



26004



SEAL OR VARNISH

QDT:SoV Delighted - Terrible Faces Scale (DENTAL TEAM)

School ID:

Participant ID:

Initials:

Date of Birth (dd/mm/yyyy):
 / /

Gender:
Male Female

Visit:
Baseline 18 month
6 month 24 month
12 month 30 month

Assistance to complete form
provided?
Yes No

Date form completed (dd/mm/yyyy):
 / /

**This side (page 1) of the form
should be completed by a
member of the Dental Team.**

**The CHILD should complete
the scale on the other side
(page 2) immediately after
receiving treatment.**

SEWTU USE ONLY

SoV Delighted-Terrible faces Questionnaire
(v1.0 29Jul2011)

Date received by SEWTU: / /

Received by (initials):

Date entered on database: / /

Entered by (initials):

How did you feel during the treatment?



If you had to have the treatment tomorrow, how would you feel?



How do you feel about the time it took to have the treatment?



How do you feel about the taste of the treatment?



How much did you feel like being sick during the treatment?

