

**Supplementary Table 1.** The OHIP-14 questionnaire (Slade et al. 1997)

<i>During the last 12 months, how often has the following occurred?</i>	
0= Never, 1= Hardly ever, 2= occasionally, 3=fairly often, 4= very often	
<b>1</b>	<b><i>Functional limitation</i></b>
	1. Have you had trouble <i>pronouncing any words</i> because of problems with your teeth, mouth or dentures? 2. Have you felt that your <i>sense of taste</i> has worsened because of problems with your teeth, mouth or dentures?
<b>2</b>	<b><i>Physical pain</i></b>
	3. Have you had <i>painful aching</i> in your mouth? 4. Have you found it <i>uncomfortable to eat any foods</i> because of problems with your teeth, mouth or dentures?
<b>3</b>	<b><i>Psychological discomfort</i></b>
	5. Have you been <i>self-conscious</i> of your teeth, mouth or dentures? 6. Have you <i>felt tense</i> because of problems with your teeth, mouth or dentures?
<b>4</b>	<b><i>Physical disability</i></b>
	7. Has your <i>diet been unsatisfactory</i> because of problems with your teeth, mouth or dentures? 8. Have you had to <i>interrupt meals</i> because of problems with your teeth, mouth or dentures?
<b>5</b>	<b><i>Psychological disability</i></b>
	9. Have you found it <i>difficult to relax</i> because of problems with your teeth, mouth or dentures? 10. Have you been a bit <i>embarrassed</i> because of problems with your teeth, mouth or dentures?
<b>6</b>	<b><i>Social disability</i></b>
	11. Have you been a bit <i>irritable with other people</i> because of problems with your teeth, mouth or dentures? 12. Have you had <i>difficulty doing your usual jobs</i> because of problems with your teeth, mouth or dentures?
<b>7</b>	<b><i>Handicap</i></b>
	13. Have you felt that life in general was <i>less satisfying</i> because of problems with your teeth, mouth or dentures? 14. Have you been <i>totally unable to function</i> because of problems with your teeth, mouth or dentures?