

In the past 3 months how often have you had:

1. Pain in your teeth or mouth?

Never	Once or twice	Sometimes	Often	Very often
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2. Difficulty biting or chewing firm foods?

Never	Once or twice	Sometimes	Often	Very often
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3. Been upset because of your teeth or mouth?

Never	Once or twice	Sometimes	Often	Very often
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4. Not wanted to talk to other children because of your teeth or mouth?

Never	Once or twice	Sometimes	Often	Very often
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