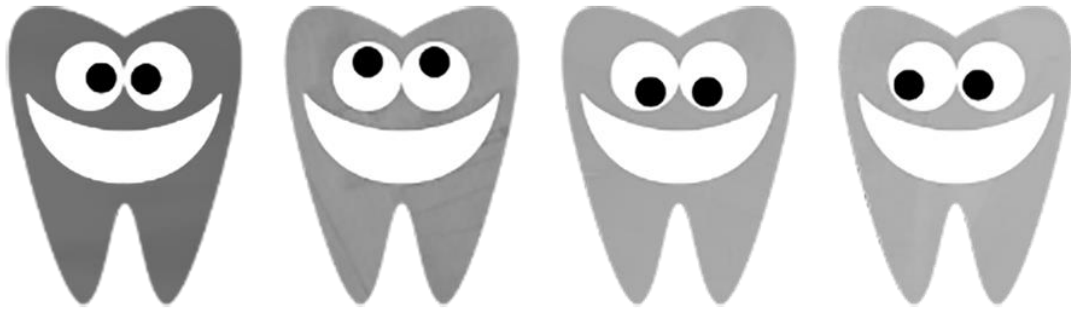


Amelogenesis Imperfecta Patient Survey



Thank you for helping us with our survey. We would like to ask you a few questions about your teeth and smile.

Please turn over the page and answer the questions. When you are finished, please give it back to your dentist.

Circle your answers like the example below:

1. Do your teeth cause you pain or sensitivity?	Often	Sometimes	Never
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Your dentist will fill out the following information for you

Age: years Gender: M / F / X

AI phenotype (*circle all that apply*): hypoplastic / hypocalcified / hypomature / mixed

Treatment stage (*please circle one*): pre-treatment / mid-treatment / post-treatment / review

Please circle your answer

1. Do your teeth cause you pain or sensitivity?	Often	Sometimes	Never
2. Do you have difficulty eating foods you would like to, because of your teeth?	Often	Sometimes	Never
3. Does it hurt when you brush your teeth?	Often	Sometimes	Never
4. Do you miss school because of your teeth (except for dentist appointments)?	Often	Sometimes	Never
5. Do you feel unhappy with the way your teeth look?	Often	Sometimes	Never
6. Do your teeth affect your confidence to smile?	Often	Sometimes	Never
7. Do you get teased or bullied because of your teeth?	Often	Sometimes	Never
8. Do you feel scared or anxious about having dental treatment?	Often	Sometimes	Never

9. Are you happy with your teeth?	Yes	No
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10. Is there anything else you would like us to know about your teeth and how they affect you?	
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