RT 63
3–4

N. DENTAL CARE PAGE

PERSON 1

Hand calendar. **These next questions are about dental care received during the 2 weeks outlined in red on that calendar.**

1a. DURING THOSE 2 WEEKS, did anyone in the family go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. ☐ Yes ☐ No *(3)*

b. Who was this? *Mark "Dental visit" box in person's column.*

1b. 1☐ Dental visit — 5

c. During those 2 weeks, did anyone else in the family go to a dentist? ☐ Yes *(Reask 1b and c)* ☐ No

d. *Ask for each person with "Dental visit" in 1b:* **During those 2 weeks, how many times did — — go to a dentist?**

d. ☐☐ Number — 6–7

N1 *Refer to "Dental visit" in 1b.*

N1 — 1☐ "Dental visit" marked in 1b *(N2)*; 8☐ Other *(NP)* — 8

N2 *Refer to age.*

N2 — 0☐ Under 17 *(2)*; 1☐ 17 and over, available *(2)*; 2☐ 17 and over, callback required *(NP)* — 9

Complete a separate column for each 2-week dental visit.

2a. (Earlier I was told — — went to the dentist during the 2 week period beginning Monday, *(date)* **and ending Sunday,** *(date)*.**)**
{Now I am going to read a list of dental services.}
When — — went to the dentist [(the last time/the time before that)], did — — have:

2a.

		1	2	3		
A.	**An x-ray taken?**				X-ray	10
B.	**A tooth filled?**				Filled	11–12
C.	**A tooth pulled?**				Pulled	13
D.	**Any other oral surgery?**				Oral surgery	14
E.	**A fluoride treatment?**				Fluoride	15
F.	**Teeth cleaned?**				Cleaned	16
G.	**Teeth straightened, that is, orthodontia?**				Straightened	17–18
H.	**Treatment for gums?**				Gums	19–20
I.	**Work done on a complete denture?**				Complete denture	21–22
J.	**Work done on a partial denture?**				Partial denture	23–24
K.	**Work done on a bridge?**				Bridge	25–26
L.	**Work done on a crown or cap?**				Crown or cap	27
M.	**Work done on a root canal?**				Root canal	28–29
N.	**An examination?**				Examination	30
O.	**Something else done?** *(Specify for appropriate visit, THEN reask O)*				*(Specify, THEN reask O)*	31

Visit 1 _____
Visit 2 _____
Visit 3 _____

b. During that visit, did — — see a regular dentist or a dental specialist?

b.

1	2	3		
			Regular dentist	32–33
			Dental specialist	34–35

Ask only if "Dental specialist" in 2b:

c. What kind of dental specialist did — — see? — 36–45

c. Visit 1 _____
Visit 2 _____
Visit 3 _____

d. How long did it take for — — to get to this dentist this time? — 46–75

d. Visit 1 _____ Minutes
Visit 2 _____ Minutes
Visit 3 _____ Minutes

N3 *Review 1d for additional visits for this person. If additional visits, reask 2a–d for each visit.*

N3 — 1☐ Self Resp.; 2☐ Proxy *(Footnote reason if 17 and over)* — 76

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N. DENTAL CARE PAGE, Continued

PERSON 1

Mark box if "One year old or under 1."

3a. During the past 12 months (that is, since *(12-month date)* a year ago) about how many visits did — — make to a dentist? (Include the *(number in 1d)* visit(s) you already told me about.)

3a. 998 ☐ One year old or under 1 *(NP)* — 77–79

_____ Visits

000 ☐ None

Mark "2-week dental visit" box in person's column if visit(s) reported in 1d.

b. ABOUT how long has it been since — — LAST went to a dentist?

b. 1 ☐ Past 2 weeks not reported *(Reask 1)* — 80
2 ☐ 2-week dental visit
3 ☐ Over 2 weeks, less than 6 months
4 ☐ 6 months, less than 1 year
5 ☐ 1 year, less than 2 years
6 ☐ 2 years, less than 5 years
7 ☐ 5 years or more
0 ☐ Never

4a. Does anyone in the family use toothpaste with fluoride? ☐ Yes ☐ No *(5)* ☐ DK *(5)*

b. Who is this? *Mark "Toothpaste" box in person's column.*

4b. 1 ☐ Toothpaste — 81

c. Anyone else? ☐ Yes *(Reask 4b and c)* ☐ No

5a. Does anyone in the family use fluoride drops, tablets, or any other fluoride supplements which are swallowed? ☐ Yes ☐ No *(6)* ☐ DK *(6)*

b. Who is this? *Mark "Fluoride supplements" box in person's column.*

5b. 1 ☐ Fluoride supplements — 82

c. Anyone else? ☐ Yes *(Reask 5b and c)* ☐ No

6a. Does anyone in the family use a fluoride mouth rinse which is NOT swallowed? ☐ Yes ☐ No *(7)* ☐ DK *(7)*

b. Who is this? *Mark "Fluoride mouth rinse" box in person's column.*

6b. 1 ☐ Fluoride mouth rinse — 83

c. Anyone else? ☐ Yes *(Reask 6b and c)* ☐ No

7a. Is there anyone in the family who has lost ALL of his or her teeth? ☐ Yes ☐ No *(NEXT PAGE)*

b. Who is this? *Mark "Lost all teeth" box in person's column.*

7b. 1 ☐ Lost all teeth — 84

c. Anyone else? ☐ Yes *(Reask 7b and c)* ☐ No

Ask 8a-f as appropriate for each person with "Lost all teeth" in 7b.

8a. Does — — have false teeth?

8a. 1 ☐ Yes 2 ☐ No *(NP)* — 85

b. Does — — have an upper plate, a lower plate, or both?

b. 1 ☐ Upper 3 ☐ Both 2 ☐ Lower — 86

c. Does — — usually wear — — plate(s) while eating?

c. 1 ☐ Yes 2 ☐ No — 87

d. Does — — usually wear — — plate(s) when not eating?

d. 1 ☐ Yes 2 ☐ No — 88

e. Does — — need new false teeth?

e. 1 ☐ Yes *(NP)* 2 ☐ No — 89

f. Do the ones — — has need refitting?

f. 1 ☐ Yes 2 ☐ No — 90

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