

Florida Dental Care Study

Twelve Month Interview

Interviewer, first assemble:

- (1) telephone call sheet for name, last address, telephone, and date of baseline
- (2) printout of remaining teeth
- (3) Six-month interview booklet for respondent

Interviewer Initials: ___ ___ ___

Today's Date: ___/___/199__

Participant's Name (use same one as at baseline): _____

Let me make sure we still have your correct address. Is it still..?
[If previous address is not current, change address on blue or green call sheet]

PART I (Dental visits and tooth loss)

1. Have you been to see a dentist since we talked with you last on _____ [date of six-month interview]

1. yes
2. no [SKIP TO QUESTION #7]
8. DK
9. Refused

2. What is the name and address of the dentist(s) you went to see?

Dentist's name: _____
Address: _____
City, State _____

3. How many times did you go to this dentist since we talked with you last?

_____ times

Let's start with the first time you went since we talked with you last. How many weeks ago was the first visit?

4. Visit # weeks ago
 #1 _____

I need to know what the reason for the visit was. Please tell me if it was for any of these reasons. More than one answer is possible.

reason(s) for visit
(check all that apply)

- a. regular checkup
- b. needed teeth cleaned
- c. dental cavities
- d. infected tooth
- e. toothache or painful tooth
- f. teeth looked bad
- g. tooth sensitive to hot/cold
- h. broken filling
- i. tooth was loose
- j. cap or bridge was loose
- k. broken tooth or cap
- l. gums infected/bleeding
- m. sore denture
- n. denture broken
- o. bad breath
- p. other _____

And please tell me if you had any of these procedures done at that visit.

services received
(check all that apply)

- aa. tooth colored filling
- bb. silver filling
- cc. teeth cleaned
- dd. dental X-rays
- ee. tooth pulled
- ff. check-up/examination
- gg. fluoride gel applied
- hh. dental cap or implant made/fixed
- ii. partial denture made or repaired
- jj. full denture made or repaired
- kk. root canal
- ll. gum surgery
- mm. surgery for dental implant
- nn. other type of surgery
- oo. referred to specialist
- pp. biopsy
- qq. other _____

Now let's talk about the second of these visits. How many weeks ago was the second visit?

5. #2 _____# weeks ago

And what was the reason for that visit? Please tell me if it was for any of these reasons. More than one answer is possible.

reason(s) for visit
(check all that apply)

- a. regular checkup
- b. needed teeth cleaned
- c. dental cavities
- d. infected tooth
- e. toothache or painful tooth
- f. teeth looked bad
- g. tooth sensitive to hot/cold
- h. broken filling
- i. tooth was loose
- j. cap or bridge was loose
- k. broken tooth or cap
- l. gums infected/bleeding
- m. sore denture
- n. denture broken
- o. bad breath
- p. other _____

services received
(check all that apply)

- aa. tooth colored filling
- bb. silver filling
- cc. teeth cleaned
- dd. dental X-rays
- ee. tooth pulled
- ff. check-up/examination
- gg. fluoride gel applied
- hh. dental cap or implant made/fixed
- ii. partial denture made or repaired
- jj. full denture made or repaired
- kk. root canal
- ll. gum surgery
- mm. surgery for dental implant
- nn. other type of surgery
- oo. referred to specialist
- pp. biopsy
- qq. other _____

Now let's talk about the third of these visits. How many weeks ago was the third visit?

6. #3 _____# weeks ago

And what was the reason for that visit? Please tell me if it was for any of these reasons. More than one answer is possible.

reason(s) for visit
(check all that apply)

- a. regular checkup
- b. needed teeth cleaned
- c. dental cavities
- d. infected tooth
- e. toothache or painful tooth
- f. teeth looked bad
- g. tooth sensitive to hot/cold
- h. broken filling
- i. tooth was loose
- j. cap or bridge was loose
- k. broken tooth or cap
- l. gums infected/bleeding
- m. sore denture
- n. denture broken
- o. bad breath
- p. other _____

services received
(check all that apply)

- aa. tooth colored filling
- bb. silver filling
- cc. teeth cleaned
- dd. dental X-rays
- ee. tooth pulled
- ff. check-up/examination
- gg. fluoride gel applied
- hh. dental cap or implant made/fixed
- ii. partial denture made or repaired
- jj. full denture made or repaired
- kk. root canal
- ll. gum surgery
- mm. surgery for dental implant
- nn. other type of surgery
- oo. referred to specialist
- pp. biopsy
- qq. other _____

7. Have you lost any teeth or had any teeth removed since we talked with you on _____
[date of six-month interview]

1. Yes
2. No [SKIP TO QUESTION #20]

8. Which teeth were extracted? [INTERVIEWER: ASK THE RESPONDENT TO IDENTIFY THE LOCATION OF THE TOOTH, THEN CHECK THE TOOTH NUMBER BELOW.]

upper right

upper left

1 2 3 4 5 6 7 8

9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25

24 23 22 21 20 19 18 17

lower right

lower left

9. Were all these teeth extracted by a dentist or by someone else [CHECK ALL THAT APPLY]

1. Dentist [SKIP TO QUESTION #10A IF ONLY THIS ANSWER]
2. other, specify _____

10. How many teeth were removed by this non-dentist?

_____ teeth

10a. How many teeth were removed by the dentist?

_____ teeth

11. For the first tooth, [Interviewer: begin with the tooth with the lowest number] what were the reason(s) the tooth was pulled? [INTERVIEWER: READ EACH ITEM SEPARATELY, AND THEN CHECK ALL THAT APPLY]

1. bad toothache
2. bad cavity or decay
3. tooth was very loose
4. broken or cracked filling
5. broken or cracked tooth
6. bad gum disease or not much bone around tooth
7. abscess/infection
8. root canal went bad
9. broken cap
10. to make room for a full or partial denture
11. other _____
12. DK

12. Why did you have this tooth pulled instead of keeping it? [CHECK ALL THAT APPLY]

1. no treatment could be done to save the tooth
2. other treatments would have cost too much
3. it was not worth the time and effort needed to save it, but not because of cost.
4. needed to make room for a partial or full denture
5. the other treatments would have been too painful
6. because I haven't had much success with other treatments in the past
7. it hurt too much to consider any other options
8. other reason, specify _____
9. DK

13. What treatments did the dentist discuss with you as alternatives to having it pulled?
[INTERVIEWER: READ EACH ITEM SEPARATELY, AND THEN CHECK ALL THAT APPLY]

1. a filling
2. gum surgery
3. cap crown or bridge
4. root canal
5. extraction was the only treatment the dentist discussed
6. other _____
7. No other options were discussed
8. DK

14. For the second tooth, [Interviewer: begin with the tooth with the lowest number] what were the reason(s) the tooth was pulled? [INTERVIEWER: READ EACH ITEM SEPARATELY, AND THEN CHECK ALL THAT APPLY]

1. bad toothache
2. bad cavity or decay
3. tooth was very loose
4. broken or cracked filling
5. broken or cracked tooth
6. bad gum disease or not much bone around tooth
7. abscess/infection
8. root canal went bad
9. broken cap
10. to make room for a full or partial denture
11. other _____
12. DK

15. Why did you have this tooth pulled instead of keeping it? [CHECK ALL THAT APPLY]

1. no treatment could be done to save the tooth
2. other treatments would have cost too much
3. it was not worth the time and effort needed to save it, but not because of cost.
4. needed to make room for a partial or full denture
5. the other treatments would have been too painful
6. because I haven't had much success with other treatments in the past
7. it hurt too much to consider any other options
8. other reason, specify _____
9. DK

16. What treatments did the dentist discuss with you as alternatives to having it pulled?
[INTERVIEWER: READ EACH ITEM SEPARATELY, AND THEN CHECK ALL THAT APPLY]

1. a filling
2. gum surgery
3. cap crown or bridge
4. root canal
5. extraction was the only treatment the dentist discussed
6. other _____
7. No other options were discussed
8. DK

17. For the third tooth, [Interviewer: begin with the tooth with the lowest number] what were the reason(s) the tooth was pulled? [INTERVIEWER: READ EACH ITEM SEPARATELY, AND THEN CHECK ALL THAT APPLY]

1. bad toothache
2. bad cavity or decay
3. tooth was very loose
4. broken or cracked filling
5. broken or cracked tooth
6. bad gum disease or not much bone around tooth
7. abscess/infection
8. root canal went bad
9. broken cap
10. to make room for a full or partial denture
11. other _____
12. DK

18. Why did you have this tooth pulled instead of keeping it? [CHECK ALL THAT APPLY]

1. no treatment could be done to save the tooth
2. other treatments would have cost too much
3. it was not worth the time and effort needed to save it, but not because of cost.
4. needed to make room for a partial or full denture
5. the other treatments would have been too painful
6. because I haven't had much success with other treatments in the past
7. it hurt too much to consider any other options
8. other reason, specify _____
9. DK

19. What treatments did the dentist discuss with you as alternatives to having it pulled?
[INTERVIEWER: READ EACH ITEM SEPARATELY, AND THEN CHECK ALL THAT APPLY]

1. a filling
2. gum surgery
3. cap crown or bridge
4. root canal
5. extraction was the only treatment the dentist discussed
6. other _____
7. No other options were discussed
8. DK

PART II (Dental problems)

20. Now I want to ask you about some dental problems you have now or have had since I talked with you last on _____ [date of six-month interview]. It is important that your answers apply to **just** the last six months [or since we last talked with on _____ [date of six-month interview]].

20a. Have you had a toothache or painful tooth since then?

- | | | |
|--|-------|--------|
| 1. Yes ==> How long have you had this toothache? | _____ | days |
| 2. No | _____ | weeks |
| 8. DK | _____ | months |
| 9. Refused | | |

20b. Since then have you had a tooth that was sensitive to hot or cold fluids, or to sweets?

- | | | |
|--|-------|--------|
| 1. Yes ==> How long have you had this sensitive tooth? | _____ | days |
| 2. No | _____ | weeks |
| 8. DK | _____ | months |
| 9. Refused | | |

20c. Have you had a broken filling since then?

- | | | |
|---|-------|--------|
| 1. Yes ==> How long have you had this broken filling? | _____ | days |
| 2. No | _____ | weeks |
| 8. DK | _____ | months |
| 9. Refused | | |

20d. Did you have a broken tooth or broken cap?

- | | | |
|---|-------|--------|
| 1. Yes ==> How long have you had this broken tooth? | _____ | days |
| 2. No | _____ | weeks |
| 8. DK | _____ | months |
| 9. Refused | | |

20e. Have you had cavities that you were aware of?

- | | | |
|--|-------|--------|
| 1. Yes ==> How long have you had these cavities? | _____ | days |
| 2. No | _____ | weeks |
| 8. DK | _____ | months |
| 9. Refused | | |

20f. Did you have an abscessed tooth?

1. Yes ==> How long have you had this abscessed tooth? _____ days
2. No _____ weeks
8. DK _____ months
9. Refused

20g. Did you have infected or sore gums?

- 1. Yes ==> How long have you had infected gums? _____ days
- 2. No _____ weeks
- 8. DK _____ months
- 9. Refused

20h. Did you have bleeding gums?

- 1. Yes ==> How long have you had bleeding gums? _____ days
- 2. No _____ weeks
- 8. DK _____ months
- 9. Refused

20i. Did you have a loose tooth?

- 1. Yes ==> How long have you had this loose tooth? _____ days
- 2. No _____ weeks
- 8. DK _____ months
- 9. Refused

20j. Did you have a cap or bridge that is loose?

- 1. Yes ==> How long have you had this loose cap? _____ days
- 2. No _____ weeks
- 8. DK _____ months
- 9. Refused

20k. Since I talked with you last, have you had teeth that were stained or looked bad?

- 1. Yes ==> How long have you had stained teeth? _____ days
- 2. No _____ weeks
- 8. DK _____ months
- 9. Refused

20l. Since I talked with you last, have you had a problem with bad breath?

- 1. Yes ==> How long have you had this problem? _____ days
- 2. No _____ weeks
- 8. DK _____ months
- 9. Refused

Since I talked to you last, did you have any of these problems?

- | | | |
|--|---------------------|--|
| 21. avoided laughing or smiling because of unattractive teeth or gums | 1. yes ==>
2. no | How often?
1. Very often
2. Fairly often
3. Sometimes |
| 22. avoided talking to someone because of unattractive teeth, gums or bad breath | 1. yes ==>
2. no | How often?
1. Very often
2. Fairly often
3. Sometimes |
| 23. avoided chewing hard things, such as hard bread or apples, because of your teeth or dentures | 1. yes ==>
2. no | How often?
1. Very often
2. Fairly often
3. Sometimes |
| 24. prevented from eating foods you would like to eat because of your teeth or dentures | 1. yes ==>
2. no | How often?
1. Very often
2. Fairly often
3. Sometimes |
| 25. avoided eating with others because of problems with chewing | 1. yes ==>
2. no | How often?
1. Very often
2. Fairly often
3. Sometimes |
| 26. embarrassed by the appearance or bad health of your teeth or gums | 1. yes ==>
2. no | How often?
1. Very often
2. Fairly often
3. Sometimes |
| 27. pain or discomfort from your teeth kept you from doing the things you normally do in a day | 1. yes ==>
2. no | How often?
1. Very often
2. Fairly often
3. Sometimes |
| 28. had trouble sleeping because you had pain or discomfort from your teeth | 1. yes ==>
2. no | How often?
1. Very often
2. Fairly often
3. Sometimes |
| 29. had difficulty speaking or pronouncing | 1. yes ==> | How often? |

any words because you had problems
with your teeth

2. no

1. Very often
2. Fairly often
3. Sometimes

30. had trouble with food catching in your
teeth

1. yes ==>
2. no

How often?
1. Very often
2. Fairly often
3. Sometimes

Thank you- Now some questions that have to do with any problems you might HAVE NOW.

31. Are you able to chew or bite raw carrots or celery sticks, or something very similar to that?

- 1. yes
- 2. no
- 3. have not tried
- 8. DK
- 9. Refused

32. Are you able to chew or bite steak, chops, or firm meat, or something very similar to that?

- 1. yes
- 2. no
- 3. have not tried
- 8. DK
- 9. Refused

33. Are you able to chew or bite a whole fresh apple without cutting it, or something very similar to that?

- 1. yes [IF "YES", skip to #36]
- 2. no
- 3. have not tried
- 8. DK
- 9. Refused

34. Are you able to chew or bite fresh lettuce or spinach salad, or something very similar to that?

- 1. yes [IF "YES", skip to #36]
- 2. no
- 3. have not tried
- 8. DK
- 9. Refused

35. Are you able to chew or bite boiled peas, carrots, or green or yellow beans, or something very similar to that?

1. yes
2. no
3. have not tried
8. DK
9. Refused

36. How satisfied are you with your ability to chew? Would you say ... ?

1. very satisfied
2. satisfied
3. dissatisfied
4. very dissatisfied
8. DK
9. Refused

37. How satisfied are you with the appearance of your teeth and/or dentures? Would you say ...?

1. very satisfied
2. satisfied
3. dissatisfied
4. very dissatisfied
8. DK
9. Refused

38. How satisfied are you with the health of your mouth?

1. very satisfied
2. satisfied
3. dissatisfied
4. very dissatisfied
8. DK
9. Refused

38a. Compared to others your age, how would you rate the health of your mouth?
Would you say the health of your mouth is...?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
6. DK
9. Refused

39. Do you think you need to see a dentist now or in the next couple of weeks?

1. Yes =====> Is that...

a. for a routine check-up

b. for a dental problem ===> What problem? specify _____

2. No =====> Is that...

c. because, although you have a dental problem,
it can wait ===> What problem? specify _____

d. because your mouth is in good shape now or you do not have a problem now

e. because you feel you don't ever need to see a dentist

8. DK

9. Refused

READ ALOUD: "This is the end of the interview. We want to thank you very much for being so nice about participating in this study. We would like to give you a call in another six months to see if your dental condition has changed. Before I leave, do you have questions or comments?"

7/22/94

contact: Censeri Abare 392-6796

900 copies, in booklet format

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