

DERRETT, S., PAUL, C. & MORRIS, J.M., 1999. Waiting for elective surgery: Effects on health-related quality of life. *International Journal for Quality in Health Care*, 11, 47-57.

DODSON, T.B., 2012a. Surveillance as a Management Strategy for Retained Third Molars: Is It Desirable? *J Oral Maxillofac Surg Suppl 1*, 70, 20-24.

KELLY, K.D., VOAKLANDER, D.C., JOHNSTON, D.W., NEWMAN, S.C. AND SUAREZ-ALMAZOR, M.E. 2001. Change in pain and function while waiting for major joint arthroplasty. *J Arthroplasty*, 16, 351-359.

KHADKA, A, LIU, Y, LI, J, ZHU, S, LUO, E, FENG, G, HU, J. 2011. Changes in quality of life after orthognathic surgery: a comparison based on the involvement of the occlusion. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod*, 112, 719-725.

“HRQOL concepts”. (2011, March 17). Retrieved from <http://www.cdc.gov/hrqol/concept.htm> [accessed 30/07/2015]

LARSON C.O., SCHLUNDT D, PATEL K, BEARD K, HARGREAVES M. 2008. Validity of the SF-12 for use in a low-income African American community-based research initiative (REACH 2010). *Prev Chronic Dis*, 5, 1-2.

LIU, L-J, XIAO, W, HE, Q-B, JIANG, W-W. 2012. Generic and oral quality of life is affected by oral mucosal diseases. *BMC Oral Health*, 12, 2.

MASCARENHAS, R., 2009. The Manitoba arthroplasty waiting list: Impact on health-related quality of life and initiatives to remedy the problem. *Journal of Evaluation in Clinical Practice*, 15, 208-211.

MCGRATH, C., COMFORT, M.B., LO, E.C.M. AND LUO, Y., 2003. Can Third Molar Surgery Improve Quality of Life? A 6-Month Cohort Study. *J Oral Maxillofac Surg*, 61, 759-763.

NEGREIROS, R.M., BIAZEVIC, M.G.H., JORGE, W.A. AND MICHEL-CROSATO, E., 2012. Relationship between Oral Health-Related Quality of Life and the Position of the Lower Third Molar: Postoperative Follow-Up. *J Oral Maxillofac Surg*, 70, 779-786.

NESS, G.M. AND PETERSON L.J., 2004. Chapter 8: Impacted Teeth. In: M. Miloro ed. Peterson's Principles of Oral and Maxillofacial Surgery. Hamilton, Ontario: BC Decker, 139.

OUUDHOFF, J. P., TIMMERMANS, D. R. M., KNOL, D. L., BIJNEN, A. B., AND VAN DER WAL, G. 2007. Waiting for elective general surgery: impact on health related quality of life and psychosocial consequences. *BMC public health*, 7, 164.

SATO, F.R.L., ASPRINO, L., DE ARAÚJO, D.E.S. AND DE MORAES, M., 2009. Short-Term Outcome of Postoperative Patient Recovery Perception After Surgical Removal of Third Molars. *J Oral Maxillofac Surg*, 67, 1083-1091.

SHUGARS, D.A., BENSON, K., WHITE JR, R.P., SIMPSON, K.N. AND BADER, J.D., 1996. Developing a Measure of Patient Perceptions of Short-Term Outcomes of Third Molar Surgery. *J Oral Maxillofac Surg*, 54, 1402-1408.

SHUGARS, D.A., GENTILE, M.A., AHMAD, N., STAVROPOULOS, M.F., SLADE, G.D., PHILLIPS, C., CONRAD, S.M., FLEUCHAUS, P.T. AND WHITE JR, R.P., 2006. Assessment of Oral Health-Related Quality of Life Before and After Third Molar Surgery. *J Oral Maxillofac Surg*, 64, 1721-1730.

SISCHO, L. AND BRODER, H.L. 2011. Oral Health-related Quality of Life: What, Why, How, and Future Implications. *Journal of Dental Research*, 90, 1264-1270.

SLADE, G. D., FOY, S. P., SHUGARS, D. A, PHILLIPS, C., AND WHITE, R. P. 2004. The impact of third molar symptoms, pain, and swelling on oral health-related quality of life. *J Oral Maxillofac Surg*, 62, 1118-1124.

VAN WIJK, A., KIEFFER, J.M. AND LINDEBOOM, J.H., 2009. Effect of Third Molar Surgery on Oral Health-Related Quality of Life in the First Postoperative Week Using Dutch Version of Oral Health Impact Profile-14. *J Oral Maxillofac Surg*, 67, 1026-1031.

WARE JR., J.E. n.d. SF-36 Health Survey Update [online]. Available from < <http://www.sf36.org/tools/sf36.shtml>> [accessed: 10 October 2013].

WARE, J.E., KOSINSKI, M AND KELLER S.D. 1996. A 12-Item Short-Form Health Survey: Construction of scales and preliminary tests of reliability and validity. *Medical Care*, 34, 220-233.

ZIMMER, S, BERGMANN, N, GABRUN, E, BARTHEL, C, RAAB, W, RÜFFER, J-U. 2010. Association between oral health-related and general health-related quality of life in subjects attending dental offices in Germany. *Journal of Public Health Dentistry*, 70, 167–170.

|

APPENDIX I



THIRD MOLAR SURGERY WAITING LIST QUALITY OF LIFE QUESTIONNAIRE - First Consult

PLACE STICKER HERE

DATE OF CONSULT: _____

Your Health and Well-Being

This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. *Thank you for completing this survey!*

For each of the following questions, please mark an in the one box that best describes your answer.

1. In general, would you say your Oral, Facial and Dental Health is:

Excellent	Very good	Good	Fair	Poor
▼	▼	▼	▼	▼
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNIVERSITY of the WESTERN CAPE

2. The following questions are about activities you might do during a typical day. Does your Oral, Facial and Dental Health now limit you in these activities? If so, how much?

Yes, limited a lot	Yes, limited a little	No, not limited at all
▼	▼	▼

- Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf : : :
- Climbing several flights of stairs : : :

127-112-010 Health Survey © 1994, 2000, 2011 Medical Outcomes Trust and QualityMetric, Incorporated. All rights reserved.
 127-112 is a registered trademark of Medical Outcomes Trust.
 (127-112-010 Health Survey Standard, Fourth Edition (English))

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your Oral, Facial and Dental Health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did work or other activities <u>less carefully than usual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
1. Have you felt calm and peaceful?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had a lot of energy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you felt downhearted and depressed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the past 4 weeks, how much of the time has your Oral, Facial and Dental Health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing these questions!

Date:

