felt that life in general was less satisfying							
48.	Been totally unable to function							
49.	Been unable to work to your full capacity							