

FLORIDA DENTAL CARE STUDY

30-Month Interview

(Spring, 1996 - Fall, 1996)

Interviewer, first assemble:

- (1) telephone call sheet for name, last address, telephone, and date of baseline
- (2) printout of remaining teeth from 24-month exam
- (3) previous 6-monthly interview booklets for participant (6 mo., 12 mo., 18 mo., 24 mo.)

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]

PART I (Dental visits and tooth loss)

1. Have you been to a dentist since we talked with you last on _____ [date of 24-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 #1 # 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 24-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 self-care)

LAY REPERTOIRES OF KNOWLEDGE: Dental symptoms:

We've been asking you about a number of symptoms you may have experienced. Now we're interested in the ideas people have about treating symptoms, whether or not they've had the symptoms themselves.

For each symptom that I mention, could you tell me what you know about treating it? We're interested in things you might have done or that you think might help; things other people have told you about; things that you might recommend to someone who was experiencing the symptom.

1A. Let's begin with **toothache pain**. What would you recommend someone do if they experienced toothache pain? Or what would you do yourself? [PROBE: Anything else?] (Circle Y for all responses mentioned; otherwise N)

- | | | |
|--|---|---|
| a. Try to ignore or forget about it. Wait to see how I felt later. | Y | N |
| b. Take OTC analgesic. | Y | N |
| c. Apply topical OTC medications. | Y | N |
| d. Apply heating pad or hot compress. | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

1B. Is there anything a person can do to prevent toothache pain? What can they do? Anything else?

- | | | |
|--|---|---|
| Toothache pain is preventable. [IF NO, SKIP TO 1C] | Y | N |
| Preventive behaviors: | | |
| a. Periodic dental check-ups. | Y | N |
| b. Careful dental hygiene. | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

1C. What do you think causes toothaches? [PROBE: Anything else?]

- | | | |
|--|---|---|
| a. Untreated dental problems; lack of professional attention. | Y | N |
| b. "Bad teeth;" heredity. | Y | N |
| c. Inadequate dental hygiene [leading to dental caries, etc.] | Y | N |
| d. Eating certain types of foods. | Y | N |
| e. Sinus problems. | Y | N |
| f. "Normal" aging (something that happens to people when they get old) | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

2A. What about **sensitivity to sweets**, i.e., if a person experienced tooth pain when they ate something sweet? What would you recommend someone do if they experienced sensitivity to sweets? Or what would you do yourself? [PROBE: Anything else?] (Circle Y for all responses mentioned; otherwise N)

- | | | |
|--|---|---|
| a. Try to ignore or forget about it. Wait to see how I felt later. | Y | N |
| b. Take OTC analgesic. | Y | N |
| c. Apply topical OTC medications. | Y | N |
| d. Use toothpaste for sensitive teeth. | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

2B. Is there anything a person can do to prevent their teeth being sensitive to sweets? What can they do? Anything else?

Dental sensitivity to sweets is preventable. [IF NO, SKIP TO 2C] Y N

Preventive behaviors:

a. Periodic dental check-ups. Y N

b. Careful dental hygiene. Y N

c. Avoid eating sweets. Y N

.

.

.

k. Other response Y N

Specify: _____

2C. What do you think causes teeth to be sensitive to sweets? [PROBE: Anything else?]

a. Untreated dental problems; lack of professional attention. Y N

b. "Bad teeth;" heredity. Y N

c. Inadequate dental hygiene [leading to dental caries, etc.] Y N

d. Eating too many sweets. Y N

e. Sinus problems. Y N

f. "Normal" aging (something that happens to people when they get old)

.

.

.

k. Other response Y N

Specify: _____

3A. What about **sensitivity to heat**, i.e., if a person experienced tooth pain when they ate or drank something hot? What would you recommend someone do if they experienced sensitivity to heat? Or what would you do yourself? [PROBE: Anything else?] (Circle Y for all responses mentioned; otherwise N)

- a. Try to ignore or forget about it. Wait to see how I felt later. Y N
- b. Take OTC analgesic. Y N
- c. Apply topical OTC medications. Y N
- d. Apply ice pack. Y N
- e. Avoiding eating hot foods or drinking hot liquids. Y N
- .
- .
- .
- k. Other response Y N
Specify: _____

3B. Is there anything a person can do to prevent sensitivity to heat? What can they do? Anything else?

Dental sensitivity to heat is preventable. [IF NO, SKIP TO 3C] Y N

Preventive behaviors:

- a. Periodic dental check-ups. Y N
- b. Careful dental hygiene. Y N
- c. Use toothpaste for sensitive teeth. Y N
- .
- .
- k. Other response Y N
Specify: _____

3C. What do you think causes teeth to be sensitive to hot food or liquids? [PROBE: Anything else?]

- | | | |
|--|---|---|
| a. Untreated dental problems; lack of professional attention. | Y | N |
| b. "Bad teeth;" heredity. | Y | N |
| c. Inadequate dental hygiene [leading to dental caries, etc.] | Y | N |
| d. Eating too many hot foods or liquids. | Y | N |
| e. Sinus problems. | Y | N |
| f. "Normal" aging (something that happens to people when they get old) | | |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

4A. This next question also asks about dental sensitivity but this time it's to cold food or drinks. What would you recommend someone do if they experienced **sensitivity to cold**? Or what would you do yourself? [PROBE: Anything else?] (Circle Y for all responses mentioned; otherwise N)

- | | | |
|--|---|---|
| a. Try to ignore or forget about it. Wait to see how I felt later. | Y | N |
| b. Take OTC analgesic. | Y | N |
| c. Apply topical OTC medications. | Y | N |
| d. Apply heating pad or hot compress. | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

4B. Is there anything a person can do to prevent sensitivity to cold? What can they do? [PROBE: Anything else?]

Toothache pain is preventable. [IF NO, SKIP TO 4C] Y N

Preventive behaviors:

a. Periodic dental check-ups. Y N

b. Careful dental hygiene. Y N

c. Y N

.

.

.

k. Other response Y N

Specify: _____

4C. What do you think causes teeth to be sensitive to cold? [PROBE: Anything else?]

a. Untreated dental problems; lack of professional attention. Y N

b. "Bad teeth;" heredity. Y N

c. Sinus problems. Y N

d. Previous dental work; conductivity. Y N

e. Sinus problems. Y N

f. "Normal" aging (something that happens to people when they get old) Y N

.

.

.

k. Other response Y N

Specify: _____

5A. What about **bad breath**. What would you recommend someone do if they experienced bad breath? Or what would you do yourself? [PROBE: Anything else?] (Circle Y for all responses mentioned; otherwise N)

- a. Try to ignore or forget about it. Wait to see how I felt later. Y N
- b. Gargle with or use mouthwash. Y N
- c. Avoid particular foods. Y N
- . Y N
- . Y N
- . Y N
- k. Other response Y N
Specify: _____

5B. Is there anything a person can do to prevent bad breath? What can they do? [PROBE: Anything else?]

- Bad breath is preventable. [IF NO, SKIP TO 5C] Y N
- Preventive behaviors:
- a. Periodic dental check-ups. Y N
 - b. Careful dental hygiene. Y N
 - c. Avoid certain foods. Y N
 - . Y N
 - . Y N
 - . Y N
 - k. Other response Y N
Specify: _____

5C. What do you think causes bad breath? [PROBE: Anything else?]

- | | | |
|--|---|---|
| a. Untreated dental problems; lack of professional attention. | Y | N |
| b. Runs in family; heredity. | Y | N |
| c. Inadequate dental hygiene | Y | N |
| d. Eating certain types of foods. | Y | N |
| f. "Normal" aging (something that happens to people when they get old) | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

6A. What would you recommend someone do if they experienced **mouth dryness**? Or what would you do yourself? [PROBE: Anything else?] (Circle Y for all responses mentioned; otherwise N)

- | | | |
|--|---|---|
| a. Try to ignore or forget about it. Wait to see how I felt later. | Y | N |
| b. Avoid OTC or Rx medications. | Y | N |
| c. Drink lots of water; keep water by bed at night. | Y | N |
| d. Avoid foods with salt; cut down on sodium. | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

6B. Is there anything a person can do to prevent their moth getting dry? What can they do? [PROBE: Anything else?]

Mouth dryness is preventable. [IF NO, SKIP TO 6C] Y N

Preventive behaviors:

a. Periodic dental check-ups. Y N

b. Careful dental hygiene. Y N

c. Drink more fluids. Y N

.

.

.

k. Other response Y N

Specify: _____

6C. What do you think causes mouth dryness? [PROBE: Anything else?]

a. Untreated dental problems; lack of professional attention. Y N

b. Runs in family; heredity. Y N

c. Inadequate dental hygiene [leading to dental caries, etc.] Y N

d. Eating certain types of foods. Y N

e. Taking certain medications. Y N

f. "Normal" aging (something that happens to people when they get old) Y N

.

.

.

k. Other response Y N

Specify: _____

7A. What about **bleeding gums**? What would you recommend someone do if they experienced bleeding gums? Or what would you do yourself? [PROBE: Anything else?] (Circle Y for all responses mentioned; otherwise N)

- a. Try to ignore or forget about it. Wait to see how I felt later. Y N
- b. Brush teeth and gums more regularly. Y N
- c. See dentist for cleaning. Y N
- d. Avoid brushing or other actions that start bleeding. Y N
- .
- .
- .
- k. Other response Y N
Specify: _____

7B. Is there anything a person can do to prevent bleeding gums? What can they do? [PROBE: Anything else?]

Bleeding gums are preventable. [IF NO, SKIP TO 7C] Y N

Preventive behaviors:

- a. Periodic dental check-ups. Y N
- b. Careful dental hygiene. Y N
- c. Get more vitamin C.
- .
- .
- .
- k. Other response Y N
Specify: _____

7C. What do you think causes a person's gums to bleed? [PROBE: Anything else?]

- | | | |
|--|---|---|
| a. Untreated dental problems; lack of professional attention. | Y | N |
| b. "Bad teeth;" heredity. | Y | N |
| c. Inadequate dental hygiene [leading to dental caries, etc.] | Y | N |
| d. Brushing or flossing too vigorously. | Y | N |
| f. "Normal" aging (something that happens to people when they get old) | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

8A. The last dental problem I want to ask you about is **tooth loss**. What would you recommend someone do if they had a tooth that they thought needed to come out? Or what would you do yourself? [PROBE: Anything else?]
(Circle Y for all responses mentioned; otherwise N)

- | | | |
|--|---|---|
| a. Try to ignore or forget about it. Wait to see if tooth came out on its own. | Y | N |
| b. "Wiggle" or "worry" tooth until it came out.. | Y | N |
| . | | |
| . | | |
| . | | |
| k. Other response | Y | N |
| Specify: _____ | | |
| _____ | | |

8B. Is there anything a person can do to prevent tooth loss? What can they do? [PROBE: Anything else?]

Tooth loss is preventable. [IF NO, SKIP TO 8C] Y N

Preventive behaviors:

a. Periodic dental check-ups. Y N

b. Careful dental hygiene. Y N

c..... Y N

.

.

.

k. Other response Y N

Specify: _____

8C. What do you think causes tooth loss? [PROBE: Anything else?]

a. Untreated dental problems; lack of professional attention. Y N

b. "Bad teeth;" heredity. Y N

c. Inadequate dental hygiene [leading to dental caries, etc.] Y N

d. Eating certain types of foods. Y N

e. Sinus problems. Y N

f. "Normal" aging (something that happens to people when they get old) Y N

.

.

.

k. Other response Y N

Specify: _____

READ ALOUD: "This is the end of the interview. We want to thank you very much for being so nice about participating. Before I leave, do you have any questions?"

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