

**Section P — DENTAL**

PERSON 1

*Hand calendar.*

These next questions are about dental care received during the 2 weeks [outlined in red on that calendar/beginning Monday *(date)* and ending this past Sunday *(date)*].

**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 (2)  DK (2)

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

**1b.** 1  Dental visit

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

Ask for each person with "Dental visit" in 1b.

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

**d.**  2-week dental visits

6-7

Mark box if under 2.

**2a. 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)* visits you already told me about.)

**2a.** 998  Under 2 (NP)

8-10

12-month dental 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 (Mark 1b, ask 1d)
  - 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
- (NP) }  
(3) }

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**3. What are the reasons — has [not visited the dentist in over 12 months/never gone to the dentist]?**

Do not read categories. Circle all that apply.

- 01 Afraid
- 02 Nervous
- 03 Needles
- 04 Cost
- 05 Don't know dentist
- 06 Dentist too far
- 07 Can't get there
- 08 No problems
- 09 No teeth
- 10 Not important
- 11 Didn't think of it
- 88 Other (Specify)
- 99 Don't know

- 3.**
- 01 07 99
  - 02 08
  - 03 09
  - 04 10
  - 05 11
  - 06 88
- (Specify)

- 12-13
- 14-15
- 16-17
- 18-19
- 20-21
- 22-23
- 24-25
- 26-27
- 28-29
- 30-31
- 32-33
- 34-35
- 36-37

**4a. Is there anyone in the family who has lost ALL of his or her upper (permanent) natural teeth?**  Yes  No (4e)

**4b.** 1  No uppers

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**b. Who is this?**  
Mark "No uppers" box in person's column.

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

Ask for each person with "No uppers" in 4b.

**d. Does — have an upper denture or plate?**

**d.** 1  Yes 2  No

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**e. Is there anyone in the family who has lost ALL of his or her lower (permanent) natural teeth?**  Yes  No (5)

**f. Who is this?**  
Mark "No lowers" box in person's column.

**g. Anyone else?**  Yes (Reask 4f and g)  No

Ask for each person with "No lowers" in 4f.

**h. Does — have a lower denture or plate?**

**h.** 1  Yes 2  No

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Section P – DENTAL – Continued		PERSON 1													
<b>CHECK ITEM 1</b>	Refer to 4b AND 4f.	1 <input type="checkbox"/> All family members have lost all teeth: upper and lower (Check Item 2)	42												
		8 <input type="checkbox"/> Other (5)													
<b>5a. Dental SEALANTS are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are DIFFERENT from fillings, caps, crowns, and fluoride treatments. Has anyone in the family EVER had dental SEALANTS painted on their teeth?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No (6) <input type="checkbox"/> DK (6)													
<b>b. Who is this?</b> Mark "Dental sealants" box in person's column.		<b>5b.</b>	1 <input type="checkbox"/> Dental sealants												
<b>c. Anyone else?</b>		<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No													
<b>6a. In the past two weeks has anyone in the family used a mouthwash or mouthrinse at home?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No (Check Item 2) <input type="checkbox"/> DK (Check Item 2)													
<b>b. Who is this?</b> Mark "Mouthrinse" box in person's column.		<b>6b.</b>	1 <input type="checkbox"/> Mouthrinse												
<b>c. Anyone else?</b>		<input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No													
Ask for each person with "Mouthrinse" in 6b.			45-46												
<b>d. What brand did — use most often during the past 2 weeks?</b> Do not read answer categories. Circle ONE brand.		<b>d.</b>	1    2    3    4    8 7    9  (Specify)												
1. <table border="0"> <tr> <td>ACT</td> <td>2. Prescription fluoride rinse</td> </tr> <tr> <td>Fluorigard</td> <td>3. PLAX</td> </tr> <tr> <td>Kolynos</td> <td>4. Scope, Listerine, Lavoris</td> </tr> <tr> <td>Listermint</td> <td>8. Other (Specify)</td> </tr> <tr> <td>Reach</td> <td>9. Don't know</td> </tr> <tr> <td>StanCare</td> <td></td> </tr> </table>		ACT	2. Prescription fluoride rinse	Fluorigard	3. PLAX	Kolynos	4. Scope, Listerine, Lavoris	Listermint	8. Other (Specify)	Reach	9. Don't know	StanCare		<b>e.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
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StanCare															
Ask or verify.			47												
<b>e. Does this mouthrinse contain fluoride?</b>															
<b>CHECK ITEM 2</b>	Refer to age.	<b>CK 2</b>	1 <input type="checkbox"/> Under 2 (8) 2 <input type="checkbox"/> 2-17 (7) 3 <input type="checkbox"/> 18 and over (NP)												
			48												
<b>7. (Some schools have fluoride MOUTHRINSE programs.)</b> Does — now take part in a fluoride MOUTHRINSE program at school?		<b>7.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK												
(Doctors or dentists may prescribe or provide tablets, drops, or supplements with fluoride in them. (Sometimes these are given at school.))		<b>8.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK												
<b>8. Does — now take vitamins with FLUORIDE in them or any other kind of FLUORIDE tablets, drops, or supplements?</b>															
Notes															

Section P — DENTAL — Continued		PERSON 1
<p>These next questions refer to the 2 weeks [outlined on that calendar/beginning Monday (date) and ending Sunday (date)].</p> <p><b>9a.</b> During that 2 week period, did anyone in the family miss any time from work or school because of a dental problem or dental visit? <input type="checkbox"/> Yes <input type="checkbox"/> No (10) <input type="checkbox"/> DK (10)</p> <hr/> <p><b>b.</b> Who was this? Mark "Missed time" box in person's column.</p> <hr/> <p><b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No <input type="checkbox"/> DK</p> <hr/> <p><b>d.</b> How much time did — miss because of a dental problem or dental visit?</p>		<p style="text-align: right;">51</p> <p><b>9b.</b> 1 <input type="checkbox"/> Missed time</p> <hr/> <p style="text-align: right;">52-53</p> <p><b>d.</b> 51 <input type="checkbox"/> Less than 1 hour 52 <input type="checkbox"/> 1 hour, less than 3 hours 53 <input type="checkbox"/> 3 hours, less than 5 hours 54 <input type="checkbox"/> 5 hours, less than 7 hours 55 <input type="checkbox"/> 7 or more hours OR _____ Days</p>
<p><b>10a.</b> During that two week period did anyone in the family miss any time from work or school to assist a relative or friend with a dental problem or dental visit? <input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11)</p> <hr/> <p><b>b.</b> Who was this? Mark "Missed time" box in person's column.</p> <hr/> <p><b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No <input type="checkbox"/> DK</p> <hr/> <p><b>d.</b> How much time did — miss because — was assisting a relative or friend with a dental problem or visit?</p>		<p style="text-align: right;">54</p> <p><b>10b.</b> 1 <input type="checkbox"/> Missed time</p> <hr/> <p style="text-align: right;">55-56</p> <p><b>d.</b> 51 <input type="checkbox"/> Less than 1 hour 52 <input type="checkbox"/> 1 hour, less than 3 hours 53 <input type="checkbox"/> 3 hours, less than 5 hours 54 <input type="checkbox"/> 5 hours, less than 7 hours 55 <input type="checkbox"/> 7 or more hours OR _____ Days</p>
<p><b>11a.</b> (Not counting the time missed from work or school) Was there any (other) time during those 2 weeks that anyone in the family cut down on normal activities for MORE THAN HALF OF THE DAY because of a dental problem or dental visit? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check Item 3) <input type="checkbox"/> DK (Check Item 3)</p> <hr/> <p><b>b.</b> Who was this? Mark "Cut down" box in person's column.</p> <hr/> <p><b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No <input type="checkbox"/> DK</p> <hr/> <p><b>d.</b> During that period, how many (other) days did — cut down for MORE THAN HALF OF THE DAY because of a dental problem or dental visit?</p>		<p style="text-align: right;">57</p> <p><b>11b.</b> 1 <input type="checkbox"/> Cut down</p> <hr/> <p style="text-align: right;">58-59</p> <p><b>d.</b> 00 <input type="checkbox"/> None _____ Days</p>
<b>CHECK ITEM 3</b>	<p><b>a.</b> Mark first appropriate box.</p>	<p style="text-align: right;">60</p> <p><b>CK 3a.</b> 0 <input type="checkbox"/> Under 17 1 <input type="checkbox"/> Present for all questions 2 <input type="checkbox"/> Present for some questions 3 <input type="checkbox"/> Not present</p>
	<p><b>b.</b> Enter person number(s) of respondent(s) to "Dental" section.</p>	<p style="text-align: right;">61-62</p> <p>Person number(s) of respondent(s)</p>
<p>Notes</p>		