

# **Florida Dental Care Study**

## **Six Month Interview**

Interviewer, first assemble:

- (1) telephone call sheet for name, last address, telephone, and date of baseline
- (2) printout of remaining teeth

Interviewer Initials: \_\_\_-\_\_\_-

Today's Date: \_/\_/\_/1994

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 saw you six months ago on [date of baseline exam]

- 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 saw you 6 months ago?

\_\_\_\_\_ times

Let's start with the first time you went since we saw you. 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 visited you about 6 months ago?

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

1 2 3 4 5 6 7 8

upper left

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 did someone else do it [CHECK ALL THAT APPLY]

1. Dentist [SKIP TO QUESTION #11 IF ONLY THIS ANSWER]
2. other, specify \_\_\_\_\_

10. How many teeth were removed by this person?

\_\_\_\_\_ 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
6. abscess/infection
7. 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
7. 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
6. abscess/infection
7. 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 we saw you 6 months ago. It is important that you answer with regard to problems you HAVE NOW or have had in the past 6 months ONLY.

20a. Have you had a toothache or painful tooth in the past 6 months?

- |  |                             |
|--|-----------------------------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> days   |
| 2. No  | <input type="text"/> weeks  |
| 8. DK  | <input type="text"/> months |
| 9. Refused                                     |                             |

20b. In the past 6 months have you had a tooth that was sensitive to hot or cold fluids, or to sweets?

- |  |                             |
|--|-----------------------------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> days   |
| 2. No  | <input type="text"/> weeks  |
| 8. DK  | <input type="text"/> months |
| 9. Refused                                     |                             |

20c. Have you had a broken filling since we saw you 6 months ago?

- |  |                             |
|--|-----------------------------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> days   |
| 2. No  | <input type="text"/> weeks  |
| 8. DK  | <input type="text"/> months |
| 9. Refused                                     |                             |

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

- |  |                             |
|--|-----------------------------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> days   |
| 2. No  | <input type="text"/> weeks  |
| 8. DK  | <input type="text"/> months |
| 9. Refused                                     |                             |

20e. Did you have cavities?

- |  |                             |
|--|-----------------------------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> days   |
| 2. No  | <input type="text"/> weeks  |
| 8. DK  | <input type="text"/> months |
| 9. Refused                                     |                             |

20f. Did you have an abscessed tooth?

- |  |                             |
|--|-----------------------------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> days   |
| 2. No  | <input type="text"/> weeks  |
| 8. DK  | <input type="text"/> months |
| 9. Refused                                     |                             |

20g. Did you have infected or sore gums?

- |  |                      |        |
|--|----------------------|--------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> | days   |
| 2. No  | <input type="text"/> | weeks  |
| 8. DK  | <input type="text"/> | months |
| 9. Refused                                     |                      |        |

20h. Did you have bleeding gums?

- |  |                      |        |
|--|----------------------|--------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> | days   |
| 2. No  | <input type="text"/> | weeks  |
| 8. DK  | <input type="text"/> | months |
| 9. Refused                                     |                      |        |

20i. Did you have a loose tooth?

- |  |                      |        |
|--|----------------------|--------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> | days   |
| 2. No  | <input type="text"/> | weeks  |
| 8. DK  | <input type="text"/> | months |
| 9. Refused                                     |                      |        |

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

- |  |                      |        |
|--|----------------------|--------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> | days   |
| 2. No  | <input type="text"/> | weeks  |
| 8. DK  | <input type="text"/> | months |
| 9. Refused                                     |                      |        |

20k. Since we saw you 6 months ago, have you had teeth that were stained or looked bad?

- |  |                      |        |
|--|----------------------|--------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> | days   |
| 2. No  | <input type="text"/> | weeks  |
| 8. DK  | <input type="text"/> | months |
| 9. Refused                                     |                      |        |

20l. In the past 6 months, have you had a problem with bad breath?

- |  |                      |        |
|--|----------------------|--------|
| 1. Yes ==> How long have you had this problem? | <input type="text"/> | days   |
| 2. No  | <input type="text"/> | weeks  |
| 8. DK  | <input type="text"/> | months |
| 9. Refused                                     |                      |        |

21. In the past 6 months, did you avoid laughing or smiling because you felt you had unattractive teeth or gums?

- |               |  |
|---------------|--|
| 1. yes ==>    | 2a. How often have you done this in the past 6 months? |
| 2. no         | 1. Very often  |
| 8. Don't know | 2. Fairly often  |
| 9. Refused    | 3. Sometimes   |



22. Did you avoid talking to someone because you felt you had unattractive teeth or gums or bad breath?

1. yes ===> 22a. How often have you done this in the past 6 months?  
2. no 1. Very often  
8. Don't know 2. Fairly often  
9. Refused 3. Sometimes

23. Did you avoid chewing hard things, such as hard bread or apples, because of your teeth or dentures?

1. yes ===> 23a. How often have you done this in the past 6 months?  
2. no  
3. Don't know  
4. Refused

1. Very often  
2. Fairly often  
3. Sometimes

24. Were you prevented from eating foods you would like to eat because of your teeth or dentures in the past six months?

1. yes ==> 24a. How often have you done this in the past 6 months?  
2. no  
3. Don't know  
4. Refused

1. Very often  
2. Fairly often  
3. Sometimes

25. Did you avoid eating with others because of problems with chewing?

1. yes ==> 25a. How often have you done this in the past 6 months?  
2. no  
3. DK  
4. Refused

1. Very often  
2. Fairly often  
3. Sometimes

26. Were you embarrassed by the appearance or bad health of your teeth or gums in the past six months?

1. yes ===> 26a. How often have you been embarrassed by this in the past  
2. no 6 months?  
8. DK 1. Very often  
9. Refused 2. Fairly often  
3. Sometimes

27. Did pain or discomfort from your teeth or dentures ever keep you from doing the things you normally do in a day?

1. yes =====> 27a. How often have you limited these normal daily activities in the past 6 months?
2. no
8. DK
9. Refused
1. Very often
2. Fairly often
3. Sometimes
28. In the past 6 months did you have trouble sleeping because you had pain or discomfort from your teeth or dentures?
1. yes =====> 28a. How often have you had this trouble in the past 6 months?
2. no
8. DK
9. Refused
1. Very often
2. Fairly often
3. Sometimes
29. Did you have difficulty speaking or pronouncing any words because you had problems with your teeth, mouth, or dentures?
1. yes =====> 29a. How often have you had this trouble in the past 6 months?
2. no
8. DK
9. Refused
1. Very often
2. Fairly often
3. Sometimes
30. Did you have trouble with food catching in your teeth or dentures?
1. yes=====> 30a. How often has this happened in the past 6 months?
2. no
8. DK
9. Refused
1. Very often
2. Fairly often
3. Sometimes
4. Never

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 overall? Would you say ... ?

1. very satisfied
2. satisfied
3. dissatisfied
4. very dissatisfied
8. don't know
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. don't know
9. Refused

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

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
8. 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
- 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?"