

Explore the impact of dentine hypersensitivity on your patients

Short Form Dentine Hypersensitivity
Experience Questionnaire



Thinking about yourself over the last month to what extent would you agree or disagree with the following statements?

Please tick only one response for each question

| | Strongly agree | Agree | Agree a little | Neither agree or disagree | Disagree a little | Disagree | Strongly disagree | |
|--|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------|
| | [7] | [6] | [5] | [4] | [3] | [2] | [1] | Points |
| 01 Having the sensations in my teeth takes a lot of the pleasure out of eating and drinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 02 It takes a long time to finish some foods and drinks because of these sensations in my teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 03 There have been times when I have had problems eating ice cream because of these sensations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 04 I have to change the way I eat or drink certain things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 05 I have to be careful how I breathe on a cold day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 06 When eating some foods I have made sure they don't touch certain teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 07 Because of the sensations I take longer than others to finish a meal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please turn over for more questions

| | Strongly agree | Agree | Agree a little | Neither agree or disagree | Disagree a little | Disagree | Strongly disagree | |
|--|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|-------------|
| | [7] | [6] | [5] | [4] | [3] | [2] | [1] | Points |
| 08 I have to be careful what I eat when I am with others because of the sensations in my teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 09 Going to the dentist is hard for me because I know it is going to be painful as a result of sensations in my teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 I've been anxious that something I eat or drink might cause sensations in my teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 The sensations in my teeth have been irritating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 The sensations in my teeth have been annoying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 Having these sensations in my teeth makes me feel old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 Having these sensations in my teeth makes me feel damaged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15 Having these sensations in my teeth makes me feel as though I am unhealthy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| The higher the score, the greater the impact of dentine hypersensitivity on day-to-day life. | | | | | | | | TOTAL SCORE |
| | | | | | | | | /105 |

Discuss the results with your dentist.

Sensitivity can affect your patient's lives in more ways than you might think

The Dentine Hypersensitivity Experience Questionnaire (DHEQ) is a quality of life questionnaire that reliably measures the subjective impact of dentine hypersensitivity on day-to-day life.

The DHEQ has been developed and **validated** by researchers at the University of Sheffield, UK and is **condition specific**, explicitly focussing on dentine hypersensitivity, as opposed to general oral health. The DHEQ is a **revealing** measure, exploring how 5 areas of life are affected by dentine hypersensitivity: daily restrictions, coping behaviours, personal identity, social impact and emotional impact. The full DHEQ has been adapted and validated in a short form. These 15

questions¹ can be used with patients to determine the impact dentine hypersensitivity can have on day-to-day life. Scores of 5, 6 or 7 may highlight issues which are impacting your patients day-to-day life.

This information can be used to facilitate a conversation about dentine hypersensitivity and can help encourage appropriate management approaches using proven solutions, such as Sensodyne toothpastes.

Going beyond sensitivity relief

Reference: 1. Machuca, C., Baker, S.R., F., Mason, S., Barlow, A., Robinson, P.G Derivation of a short form of the dentine hypersensitivity experience questionnaire. J Clin Periodontol 2014;41:46-51. doi: 10.1111/jcpe.12175. Epub 2013 Nov 19.

For Healthcare professionals only, Always read label before use. If

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