
Appendix i: Domains and Questions of OHIP-EDENT

Functional Limitation

1. Have you had difficulty chewing any foods because of problems with your false teeth?
2. Have you had food catching in your false teeth?
3. Have you felt that your false teeth have not been fitting properly?

Physical pain

4. Have you had painful aching in your mouth related to your false teeth?
5. Have you found it uncomfortable to eat any foods because of problems with your false teeth?
6. Have you had sore spots in your mouth associated with wearing false teeth?
7. Have you had uncomfortable false teeth?

Psychological discomfort

8. Have you been worried by dental problems related to false teeth?
9. Have you been self-conscious because of the appearance of your false teeth?

Physical disability

10. Have you had to avoid eating some foods because of problems with your false teeth?
11. Have you had meals interrupted because of problems with your false teeth?
12. Have you been unable to eat with your false teeth because of problems with them?

Psychological disability

13. Have you been upset because of problems with your false teeth?
14. Have you had any embarrassing moments because of problems with your false teeth?

Social disability

15. Have you been less tolerant of your partner or family because of problems with your false teeth?
16. Have you been a bit irritable with other people because of problems with your false teeth?
17. Have you avoided going out because of problems with your false teeth?

Handicap

18. Have you been unable to enjoy other people's company as much because of problems with your false teeth?
 19. Have you felt that your life was less satisfying because of problems with your false teeth?
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