






Additional file 3 – Treatment acceptability questionnaire (children)

	 Strongly agree	 Agree	 No opinion	 Disagree	 Strongly disagree
1. Are you happy with the tooth you have had fixed?					
2. Are you going to show your fixed tooth to your friends?					
3. Did you think the dentist treated you well?					
4. Did you understand everything the dentist was going to do to your tooth?					
5. How happy would you be if people asked to see the tooth you have had fixed?					

