FLORIDA DENTAL CARE STUDY

42-month Interview

(Spring, 1997 - Fall, 1997)

Interviewer, first assemble:
(1) telephone call sheet for name, last address, telephone, and date of baseline
(2) printout of remaining teeth from 24-mo. examination (from baseline exam. if no 24-mo. exam)
(3) 24-mo., 30-mo., and 36-mo. interview booklets for respondent [needed for 6-monthly dental care use and 6-monthly tooth loss]

| 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 36-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/ixed
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 36-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 (Orofacial symptoms)

Now I'd like to ask you about some problems you may have had in the past 6 months.

64. In the past 6 months, have you had toothache pain?
   1. yes
   2. no [IF "NO", skip to #65]
   8. DK
   9. refused

64a. How long have you had this toothache pain?
   1. less than 6 months
   2. 6 months or more, but less than 5 years
   3. 5 or more years ago
   8. DK
   9. refused

64b. When you have this toothache pain, does it come and go, or is it continuous?
   1. comes and goes
   2. continuous
   3. other, specify ________________________________
   8. DK
   9. refused

64c. In the past 6 months, which choice best describes how often you have had this toothache pain?
   1. every day
   2. at least once a week
   3. at least once a month
   4. less often than once a month
   8. DK
   9. refused

64d. In the past 6 months, how bad has your toothache pain been?
   1. "So painful that I can't do what I normally do"
   2. "It's been painful, but I manage to get by"
   3. "It's really more annoying than painful"
   8. DK
   9. refused

64e. In the past 6 months, who did you talk with about your toothache pain? [CIRCLE ALL THAT APPLY]
   1. your family
   2. your friend(s) or neighbor(s)
   3. your medical doctor(s)
   4. your dentist(s)
   5. your pharmacist(s)
   6. any other(s), specify ________________________________
   8. DK
   9. refused
65. In the past 6 months, have you had teeth that are sensitive to hot or cold fluids?
   1. yes
   2. no [IF "NO", skip to # 66]
   8. DK
   9. refused

65a. How long have you had this tooth sensitivity?
   1. less than 6 months
   2. 6 months or more, but less than 5 years
   3. 5 or more years ago
   8. DK
   9. refused

65b. When you have this tooth sensitivity, does it come and go, or is it continuous?
   1. comes and goes
   2. continuous
   3. other, specify ________________________________
   8. DK
   9. refused

65c. In the past 6 months, which choice best describes how often you have had this tooth sensitivity?
   1. every day
   2. at least once a week
   3. at least once a month
   4. less often than once a month
   8. DK
   9. refused

65d. In the past 6 months, how bad has your tooth sensitivity been?
   1. "So painful that I can't do what I normally do"
   2. "It's been painful, but I manage to get by"
   3. "It's really more annoying than painful"
   8. DK
   9. refused

65e. In the past 6 months, who did you talk with about your tooth sensitivity? [CIRCLE ALL THAT APPLY]
   1. your family
   2. your friend(s) or neighbor(s)
   3. your medical doctor(s)
   4. your dentist(s)
   5. your pharmacist(s)
   6. any other(s), specify ________________________________
   8. DK
   9. refused
66. In the past 6 months, have you had tooth pain while chewing [this does not include denture soreness]?
   1. yes
   2. no [IF "NO", skip to # 67]
   8. DK
   9. refused

66a. How long have you had this tooth pain while chewing?
   1. less than 6 months
   2. 6 months or more, but less than 5 years
   3. 5 or more years ago
   8. DK
   9. refused

66b. When you have this tooth pain while chewing, does it come and go, or is it continuous?
   1. comes and goes
   2. continuous
   3. other, specify ________________________
   8. DK
   9. refused

66c. In the past 6 months, which choice best describes how often you have had this tooth pain while chewing?
   1. every day
   2. at least once a week
   3. at least once a month
   4. less often than once a month
   8. DK
   9. refused

66d. In the past 6 months, how bad has your chewing pain been?
   1. "So painful that I can't do what I normally do"
   2. "It's been painful, but I manage to get by"
   3. "It's really more annoying than painful"
   8. DK
   9. refused

66e. In the past 6 months, who did you talk with about your chewing pain? [CIRCLE ALL THAT APPLY]
   1. your family
   2. your friend(s) or neighbor(s)
   3. your medical doctor(s)
   4. your dentist(s)
   5. your pharmacist(s)
   6. any other(s), specify ________________________
   8. DK
   9. refused
67. In the past 6 months, have you had painful sores or irritations around the lips or in your mouth?
   1. yes
   2. no [IF "NO", skip to #68]
   8. DK
   9. refused

67a. How long have you had these painful sores around the lips or in your mouth?
   1. less than 6 months
   2. 6 months or more, but less than 5 years
   3. 5 or more years ago
   8. DK
   9. refused

67b. When you have these painful sores around the lips or in your mouth, does the pain come and go, or is it continuous?
   1. comes and goes
   2. continuous
   3. other, specify ________________________________
   8. DK
   9. refused

67c. In the past 6 months, which choice best describes how often you have had these painful sores around the lips or in your mouth?
   1. every day
   2. at least once a week
   3. at least once a month
   4. less often than once a month
   8. DK
   9. refused

67d. In the past 6 months, how bad has your lip or mouth pain been?
   1. "So painful that I can't do what I normally do"
   2. "It's been painful, but I manage to get by"
   3. "It's really more annoying than painful"
   8. DK
   9. refused

67e. In the past 6 months, who did you talk with about your painful sores around the lips or in your mouth?
   [CIRCLE ALL THAT APPLY]
   1. your family
   2. your friend(s) or neighbor(s)
   3. your medical doctor(s)
   4. your dentist(s)
   5. your pharmacist(s)
   6. any other(s), specify ________________________________
   8. DK
   9. refused
68. In the past 6 months, have you had a burning sensation in your tongue or any other part of your mouth?
   1. yes
   2. no [IF "NO", skip to #69]
   8. DK
   9. refused

68a. How long have you had this burning sensation in your tongue or other part of your mouth?
   1. less than 6 months
   2. 6 months or more, but less than 5 years
   3. 5 or more years ago
   8. DK
   9. refused

68b. When you have this burning sensation in your tongue or other part of your mouth, does it come and go, or is it continuous?
   1. comes and goes
   2. continuous
   3. other, specify ________________________________
   8. DK
   9. refused

68c. In the past 6 months, which choice best describes how often you have had this burning sensation in your tongue or other part of your mouth?
   1. every day
   2. at least once a week
   3. at least once a month
   4. less often than once a month
   8. DK
   9. refused

68d. In the past 6 months, how bad has your burning sensation in your tongue or other part of your mouth been?
   1. "So painful that I can't do what I normally do"
   2. "It's been painful, but I manage to get by"
   3. "It's really more annoying than painful"
   8. DK
   9. refused
68e. In the past 6 months, who did you talk with about your burning sensation? [CIRCLE ALL THAT APPLY]

1. your family
2. your friend(s) or neighbor(s)
3. your medical doctor(s)
4. your dentist(s)
5. your pharmacist(s)
6. any other(s), specify ________________________________
7. DK
8. refused
69. In the past 6 months, have you had a dull, aching pain across your face or cheek?
   1. yes
   2. no [IF "NO", skip to # 70]
   8. DK
   9. refused

69a. How long have you had this dull, aching pain across your face or cheek?
   1. less than 6 months
   2. 6 months or more, but less than 5 years
   3. 5 or more years ago
   8. DK
   9. refused

69b. When you have this pain across your face or cheek, does it come and go, or is it continuous?
   1. comes and goes
   2. continuous
   3. other, specify ________________________________
   8. DK
   9. refused

69c. In the past 6 months, which choice best describes how often you have had this pain across your face or cheek?
   1. every day
   2. at least once a week
   3. at least once a month
   4. less often than once a month
   8. DK
   9. refused

69d. In the past 6 months, how bad has your face or cheek pain been?
   1. "So painful that I can't do what I normally do"
   2. "It's been painful, but I manage to get by"
   3. "It's really more annoying than painful"
   8. DK
   9. refused

69e. In the past 6 months, who did you talk with about your face or cheek pain? [CIRCLE ALL THAT APPLY]
   1. your family
   2. your friend(s) or neighbor(s)
   3. your medical doctor(s)
   4. your dentist(s)
   5. your pharmacist(s)
   6. any other(s), specify ________________________________
   8. DK
   9. refused
70. In the past 6 months, have you had pain in the jaw joint or in front of the ear [does not include earache]?
   1. yes
   2. no [IF "NO", skip to closing]
   8. DK
   9. refused

70a. How long have you had this (jaw joint/ front of ear) pain?
   1. less than 6 months
   2. 6 months or more, but less than 5 years
   3. 5 or more years ago
   8. DK
   9. refused

70b. When you have this (jaw joint/ front of ear) pain, does it come and go, or is it continuous?
   1. comes and goes
   2. continuous
   3. other, specify ________________________________
   8. DK
   9. refused

70c. In the past 6 months, which choice best describes how often you have had this (jaw joint/ front of ear) pain?
   1. every day
   2. at least once a week
   3. at least once a month
   4. less often than once a month
   8. DK
   9. refused

70d. In the past 6 months, how bad has your (jaw joint/ front of ear) pain been?
   1. "So painful that I can't do what I normally do"
   2. "It's been painful, but I manage to get by"
   3. "It's really more annoying than painful"
   8. DK
   9. refused

70e. In the past 6 months, who did you talk with about your (jaw joint/ front of ear) pain? [CIRCLE ALL THAT APPLY]
   1. your family
   2. your friend(s) or neighbor(s)
   3. your medical doctor(s)
   4. your dentist(s)
   5. your pharmacist(s)
   6. any other(s), specify ________________________________
   8. DK
   9. refused
FOR EACH PERSON WHO REPORTS A NON-PROFESSIONAL DENTAL EXTRACTION:

**Rationale**
For each person who reports a self-extraction at the 42-month interview, we need to get detailed information on the circumstances around each self-extraction.

**Steps:**
1) Ask questions 10, 10a, 11, and 12, and then ...
2) At the bottom of the page that has questions 11-13, write the answers to these questions:

A) What got bad enough that you decided to remove the tooth?
   (For example, did the tooth get so loose that it started to be uncomfortable or started to interfere with eating? Or did the tooth break off and start to cause injury to their cheeks or lips? Or did the abscess start to hurt too bad?)

B) Why did you not go to a dentist to get the tooth pulled?
   (For example, was there any other reason than those provided in question #12?)

C) Did anyone else help to pull it and what were the circumstances?
   (For example, did a friend or neighbor also help? Exactly how did they pull the tooth -- did they use a string, gauze, their own fingers, pliers, or anything else?)

D) Record any other information that you think might be helpful.

**Note:**
These data cannot be entered into our existing data entry scheme because when someone reports a self-extraction, questions 11-13 are skipped. Therefore, we will tally these answers by hand. Flag these interview booklets, and then I will ask you later to mail them to me.

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?"