

FLORIDA DENTAL CARE STUDY

48-month Interview

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) 30-mo., 36-mo., and 42-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]

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: 352-392-6796

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 \$25 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 (352) 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 (352) 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 see a dentist since we talked with you last on _____" [date of 42-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 _____

"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 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 _____

"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 _____

7. **"Have you lost any teeth or had any teeth removed since we talked with you on _____ "**
[date of 42-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
<hr/>	
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

IF A TOOTH WAS TAKEN OUT BY SOMEBODY OTHER THAN A DENTIST, THEN ASK A-D:

- 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 cheek 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, were there any other reasons 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.

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?"** [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 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?"** [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 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?"** [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)

"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 42-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 42-month interview]).

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

- | | | |
|------------|---|------------------------|
| 1. Yes ==> | "How long have you had this toothache?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

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?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

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

- | | | |
|------------|--|------------------------|
| 1. Yes ==> | "How long have you had this broken filling?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

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

- | | | |
|------------|--|------------------------|
| 1. Yes ==> | "How long have you had this broken tooth?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

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

- | | | |
|------------|---|------------------------|
| 1. Yes ==> | "How long have you had these cavities?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

20f. **"Did you have an abscessed tooth?"**

- | | | |
|------------|---|------------------------|
| 1. Yes ==> | "How long have you had this abscessed tooth?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

20g. **"Did you have infected or sore gums?"**

- | | | |
|------------|--|------------------------|
| 1. Yes ==> | "How long have you had infected gums?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

20h. **"Did you have bleeding gums?"**

- | | | |
|------------|--|------------------------|
| 1. Yes ==> | "How long have you had bleeding gums?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

20i. **"Did you have a loose tooth?"**

- | | | |
|------------|---|------------------------|
| 1. Yes ==> | "How long have you had this loose tooth?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

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

- | | | |
|------------|---|------------------------|
| 1. Yes ==> | "How long have you had this loose cap?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

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?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

201. "Since I talked with you last, have you had a problem with bad breath?"

- | | | |
|------------|---|------------------------|
| 1. Yes ==> | "How long have you had this problem?" ==> | "How bad has it been?" |
| 2. No | _____ days | 1. very mild |
| 8. DK | _____ weeks | 2. mild |
| 9. Refused | _____ months | 3. moderate |
| | | 4. severe |

"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 | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |
| 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 | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |
| 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 | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |
| 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 | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |
| 25. "avoided eating with others because of problems with chewing" | 1. yes ==>
2. no | "How often?" ==>
1. Very often
2. Fairly often
3. Sometimes | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |
| 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 | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |
| 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 | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |

- | | | | |
|--|--------------------------------------|--|---|
| 28. "had trouble sleeping because you had pain or discomfort from your teeth" | 1. yes ==> "How often?" ==>
2. no | 1. Very often
2. Fairly often
3. Sometimes | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |
| 29. "had difficulty speaking or pronouncing any words because you had problems with your teeth" | 1. yes ==> "How often?" ==>
2. no | 1. Very often
2. Fairly often
3. Sometimes | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |
| 30. "had trouble with food catching in your teeth" | 1. yes ==> "How often?" ==>
2. no | 1. Very often
2. Fairly often
3. Sometimes | "How bad has it been?"
1. very mild
2. mild
3. moderate
4. severe |

"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 [discourage this by response repeating "something very similar to that"]
 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 [discourage this response by repeating "something very similar to that"]
 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 [discourage this response by repeating "something very similar to that"]
 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 [discourage this response by repeating "something very similar to that"]
 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 [discourage this response by repeating "something very similar to that"]
 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

[questions 40 and 41 skipped deliberately]

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 information about payments made to your dentists.

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 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?"