

FLORIDA DENTAL CARE STUDY

Informed consent and baseline questionnaire

Fall, 1993 - Winter, 1994

**Florida Dental Care Study
Baseline Questionnaire**

OMB No. 0925-0388
Expiration 11/30/95

Participant Name: _____

Interviewer Name: _____

Date: __ __/__ __/199 __

[READ ALOUD: "The University of Florida is working with the National Institute of Dental Research and the U.S. Public Health Service. We are collecting information from residents of north Florida to learn more about dental health problems. Your participation is of course voluntary. All of your answers will be kept confidential, and information will be reported as statistical summaries with no personal identifiers.

Let me read aloud a short paragraph to you that tells a little bit about how this interview is supposed to work. I have a set of questions that I have to ask exactly the way they are written. That way, we know everyone in the study is answering the same questions and we can compare their answers. For most questions I will read a list of possible answers. Whenever possible you should choose one of the answers I read with the questions. It is important that your answers be as accurate as you can make them. So, take time, if you need it, to think about your answers, and please stop me if you have any questions about the kind of information we want. OK?"]

[INTERVIEWER: Read each question and each response category aloud to R]

1. Which of the following statements best describes your approach to dental care?

1. I never go to a dentist.
2. I go to a dentist when I have a problem or when I know that I need to get something fixed.
3. I go to a dentist occasionally, whether or not I have a problem.
4. I go to a dentist regularly.

2. Over the past five years, did you ever go to a dentist just to get a check-up?

1. Yes =====> 2a. IF YES: Have you gone on a regular basis, say
2. No once a year or more often?
8. Don't know a. yes
- b. no

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Dental Research Extramural Program, Westwood Building, Room 521, 5333 Westbard Avenue, Bethesda, MD 20892; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

3. When did you last visit a dentist? Was it ... ?

1. Never have been =====> GO TO # 5
2. At least five years ago =====> GO TO # 5
3. At least two but less than five years ago =====> GO TO # 5
4. At least one but less than two years ago =====> GO TO # 5
5. More than six months but less than one year ago
6. Within the last six months

4. How many times in the past 12 months have you been to a dentist?

_____times

5. If you need dental care in the next year, where will you go?

1. A private dentist's office such as one or two dentists in the office
2. A private dental clinic such as a group practice
3. Have a dentist come to your home
4. Hospital clinic;
name of clinic _____; city: _____; GO TO #7
5. Dental school clinic;
name of clinic _____; city: _____; GO TO #7
6. VA dental clinic;
name of clinic _____; city: _____; GO TO #7
7. Public clinic or other government-sponsored clinic;
name of clinic _____; city: _____; GO TO #7

6. Do you know the name of this dentist or dental group?

Dentist's name: _____

Address: _____

Telephone #: _____ [to be recorded later]

7. How long does it usually take you to get to this dentist or clinic?

1. Under 10 minutes
2. 10-20 minutes
3. 21-30 minutes
4. 31-40 minutes
5. 41-50 minutes
6. 51 minutes - 1 hour
7. over 1 hour

8. Is the dentist or clinic you mentioned the one that is nearest you?

1. Yes [IF YES, GO TO #10]
2. No
8. Don't know

9. How long would it take you to get to the nearest dentist?

1. Under 10 minutes
2. 10-20 minutes
3. 21-30 minutes
4. 31-40 minutes
5. 41-50 minutes
6. 51 minutes - 1 hour
7. over 1 hour

10. **[INTERVIEWER: If respondent answered "never have been to a dentist" in question #3, skip to #11]**

Thinking about your last visit to a dentist, or your most recent series of visits, how would you rate the service you received?

[INTERVIEWER: HAND R EXHIBIT #1 NOW]

For each of the following statements, please tell me if you would rate the service as excellent, very good, good, fair, or poor.

	<u>Exc.</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>DK/ No opinion</u>
a. The overall quality of the dental care you received	1	2	3	4	5	8
b. Getting an appointment when you wanted one	1	2	3	4	5	8
c. The way you were made to feel when you first arrived at the office	1	2	3	4	5	8

	<u>Exc.</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>DK/No opinion</u>
d. The way you were made to feel welcome by the dentist	1	2	3	4	5	8
e. The information the dentist provided about your mouth	1	2	3	4	5	8
f. How up-to-date the equipment seemed	1	2	3	4	5	8
g. The cleanliness and neatness of the office	1	2	3	4	5	8
h. The manner in which the dentist explained things to you	1	2	3	4	5	8

[INTERVIEWER: TAKE BACK EXHIBIT #1, AND HAND R EXHIBIT #2]

Now I'm going to read three statements about the importance of visiting a dentist regularly to prevent problems. Please tell me if it is not at all important, slightly important, moderately important, very important, or extremely important.

11. How important is it to YOU PERSONALLY to see a dentist on a regular basis to

	<u>Not at all Important</u>	<u>Slightly Important</u>	<u>Moderately Important</u>	<u>Very Important</u>	<u>Extremely Important</u>	<u>DK/no opinion</u>
a. Prevent tooth decay	1	2	3	4	5	8
b. Prevent gum disease	1	2	3	4	5	8
c. Prevent tooth loss	1	2	3	4	5	8

[INTERVIEWER: TAKE BACK EXHIBIT #2]

12. How often do you usually brush your teeth?

1. never
2. less than once a week
3. once a week
4. once every few days
5. once a day
6. twice a day
7. more than twice a day

13. Do you ever use dental floss to clean your teeth?

1. yes=====> 13a. IF YES: How often do you floss your teeth?
 2. no
1. less than once a week
 2. once a week
 3. once every few days
 4. once a day
 5. twice a day
 6. more than twice a day

14. Do you ever use toothpicks or other devices to clean your teeth, other than just to remove food particles stuck between your teeth?

1. yes =====> 14a. IF YES: How often do you use them?
 2. no
1. less than once a week
 2. once a week
 3. once every few days
 4. once a day
 5. twice a day
 6. more than twice a day

15. Have you ever had a removable full denture or a partial denture or plate?

1. yes
2. no [IF NO, skip to # 22]

16. Do you currently have a problem with your denture making your mouth sore?

1. yes
2. no

17. Do you currently have a problem with your denture being broken?

1. yes
2. no

18. Have you ever had a full denture for your upper jaw?

1. yes =====> 18a. How often do you wear it now?
 2. no
1. never
 2. all the time
 3. all the time during the day
 4. only when eating
 5. all during the day except when eating
 6. all the time except when eating

19. Have you ever had a full denture for your lower jaw?

1. yes =====> 19a. How often do you wear it now?
 2. no
1. never
 2. all the time
 3. all the time during the day
 4. only when eating
 5. all during the day except when eating
 6. all the time except when eating

20. Have you ever had a partial denture for your upper jaw?

1. yes =====> 20a. How often do you wear it now?
 2. no
1. never
 2. all the time
 3. all the time during the day
 4. only when eating
 5. all during the day except when eating
 6. all the time except when eating

21. Have you ever had a partial denture for your lower jaw?

1. yes =====> 21a. How often do you wear it now?
 2. no
1. never
 2. all the time
 3. all the time during the day
 4. only when eating
 5. all during the day except when eating
 6. all the time except when eating

22. Now some questions about any dental problems you have today.

22a. Do you have a toothache or painful tooth?

- 1. yes ==> How long have you had this problem? _____ days _____ weeks
- 2. no _____ months _____ years
- 8. DK

22b. Do you have a tooth that is sensitive to hot or cold drinks, or to sweets?

- 1. yes ==> How long have you had this problem? _____ days _____ weeks
- 2. no _____ months _____ years
- 8. DK

22c. Do you have a broken filling?

- 1. yes ==> How long have you had this problem? _____ days _____ weeks
- 2. no _____ months _____ years
- 8. DK

22d. Do you have a broken tooth or broken cap?

- 1. yes ==> How long have you had this problem? _____ days _____ weeks
- 2. no _____ months _____ years
- 8. DK

22e. Do you have any cavities?

- 1. yes ==> How long have you had this problem? _____ days _____ weeks
- 2. no _____ months _____ years
- 8. DK

22f. Do you have an abscessed tooth?

- 1. yes ==> How long have you had this problem? _____ days _____ weeks
- 2. no _____ months _____ years
- 8. DK

22g. Do you have infected or sore gums?

- 1. yes ==> How long have you had this problem? _____ days _____ weeks
- 2. no _____ months _____ years
- 8. DK

22h. Do you have bleeding gums?

1. yes ==> How long have you had this problem? _____ days _____ weeks
2. no _____ months _____ years
8. DK

22i. Do you have a loose tooth?

1. yes ==> How long have you had this problem? _____ days _____ weeks
2. no _____ months _____ years
8. DK

22j. Do you have a cap or bridge that is loose?

1. yes ==> How long have you had this problem? _____ days _____ weeks
2. no _____ months _____ years
8. DK

22k. Do you have teeth that are stained or look bad?

1. yes ==> How long have you had this problem? _____ days _____ weeks
2. no _____ months _____ years
8. DK

22l. Do you have a problem with bad breath?

1. yes ==> How long have you had this problem? _____ days _____ weeks
2. no _____ months _____ years
8. DK

22m. Do you have a dry mouth?

1. yes ==> How long have you had this problem? _____ days _____ weeks
2. no _____ months _____ years
8. DK

Now I am going to read you a series of questions about things that may or may never have happened to you.

23. Have you ever avoided laughing or smiling because you felt you had unattractive teeth or gums?

1. yes =====> 23a. How often have you done this in the past 6 months?
2. no 1. Very often
8. Don't know 2. Fairly often
3. Sometimes
4. Never

24. Have you ever avoided talking to someone because you felt you had unattractive teeth or gums or bad breath?

1. yes =====>
 2. no
 8. Don't know
- 24a. How often have you done this in the past 6 months?
1. Very often
 2. Fairly often
 3. Sometimes
 4. Never

25. Have you ever avoided chewing hard things, such as hard bread or apples, because of your teeth or dentures?

- | | |
|---------------|---------------------------------------------------------|
| 1. yes =====> | 25a. How often have you done this in the past 6 months? |
| 2. no | 1. Very often |
| 8. Don't know | 2. Fairly often |
| | 3. Sometimes |
| | 4. Never |

26. Have you ever been prevented from eating foods you would like to eat because of your teeth or dentures?

- | | |
|---------------|---------------------------------------------------------|
| 1. yes =====> | 26a. How often have you done this in the past 6 months? |
| 2. no | 1. Very often |
| 8. Don't know | 2. Fairly often |
| | 3. Sometimes |
| | 4. Never |

27. Have you ever avoided eating with others because you had a problem with chewing?

- | | |
|---------------|---------------------------------------------------------|
| 1. yes =====> | 27a. How often have you done this in the past 6 months? |
| 2. no | 1. Very often |
| 8. DK | 2. Fairly often |
| | 3. Sometimes |
| | 4. Never |

28. Have you ever been embarrassed by the appearance or bad health of your teeth or gums?

- | | |
|---------------|------------------------------------------------------------------------|
| 1. yes =====> | 28a. How often have you been embarrassed by this in the past 6 months? |
| 2. no | 1. Very often |
| 8. DK | 2. Fairly often |
| | 3. Sometimes |
| | 4. Never |

29. Has pain or discomfort from your teeth or dentures ever kept you from doing the things you normally do in a day?

- | | |
|---------------|----------------------------------------------------|
| 1. yes =====> | 29a. How often have you limited these normal daily |
| 2. no | activities in the past 6 months? |
| 8. DK | 1. Very often |
| | 2. Fairly often |
| | 3. Sometimes |
| | 4. Never |

30. Have you ever had trouble sleeping because you had pain or discomfort from your teeth or dentures?

- | | |
|---------------|----------------------------------------------------------------|
| 1. yes =====> | 30a. How often have you had this trouble in the past 6 months? |
| 2. no | 1. Very often |
| 8. DK | 2. Fairly often |
| | 3. Sometimes |
| | 4. Never |

31. Have you ever had difficulty speaking or pronouncing any words because you had problems with your teeth, mouth, or dentures?

- | | |
|---------------|----------------------------------------------------------------|
| 1. yes =====> | 31a. How often have you had this trouble in the past 6 months? |
| 2. no | 1. Very often |
| 8. DK | 2. Fairly often |
| | 3. Sometimes |
| | 4. Never |

32. Have you ever had trouble with food catching in your teeth or dentures?

- | | |
|---------------|--------------------------------------------------------|
| 1. yes =====> | 32a. How often has this happened in the past 6 months? |
| 2. no | 1. Very often |
| 8. DK | 2. Fairly often |
| | 3. Sometimes |
| | 4. Never |

33. 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

34. 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
35. 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 #38]
 2. no
 3. have not tried
36. Are you able to chew or bite fresh lettuce or spinach salad, or something very similar to that?
1. yes [IF "YES", skip to #38]
 2. no
 3. have not tried
37. 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
38. How satisfied are you with your ability to chew overall?
1. very satisfied
 2. satisfied
 3. dissatisfied
 4. very dissatisfied
 8. don't know
39. How satisfied are you with the appearance of your teeth and/or dentures?
1. very satisfied
 2. satisfied
 3. dissatisfied
 4. very dissatisfied
 8. don't know

40. 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

41. Compared to others your age, how would you rate the present condition of your teeth? Would you say the present condition of your teeth is...?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

42. Compared to others your age, how would you rate the present condition of your gums? Would you say the present condition of your gums is... ?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

43. 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

44. Do you know what a root canal procedure in dentistry is?

1. yes
2. no

INTERVIEWER READ: "I'm supposed to tell you this regardless of what your answer was: A root canal is a procedure where the nerve of the tooth is removed, the inside of the root is cleaned out, and then the tooth is filled. This is designed to save the tooth instead of pulling it."

45. Has a dentist ever recommended a root canal to you?

1. yes
2. no [GO TO #47]

46. Have you ever had a root canal done?

1. yes
2. no

47. How likely do you think it is that a root canal can save a tooth from being pulled in the long run?

1. Extremely likely
2. Very likely
3. Somewhat likely
4. Not at all likely
8. Don't know

48. Have you ever had surgery for your gums?

1. yes
2. no

49. Have you ever had dental treatment that has not worked, or dental treatment that has not lasted as long as you thought it should have?

1. yes =====> 49a. How does this make you feel about dental care
2. no now?

1. extremely frustrated
2. very frustrated
3. moderately frustrated
4. a little frustrated
5. not at all frustrated

50. Have you ever had a tooth pulled?

1. yes =====> 50a. What year was it when you last had a tooth pulled? 19__ __
2. no =====> 50b. So you have all your teeth? [INTERVIEWER: this answer
8. DK should be "Yes". If so, skip to #53]

51. Have you ever had a tooth pulled by somebody other than a dentist?

1. yes ===> Of the following, please name all who have removed your teeth.
[INTERVIEWER: circle all that apply]

1. yourself
2. friend, neighbor, or relative
3. dentist
4. other, specify _____
9. refused

2. no

52. Thinking about the last visit you had where one or more teeth were pulled, why did you have the teeth pulled instead of keeping them?

[INTERVIEWER: record the reason for the first tooth that was pulled in the visit.]

Tooth #1

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

[INTERVIEWER: record the reason for the second tooth that was pulled in the visit.]

Tooth #2

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

53. Now I am going to read a list of things people sometimes say about dentists and dental care. **[INTERVIEWER: HAND R EXHIBIT #3]** After I read each statement, tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement. First ...

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>	<u>DK</u>
a. You can get over almost any dental problem if you just wait long enough.	1	2	3	4	8
b. I am afraid of dental visits because of possible pain.	1	2	3	4	8
c. Some dentists are more interested in making money than in making sure people get good dental care.	1	2	3	4	8
d. Regardless of how well you and your dentist take care of your teeth, you will eventually lose them.	1	2	3	4	8
e. Modern dentistry can solve most dental problems.	1	2	3	4	8
f. Regular checkups, even when nothing is wrong, will help prevent dental problems.	1	2	3	4	8
g. The cost of dental care has affected the type of dental treatment I have received in the past.	1	2	3	4	8

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>	<u>DK</u>
h. The dental care I have received was worth the cost.	1	2	3	4	8
i. Dentists can usually relieve or cure the problems that patients have.	1	2	3	4	8
j. Dentists often recommend treatment that you don't really need	1	2	3	4	8
k. It is more important to save a front tooth than it is to save a tooth in the back of the mouth.	1	2	3	4	8
l. It is important to keep your natural teeth.	1	2	3	4	8
m. Some people are just born with good teeth, and others are not.	1	2	3	4	8
n. I think that getting a root canal treatment to save a tooth is better than having a tooth pulled.	1	2	3	4	8
o. I would rather have my natural teeth pulled than take the time and money trying to keep them.	1	2	3	4	8
p. Unless you are in pain, most dental work can be delayed in the long run.	1	2	3	4	8
q. I think that brushing and flossing my teeth at least once a day is necessary to keep from getting cavities, gum disease, or losing teeth.	1	2	3	4	8
r. Some dental treatment can be painful, but it's worth it in the long run.	1	2	3	4	8
	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>	<u>DK</u>

- | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| s. In the past, I have had to delay dental treatment because of other expenses such as medical care and household expenses. | 1 | 2 | 3 | 4 | 8 |
| t. I think that the condition of my teeth is an important part of my overall health. | 1 | 2 | 3 | 4 | 8 |
| u. I prefer to take an active part in decisions about my dental care | 1 | 2 | 3 | 4 | 8 |
| v. I prefer to rely on the judgment of my dentist for decisions about my dental care. | 1 | 2 | 3 | 4 | 8 |

[INTERVIEWER: TAKE BACK EXHIBIT #3]

54. Suppose you had a toothache in a lower back tooth, and the dentist told you that you could save the tooth instead of pulling it. However, to save the tooth, you would need to have a root canal and a cap or crown. What would you do?
1. Get the root canal and cap or crown
 2. Get the tooth removed [Go to #56]
 8. Don't know
55. Suppose the bad tooth could be pulled in one visit for \$40. The root canal and cap would take five visits and cost \$950. Knowing all this, what would you do?
1. Tooth extracted
 2. Get the root canal and cap [GO TO #58]
 8. Don't know
56. You said you thought you would have the tooth pulled. How important was the difference in cost between getting it pulled and getting it capped?
1. Extremely important
 2. Very important
 3. Moderately important
 4. Slightly important
 5. Not at all important
57. How important would the toothache pain be in your decision to pull the tooth?

1. Extremely important
2. Very important
3. Moderately important
4. Slightly important
5. Not at all important

Now, some questions for background purposes.

58. When were you born? __ / __ / 19 __

59. Have you smoked at least 100 cigarettes or cigars in your entire life?

1. yes
2. no [GO TO QUESTION #65]

60. Do you smoke cigarettes or cigars now?

1. yes
2. no [GO TO QUESTION #63]

61. For how many years have you been smoking?

1. Number of years _____
8. DON'T KNOW/ NOT SURE

62. On average, about how many cigarettes or cigars do you smoke in a day? [1pack = 20 cigarettes]

1. Number of cigarettes or cigars _____ [GO TO QUESTION #65]
2. Don't smoke regularly [GO TO QUESTION #65]
8. Don't know/not sure

63. How many years did you smoke?

1. Number of years _____
8. Don't know/ not sure

64. When you smoked, on average, how many cigarettes or cigars did you smoke in a day? [1pack = 20 cigarettes]

1. Number of cigarettes or cigars _____
2. Didn't smoke regularly
8. Don't know/ not sure

65. Have you ever used chewing tobacco or snuff?

1. yes
2. no [IF NO, GO TO #68]

66. Do you use chewing tobacco or snuff now?

1. yes
2. no ==> How many years did you use it? ___ years [GO TO #68]

67. How often do you use chewing tobacco or snuff?

1. more than once a day
2. every day
3. several times a week
4. less than once a week

68. Has a doctor ever told you that you have diabetes, which some would call high blood sugar?

1. yes
2. no [GO TO QUESTION #72]

69. Do you still have this problem?

1. yes
2. no [GO TO QUESTION #71]

70. To take care of diabetes, which of the following do you do now **[INTERVIEWER: Circle all that apply]**

- | | |
|------------------------------------------------|-------------------------------------------|
| 1. Take insulin by injection | 70a. How long have you done this? ___ yrs |
| 2. Take pills prescribed by a doctor | 70b. How long have you done this? ___ yrs |
| 3. Take over-the-counter, non-prescribed pills | 70c. How long have you done this? ___ yrs |
| 4. Follow a diet prescribed by a doctor | 70d. How long have you done this? ___ yrs |
| 5. Just watch what you eat and drink | 70e. How long have you done this? ___ yrs |
| 6. Do nothing special | 70f. How long have you done this? ___ yrs |
| 8. Don't know | |
| 9. Refused | |

71. How old were you when a doctor first told you that you had diabetes?

___ ___ years old

72. What is the highest level of formal schooling you have completed?

1. Less than eighth grade
2. Completed eighth grade
3. Some high school
4. High school graduate
5. Some college
6. Completed a 2-year college degree
7. Completed a 4-year college degree
8. Post graduate degree

73. 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 =====> 73a. 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

74. Some people have dental insurance that pays for part of their dental bills, such as from an employer, Medicaid, or the VA. Are you covered by any such dental insurance program?

1. yes =====> IF YES: Is it covered by...?
2. no

1. Your employer
2. Medicaid
3. Department of Veterans Affairs (VA)
4. Other [SPECIFY]: _____

=====> What does it cover? [CIRCLE ALL THAT APPLY]

1. pulling teeth
2. fillings
3. caps
4. root canals
5. dentures
6. other _____
8. DK

75. 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

76. Would you say that your household's total annual income before taxes is under or over \$20,000? [IF INCOME IS EXACTLY AT A CATEGORY DIVISION, PLACE IN THE HIGHER CATEGORY]

1. Under \$20,000
2. Over \$20,000 [GO TO QUESTION #78]
9. Refused [GO TO QUESTION #79]

[INTERVIEWER: HAND RESPONDENT EXHIBIT #4]

77. Would that be ... ?

- | | |
|------------------------------------|---------------------------------------|
| 1. Under \$2,500 | (approx. monthly equivalent)
\$208 |
| 2. \$2,500 but less than | \$208 - \$417 |
| 3. \$5,000 but less than \$10,000 | \$417 - \$833 |
| 4. \$10,000 but less than \$15,000 | \$833 - \$1,250 |
| 5. \$15,000 but less than \$20,000 | \$1,250 - \$1,667 |
| 9. Refused | |

[INTERVIEWER: TAKE BACK EXHIBIT # 4 AND GO TO #79]

[INTERVIEWER: HAND RESPONDENT EXHIBIT # 5]

78. Would that be ... ?

- | | (approx. monthly equivalent) |
|-------------------------------------|------------------------------|
| 1. \$20,000 but less than \$35,000 | \$1,667 - \$2,917 |
| 2. \$35,000 but less than \$50,000 | \$2,917 - \$4,167 |
| 3. \$50,000 but less than \$75,000 | \$4,167 - \$6,250 |
| 4. \$75,000 but less than \$100,000 | \$6,250 - \$8,333 |
| 5. \$100,000 or more | \$8,333 + |
| 9. Refused | |

[INTERVIEWER: TAKE BACK EXHIBIT # 5]

We may like to contact you again by telephone in about 6 months. Because you might move between now and then, we would like the name, address, and telephone number of a person who will know where you will be. We will contact this person only if we cannot locate you.

CONTACT PERSON:

79. Name: _____ Relationship to You: _____

80. Street: _____ Apartment # : _____

81. City: _____ State: _____ Zip: _____

82. Telephone Number: (____) _____ - _____

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

And finally, I need to ask some questions before we do the dental examination.

84. 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

Has a doctor ever told you that you have:

85. A heart problem of any type?

1. Yes
2. No [GO TO #89]

Was the problem due to. . . .

86. Heart murmurs or heart disease since birth?

1. Yes
2. No

87. A heart valve problem?

1. Yes
2. No

88. Infection of the heart valve?

1. Yes
2. No

Did a doctor ever tell you that you had:

89. Rheumatic fever or heart valve infection?

1. Yes
2. No

90. Kidney disease requiring dialysis?

1. Yes
2. No

91. A bleeding problem called hemophilia?

1. Yes
2. No

Do you have:

92. A pacemaker, hip replacement or other artificial material in your body?

1. Yes
2. No

SAY TO R: "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 about the interview or about how the information will be used?"

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