

Section O. DENTAL HEALTH		PERSON 1	RT 66 3-4
<p>Now I'm going to ask you some questions about WATER FLUORIDATION.</p> <p>1. As you understand it, what is the purpose of adding FLUORIDE to the public drinking water?</p> <p><i>Do not read answer categories, circle the ONE that best fits respondent's answer.</i></p> <p>1. Prevent tooth decay, protect teeth, or related response 8. Other (Specify) 9. Don't know</p>		1.	5-6 1 8 7 9 (Specify)
<p>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?</p> <p>1 <input type="checkbox"/> Public water system 8 <input type="checkbox"/> Other source 9 <input type="checkbox"/> DK</p>		2a.	7
<p>b. Does this drinking water have FLUORIDE in it?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		b.	8
<p>HAND CALENDAR. These next questions are about receiving dental care.</p> <p>3a. During the 2 weeks (outlined in red on that calendar), beginning Monday (date) and ending this past 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.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (4)</p>			
<p>b. Who was this? <i>Mark "Dental visit" box in person's column.</i></p>		3b.	9 1 <input type="checkbox"/> Dental visit
<p>c. During those 2 weeks, did anyone else in the family go to a dentist?</p> <p style="text-align: right;"><input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No</p> <p><i>Ask for each person with "Dental visit" in 3b:</i></p>			
<p>d. During those 2 weeks, how many times did --- go to a dentist?</p>		d.	10-11 <input type="text"/> Number of times
<p><i>Mark box if under two years old.</i></p> <p>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.)</p> <p><i>Mark "2-week dental visit" box in person's column if visit(s) reported in 3d.</i></p>		4a.	12-14 008 <input type="checkbox"/> Under 2 (NP) ____ Visits 000 <input type="checkbox"/> None
<p>b. How long has it been since --- LAST went to a dentist?</p> <p>1 <input type="checkbox"/> Past 2 weeks not reported (Mark 3b, ask 3d) 2 <input type="checkbox"/> 2-week dental visit 3 <input type="checkbox"/> Over 2 weeks, less than 6 months 4 <input type="checkbox"/> 6 months, less than 1 year 5 <input type="checkbox"/> 1 year, less than 2 years 6 <input type="checkbox"/> 2 years, less than 5 years 7 <input type="checkbox"/> 5 years or more 0 <input type="checkbox"/> Never</p>		b.	15
01	Refer to 4b.	01	16 1 <input type="checkbox"/> Less than 2 years in 4b (5) 8 <input type="checkbox"/> Other (NP)
<p>{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.}</p> <p>5. What was the MAIN REASON --- last went to the dentist? <i>Do not read answer categories, circle the ONE main reason.</i></p> <p>1. Went in on own for check-up, examination or cleaning. 2. Was called in by the dentist for check-up, examination or cleaning. 3. Something was wrong, bothering or hurting --- 4. Went for treatment of a condition that dentist discovered at earlier check-up or examination. 8. Other (Specify) 9. Don't know</p>		5.	17-18 1 2 3 4 8 7 9 (Specify)
FOOTNOTES			

Section O. DENTAL HEALTH, Continued		PERSON 1
<p>6a. Is there anyone in the family who has lost ALL of his or her natural teeth? <input type="checkbox"/> Yes <input type="checkbox"/> No (7)</p> <p>b. Who is this? Mark "Lost all teeth" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No</p>		<p>6b. 1 <input type="checkbox"/> Lost all teeth 19</p>
02	Refer to 6b for all family members.	<p>20</p> <p>02 1 <input type="checkbox"/> "Lost all teeth" marked in 6b for all family members (Section P) 8 <input type="checkbox"/> Other (7)</p>
<p>Do not ask for persons with "Lost all teeth" in 6b.</p> <p>7a. (Now I am going to ask about some things that people may be doing to take care of their teeth.) What does -- use when -- brushes -- teeth -- toothpaste, tooth powder, or something else?</p> <p>b. What brand did -- use most often during the past two weeks? Do not read answer categories, circle ONE brand.</p> <p>1. Crest 4. Dentagard 8. Other (Specify) 2. Crest Tartar Control 5. Aquafresh 9. Don't know 3. Colgate 6. Alm</p>		<p>7a. 1 <input type="checkbox"/> Toothpaste (7b) 21 8 <input type="checkbox"/> Other <input checked="" type="checkbox"/> 7 (Specify) _____ (NP)</p> <p>b. 22-23 1 2 3 4 5 6 8 9 <input checked="" type="checkbox"/> 7 (Specify) _____</p>
<p>Some MOUTHRINSES contain FLUORIDE to reduce tooth decay. Others do not. ACT, Fluorigard, Listermint with Fluoride, StanCare and some prescription brands are example of mouthrinses that contain FLUORIDE.</p> <p>8a. Does anyone in the family now use a FLUORIDE mouthrinse at home? <input type="checkbox"/> Yes <input type="checkbox"/> No (03) <input type="checkbox"/> DK (03)</p> <p>b. Who is this? Mark "Fluoride mouthrinse" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No</p> <p>Ask for each person with "Fluoride mouthrinse" in 8b:</p> <p>d. What brand did -- use most often during the past 2 weeks? Do not read answer categories, circle ONE brand.</p> <p>1. <input type="checkbox"/> ACT <input type="checkbox"/> Fluorigard 2. Prescription fluoride rinse <input type="checkbox"/> Listermint with Fluoride 8. Other (Specify) <input type="checkbox"/> StanCare 9. Don't know</p>		<p>8b. 1 <input type="checkbox"/> Fluoride mouthrinse 24</p> <p>25-26</p> <p>d. 1 2 8 <input checked="" type="checkbox"/> 9 (Specify) _____</p>
03	Refer to age.	<p>03 1 <input type="checkbox"/> Under 17 (9) 27 2 <input type="checkbox"/> 17 and over (NP)</p>
<p>{Some schools have fluoride MOUTHRINSE programs.}</p> <p>9. Does -- now take part in a fluoride MOUTHRINSE program at school?</p>		<p>9. 1 <input type="checkbox"/> Yes 28 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>Sometimes doctors or dentists prescribe or provide pills or drops with fluoride in them. Sometimes these are given at school.</p> <p>10a. Does anyone in the family now take vitamins with FLUORIDE in them or any other kind of FLUORIDE drops, pills, or tablets, either at home or at school? <input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11)</p> <p>b. Who is this? Mark "Fluoride Supplements" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No</p>		<p>10b. 1 <input type="checkbox"/> Fluoride supplements 29</p>
<p>11a. Dental SEALANTS 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (Section P) <input type="checkbox"/> DK (Section P)</p> <p>b. Who is this? Mark "Dental sealants" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No</p>		<p>11b. 1 <input type="checkbox"/> Dental sealants 30</p>
FOOTNOTES		