

Additional file 4 – Treatment acceptability questionnaire (parents/carers)

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. I understood the reason why my child needed a restoration					
2. The appearance of my child's new restoration does not bother me.					
3. I think my child's new restoration is really protecting his/her tooth.					
4. I believe that my child felt good during the treatment carried out.					
5. I believe that the dental team was nice and helpful during my child's treatment.					

