

FLORIDA DENTAL CARE STUDY

24-Month Interview

(Fall, 1995 - Spring, 1996)

Interviewer, first assemble:

- (1) telephone call sheet for name, last address, telephone, and date of baseline
- (2) printout of remaining teeth from baseline
- (3) 18-month interview booklet for participant

Interviewer Initials: __ __ __

Today's Date: __/__/199__

Participant's Name: _____

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]

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

You are being asked to participate in a research study. This form is designed to provide you with information about this study and to answer any of your questions.

TITLE OF RESEARCH STUDY

Longitudinal oral health outcomes in high-risk dentate adults
We also call it the "Florida Dental Care Study" to make it easier.

PROJECT DIRECTOR

Name: Dr. Gregg H. Gilbert

Telephone Number: 904-392-6796

THE PURPOSE OF THE RESEARCH

The purpose of this study is to understand the factors that influence changes in oral health.

PROCEDURES FOR THIS RESEARCH

This study will involve a comprehensive examination of your mouth. Most procedures will be similar to those experienced during a typical dental examination. You will also be asked to participate for a questionnaire about dental care and dental health. This information is being collected for a research project sponsored by the National Institute of Dental Research and the University of Florida.

POTENTIAL RISKS OR DISCOMFORTS

All procedures used in this study are accepted diagnostic procedures. Little, if any, discomfort accompanies these procedures. All instruments used are disposable or have been sterilized according to procedures accepted by the American Dental Association.

POTENTIAL BENEFITS TO YOU OR TO OTHERS

Results of this study will serve to describe changes in oral health in adults. You will receive a comprehensive dental examination without X-rays.

GENERAL CONDITIONS

I understand that I will receive \$20 for my participation in this study, which will be mailed to my home in about 4 weeks.

I understand that I will not be charged additional expenses for my participation in this study.

I understand that I am free to withdraw my consent and discontinue participation in this research project at any time. If you have any question regarding your rights as a subject, you may phone (904) 392-3063.

In the event of my sustaining a physical injury which is proximately caused by this study, professional dental care received at the J. Hillis Miller Health Center exclusive of hospital expenses will be provided me without charge.

I also understand that the University of Florida will protect the confidentiality of my records to the extent provided by Law. The Study Sponsor, or the Institutional Review Board may ask to review my records, however the records will remain confidential as only a number and initial will be used.

SIGNATURES

I have fully explained to _____ the nature and purpose of the above-described procedure and the benefits and risks that are involved in its performance. I have answered and will answer all questions to the best of my ability. I may be contacted at telephone number (904) 392-6796.

Signature of Investigator Obtaining Consent

Date

I have been fully informed of the above-described procedure with its possible benefits and risks and I have received a copy of this description. I have given permission of my participation in this study.

Signature of Subject or Relative (specify)

Date

Signature of Witness

Date

PART I (Dental visits and tooth loss)

1. Have you been to a dentist since we talked with you last on _____ [date of 18-month interview]

- 1. yes
- 2. no [SKIP TO QUESTION #7]

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

Dentist 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
(circle 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
(circle 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
(circle 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
(circle 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
(circle 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
(circle 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 18-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 CIRCLE 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 [CIRCLE 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 CIRCLE 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? [CIRCLE 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 CIRCLE 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 CIRCLE 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? [CIRCLE 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 CIRCLE 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 CIRCLE 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? [CIRCLE 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 CIRCLE 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 18-month interview]. It is important that your answers apply to **JUST** the last six months [or since we last talked with you on _____ (date of 18-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 any words because you had problems with your teeth | 1. yes ==>>>
2. no | How often?
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

39. 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

40. Thinking about your last dental visit, or what you would expect to get today, how would you rate the quality of dental care you received or would receive? Would you say ...?

1. Excellent
2. Very Good
3. Good

- 4. Fair
- 5. Poor
- 6. DK
- 9. Refused

41. 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

42. If you were faced with an unexpected \$500 dental bill, how would you best describe your situation? Would you be ... ?

1. Able to pay comfortably =====> 42a. Is that because you have dental insurance or because you would be able to pay comfortably even if you did not have dental insurance?

1. because of dental insurance

2. even if you did not have dental insurance

8. Don't know

9. Refused

2. Able to pay, but with difficulty

3. Not able to pay the bill

9. Refused

43. Which of these statements best describes your present financial situation?

1. I really can't make ends meet

2. I manage to get by

3. I have enough to manage, plus some extra

4. Money is not much of a problem; I can buy about whatever I want

9. Refused

44. Would you say that your household's total annual income before taxes is under or over \$20,000?
[Interviewer: If income is exactly at a category division, place in the higher division]

1. Under \$20,000
2. Over \$20,000
9. Refused

Before we do the dental examination, I need to ask some medical questions.

45. Has a doctor or dentist ever told you that you must take antibiotics, like penicillin, before you get a dental check-up or dental care?

1. Yes
2. No

46. Do you now have, or have you ever had, a heart valve problem, such as a heart murmur or a heart valve infection?

1. Yes
2. No

47. Do you have kidney disease requiring dialysis?

1. Yes
2. No

48. Do you have a pacemaker, hip replacement or other artificial material in your body?

1. Yes
2. No

So that we will be able to keep in touch with you, we would like the name and address of a person who will know where you will be. We will contact this person only if we cannot locate you.

CONTACT PERSON:

49. Name: _____ Relationship to You: _____

50. Street: _____ Apartment # : _____

51. City: _____ State: _____ Zip: _____

52. Telephone Number: (____) ____ - _____

53. In whose name is the telephone number listed? _____

EXAMINER AND INTERVIEWER COMMENTS:

If periodontal probing not done, why: _____

Any other comments here: _____

PERMISSION TO REVIEW DENTAL RECORDS
The Florida Dental Care Study

As part of this project, we would like to review your dental records to note the exact date and types of dental procedures you have had since 1993.

We will only record dental treatment received, and will not record any financial or payment information.

I hereby request the dentists or dental clinics below to provide the record of my dental treatment since 1993 to the Florida Dental Care Study, a project sponsored by the University of Florida and the National Institute of Dental Research.

Name(s) of dentists or dental clinics

Name of patient _____

Signed _____

Date _____

[INTERVIEWER: Go back through this booklet to make sure that no pages were skipped inadvertently.]

READ ALOUD: "This is the end of the interview. We want to thank you very much for being so nice about answering all these questions. Before we go on to the dental exam, do you have any questions?"