

**Official Title: Assessment of Oral Health-Related Quality of Life in
Preschool-Aged Children in Alto Alentejo**

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***Oral-Health-Related Quality of Life in a Preschool Population
of Alto Alentejo***

Faculty of Dental Medicine, University of Lisbon

- ✓ Dear Parent or Guardian,
- ✓ I am a doctoral student at the Faculty of Dental Medicine of the University of Lisbon. I am conducting a study on oral health-related quality of life in preschool children aged 3 to 5 years.
- ✓ Your collaboration is very important in helping us gain more knowledge on this subject. By participating in the study, you are contributing to a better understanding of children's oral health in the district of Portalegre.
- ✓ As part of this study, the following procedures will be carried out:
- ✓ ✓ Questionnaire for the child's parents/caregivers: it takes about 15 minutes to complete and should be answered by one of the child's parents, or, in their absence, by the person responsible for the child.
- ✓ ✓ Observation of the child's mouth: this will take place at the school, with the child seated in a chair. A record of the child's oral health status will be made using an intraoral mirror and probe. During the intraoral examination, it will be necessary to brush the teeth using a disposable toothbrush and then dry the teeth with gauze to allow for better assessment. All observations will be carried out in accordance with cross-infection prevention measures (using sterilised materials, gloves, and a mask).

These procedures do not pose any risk or discomfort to the children beyond what is normally expected during routine oral examinations. However, if the child does not cooperate, does not want to open their mouth, or cries, the examination will not be performed. At the end of the study, individual information about the observed children's oral health status will be provided to their parents or guardians.

Your participation is confidential. Even if the study results are published in scientific journals, as is common in studies of this nature, participants' identities will never be disclosed. The data collected will be used solely for research purposes, and all records containing participant identification will be destroyed after the study is completed.

Participation in the study is entirely voluntary, and you are free to refuse or withdraw at any time. To do so, you only need to inform the researcher. If you withdraw, no data relating to you will be used.

If you authorize your child to participate in the study, please complete the questionnaire, place it in the envelope, and seal it. Fill in and sign one of the two copies of the Consent Form and return it to your child's teacher together with the envelope containing the questionnaire. This information sheet and the other copy of the Consent Form are for you to keep.

THANK YOU VERY MUCH for your collaboration.

If you have any questions, please do not hesitate to contact the principal investigator:

Principal Investigator:

Cátia S. Pinheiro Serralha

Dentist

catiaserralha@edu.ulisboa.pt

Supervisors: Professor Sónia Mendes and Professor Mário Bernardo (Faculty of Dental Medicine, University of Lisbon); Professor Ana Rita Goes (National School of Public Health – NOVA University Lisbon)

Consent Form

(Keep this copy of the consent form)

The study *Oral-Health-Related Quality of Life in a Preschool Population of Alto Alentejo* has been explained to me, and I declare that I agree to participate and that I authorize the oral examination of my son/daughter/child in my care _____ (child's name).

I was given the opportunity to ask questions, and I understand that I may withdraw at any time simply by informing the researcher responsible for the study.

_____/_____/_____
Signature of Parent/Guardian Date

_____/_____/_____
Signature of the Principal Investigator Date
(Dra. Cátia Pinheiro)

----- (corte por aqui) -----

Consent form

(Cut and return this copy of the consent form after completing and signing it)

The study *Oral-Health-Related Quality of Life in a Preschool Population of Alto Alentejo* has been explained to me, and I declare that I agree to participate and that I authorize the oral examination of my son/daughter/child in my care _____ (child's name).

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Signature of Parent/Guardian Date

_____/_____/_____
Signature of the Principal Investigator Date
(Dra. Cátia Pinheiro)