

## Form 2.2 : Assessment of denture satisfaction and chewing ability

Time point: screening / 3 months/ 6 months/ 12 months/ .....months

PPDH Nr. ....Date.....

### QUESTION 1. Complaints related to dentures

Please circle the number that best reflects your experience:

0= not at all, 1=a little, 2= quite a lot, 3= extremely.

Maxillary denture gets loose during eating	0	1	2	3
Maxillary denture gets loose during speaking	0	1	2	3
Maxillary denture gets loose during yawning	0	1	2	3
Maxillary denture hurts eating hard food	0	1	2	3
Maxillary denture hurts eating granular food	0	1	2	3
Maxillary denture fits badly	0	1	2	3
Burning sensation under the maxillary denture	0	1	2	3
Food gets under the maxillary denture	0	1	2	3
Maxillary denture becomes dislodged during laughing	0	1	2	3
Mandibular denture fits badly	0	1	2	3
Mandibular denture gets loose during eating	0	1	2	3
Mandibular denture gets loose during speaking	0	1	2	3
Mandibular denture gets loose during yawning	0	1	2	3
Mandibular denture hurts eating hard food	0	1	2	3
Mandibular denture hurts eating soft food	0	1	2	3
Mandibular denture hurts eating granular food	0	1	2	3
Burning sensation under the mandibular denture	0	1	2	3
Food gets under the mandibular denture	0	1	2	3
Lips have fallen in	0	1	2	3
Cheeks have fallen in	0	1	2	3
Mouth has fallen in	0	1	2	3
Teeth click while eating	0	1	2	3
Teeth click while speaking	0	1	2	3
Tongue biting	0	1	2	3
Lip biting	0	1	2	3
Cheek biting	0	1	2	3
An agglutinant is needed for retention	0	1	2	3
Not enough room for the tongue	0	1	2	3
Swallowing problem	0	1	2	3
Denture rattles	0	1	2	3
Full sensation due to the denture	0	1	2	3
Dry mouth	0	1	2	3
Denture-sucking habit	0	1	2	3
Denture tightens	0	1	2	3
Teeth are too big	0	1	2	3
Teeth are too small	0	1	2	3
Teeth are too far forward	0	1	2	3
Teeth cannot be seen enough	0	1	2	3
Teeth are too obvious	0	1	2	3
Teeth are not straight enough	0	1	2	3

## QUESTION 2. Assessment of satisfaction with the denture

Please circle the number that best reflects your experience:

0= very satisfied, 1=satisfied, 2= neither satisfied nor dissatisfied, 3= dissatisfied, 4= very dissatisfied.

In general, how satisfied are you with your dentures?	0	1	2	3	4
How satisfied are you with your maxillary denture?	0	1	2	3	4
How satisfied are you with your mandibular denture?	0	1	2	3	4
How satisfied are you with the appearance of your dentures?	0	1	2	3	4
How satisfied are you with the retention of your dentures?	0	1	2	3	4
How satisfied are you with the functional comfort of your	0	1	2	3	4