### Section O. DENTAL HEALTH

**Now I'm going to ask you some questions about WATER FLUORIDATION.**

1. As you understand it, what is the purpose of adding FLUORIDE to the public drinking water?

   - Do not read answer categories, circle the ONE that best fits respondent's answer.
   - Prevent tooth decay, protect teeth, or related response
   - Other (Specify)
   - Don't know

2a. Does the water that you drink at home come from a public water system or is it from another source, such as a well?

   - Yes
   - No
   - DK

2b. Does this drinking water have FLUORIDE in it?

   - Yes
   - No
   - DK

**HAND CALENDAR.**

These next questions are about receiving dental care.

3a. During the 2 weeks outlined in red on that calendar, beginning Monday (date) and ending this next Sunday (date), 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
   - DK

b. Who was this?

   - Mark "Dental visit" box in person's column.

3b. During those 2 weeks, did anyone else in the family go to a dentist?

   - Yes
   - No
   - DK

b. Ask for each person with "Dental visit" in 3b:

3c. During those 2 weeks, how many times did — go to a dentist?

   - Number of times

**Mark box if under two years old.**

4a. During the past 12 months (that is, since (12-month date) a year ago), how many visits did — make to a dentist? (Include the (Number in 3d) visit(s) you already told me about.)

   - Under 2 (NP)
   - (NP) visits

   - Mark "2-week dental visit" box in person's column if visits reported in 3d.

   - Past 2 weeks not reported
   - (mark 3b, etc. J0)

b. How long has it been since — last went to a dentist?

   - Under 2 years in 4b
   - (NP)
   - Less than 2 years in 4b
   - (5)

   - Other (NP)

**[Some people go to the dentist because they think they have a problem; other people go to the dentist for a check-up or to have their teeth cleaned. Sometimes when people go for a check-up the dentist discovers a problem that needs to be treated.]**

5. What was the MAIN REASON — last went to the dentist?

   - Do not read answer categories, circle the ONE main reason.
   - Went in own for check-up, examination or cleaning.
   - Was called in by the dentist for check-up, examination or cleaning.
   - Something was wrong, bothering or hurting — .
   - Went for treatment of a condition that dentist discovered at earlier check-up or examination.
   - Other (Specify)
   - Don't know

**FOOTNOTES**
### Section 0. DENTAL HEALTH, Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. Is there anyone in the family who has lost ALL of his or her natural teeth?</td>
<td>☐ Yes ☐ No (2)</td>
</tr>
<tr>
<td>b. Who is this?</td>
<td>Mark &quot;Lost all teeth&quot; box in person’s column.</td>
</tr>
<tr>
<td>6c. Anyone else?</td>
<td>☐ Yes (Reask 6b and c) ☐ No</td>
</tr>
<tr>
<td>7a. (Now I am going to ask about some things that people may be doing to take care of their teeth.)</td>
<td>What does — — use when — — brushes — — teeth — toothpaste, tooth powder, or something else? Do not read answer categories, circle ONE brand.</td>
</tr>
<tr>
<td>b. What brand did — — use most often during the past two weeks?</td>
<td>1. Crest 4. Dentagard 8. Other (Specify)</td>
</tr>
<tr>
<td>7c. Does anyone in the family now use a FLUORIDE mouthrinse at home?</td>
<td>☐ Yes ☐ No (O3) ☐ DK (O3)</td>
</tr>
<tr>
<td>b. Who is this?</td>
<td>Mark &quot;Fluoride mouthrinse&quot; box in person’s column.</td>
</tr>
<tr>
<td>7c. Anyone else?</td>
<td>☐ Yes (Reask 6b and c) ☐ No</td>
</tr>
<tr>
<td>d. What brand did — — use most often during the past 2 weeks?</td>
<td>1. ACT 2. Prescription fluoride rinse 8. Other (Specify)</td>
</tr>
<tr>
<td>8a. Does anyone in the family now use a FLUORIDE mouthrinse at home?</td>
<td>☐ Yes ☐ No (O3) ☐ DK (O3)</td>
</tr>
<tr>
<td>b. Who is this?</td>
<td>Mark &quot;Fluoride mouthrinse&quot; box in person’s column.</td>
</tr>
<tr>
<td>8c. Anyone else?</td>
<td>☐ Yes (Reask 6b and c) ☐ No</td>
</tr>
<tr>
<td>a. Does — — now take part in a fluoride MOUTH RINSE program at school?</td>
<td>☐ Yes ☐ No ☐ DK</td>
</tr>
<tr>
<td>b. Who is this?</td>
<td>Mark &quot;Fluoride Supplements&quot; box in person’s column.</td>
</tr>
<tr>
<td>10c. Does anyone in the family now use vitamins with FLUORIDE in them or any other kind of FLUORIDE drops, pills, or tablets, either at home or at school?</td>
<td>☐ Yes ☐ No (11) ☐ DK (11)</td>
</tr>
<tr>
<td>b. Who is this?</td>
<td>Mark &quot;Fluoride Supplements&quot; box in person’s column.</td>
</tr>
<tr>
<td>10c. Anyone else?</td>
<td>☐ Yes (Reask 10b and c) ☐ No</td>
</tr>
<tr>
<td>11a. Dental SEALS ANTS are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are put on by a dentist or a dental hygienist. They are DIFFERENT from fillings, caps, crowns and fluoride treatments. Has anyone in the family had dental SEALANTS placed on their teeth?</td>
<td>☐ Yes ☐ No (Section P) ☐ DK (Section P)</td>
</tr>
<tr>
<td>b. Who is this?</td>
<td>Mark &quot;Dental sealants&quot; box in person’s column.</td>
</tr>
<tr>
<td>11c. Anyone else?</td>
<td>☐ Yes (Reask 11b and c) ☐ No</td>
</tr>
</tbody>
</table>