

Phase 38 Data Directory

SECTION 13

DENTAL HEALTH

- Clinical and Oral Examination
- Socio-dental Questionnaire
- Examiner Administered Questionnaire



DMHDS Phase 38 Examiner-administered questionnaire

ID No.

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1. When did you last go to the dentist?

(record months since last visit)

Can't remember = 888; Never been = 999

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2. Why did you have to go?

Check-up = 1; Problem = 2 (specify);

Can't remember = 8; Never been = 9

--

3. What is your usual reason for visiting the dentist?

Check-up = 1; Problem = 2

Can't remember = 8; Never been = 9

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4. Medical history question – dentist to ask

Clear = 0; Contra-indication to perio probing = 1

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5. Plaque scoring:

16	11	26			
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46	31	36			

DMHDS Phase 38 Examiner-administered questionnaire

ID No.

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Examiner

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First quadrant

(upper right)

Surfaces

Tooth

P O M B D L

18

--	--	--	--	--	--

root

--	--	--	--	--	--

17

--	--	--	--	--	--

root

--	--	--	--	--	--

16

--	--	--	--	--	--

root

--	--	--	--	--	--

15

--	--	--	--	--	--

root

--	--	--	--	--	--

14

--	--	--	--	--	--

root

--	--	--	--	--	--

13

--	--	--	--	--	--

root

--	--	--	--	--	--

12

--	--	--	--	--	--

root

--	--	--	--	--	--

11

--	--	--	--	--	--

root

--	--	--	--	--	--

For column P:

Present = 1

Missing = 2

Deciduous = 3

Implant = 4

Carious retained root = 5

Bridge = 6

Acrylic partial = 7

Metal partial = 8

Full Denture = 9

Surface status codes

0 = sound

1 = decayed

2 = filled

3 = filled and decayed

4 = crown or bridge abutment

5 = missing due to caries

6 = missing other reason

7 = unerupted,

8 = excluded

9 = fissure sealant

DMHDS Phase 38 Examiner-administered questionnaire

Second quadrant

(upper left)

For column P:

Present = 1
Missing = 2

Deciduous = 3
Implant = 4

Carious retained root = 5

Bridge = 6
Acrylic partial = 7

Metal partial = 8
Full Denture = 9

Surface status codes

0 = sound
1 = decayed
2 = filled
3 = filled and decayed
4 = crown or bridge abutment
5 = missing due to caries
6 = missing other reason
7 = unerupted,
8 = excluded
9 = fissure sealant

Tooth	P	O	M	B	D	L
21	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DMHDS Phase 38 Examiner-administered questionnaire

Third quadrant
(Lower left)

For column P:

Present = 1
Missing = 2

Deciduous = 3
Implant = 4

Cariou retained root = 5

Bridge = 6
Acrylic partial = 7

Metal partial = 8
Full Denture = 9

Surface status codes

0 = sound
1 = decayed
2 = filled
3 = filled and decayed
4 = crown or bridge abutment
5 = missing due to caries
6 = missing other reason
7 = unerupted,
8 = excluded
9 = fissure sealant

Tooth	Surfaces					
	P	O	M	B	D	L
38	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
37	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
36	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
35	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
34	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
root			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DMHDS Phase 38 Examiner-administered questionnaire

Fourth quadrant

(lower right)

For column P:

Present = 1
Missing = 2

Deciduous = 3
Implant = 4

Carious retained root = 5

Bridge = 6
Acrylic partial = 7

Metal partial = 8
Full Denture = 9

Surface status codes

0 = sound
1 = decayed
2 = filled
3 = filled and decayed
4 = crown or bridge abutment
5 = missing due to caries
6 = missing other reason
7 = unerupted,
8 = excluded
9 = fissure sealant

Tooth	P	O	M	B	D	L
41	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
root			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
root			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
root			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
root			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
root			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
root			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
root			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
root			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DMHDS Phase 38 Examiner-administered questionnaire

ID No.

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UPPER RIGHT QUADRANT

(QUADRANT 1)

Tooth	Mesial		Buccal		Distal		Bleeding?
	GR	PD	GR	PD	GR	PD	
17							
16							
15							
14							
13							
12							
11							

UPPER LEFT QUADRANT

(QUADRANT 2)

Tooth	Mesial		Buccal		Distal		Bleeding?
	GR	PD	GR	PD	GR	PD	
21							
22							
23							
24							
25							
26							
27							

LOWER LEFT QUADRANT

(QUADRANT 3)

Tooth	Mesial		Buccal		Distal		Bleeding?
	GR	PD	GR	PD	GR	PD	
37	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
36	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
35	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
34	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LOWER RIGHT QUADRANT

(QUADRANT 4)

Tooth	Mesial		Buccal		Distal		Bleeding?
	GR	PD	GR	PD	GR	PD	
41	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
42	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
43	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
44	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
46	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
47	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Photographs taken

Plaque samples taken

Dental Health

ID No.

Dunedin Multidisciplinary Health and Development Study Phase 38 Dental Questionnaire

Thank you for helping us today. Please answer these questions **by circling the answer which is nearest to what you believe**. There are no right or wrong answers - we just want to know about how you feel about your teeth, what you think is important in looking after your teeth, and how you feel about dental treatment.

1. In general, compared to other persons your age, do you think the appearance of your teeth is:

Among the nicest (1) Better than average (2) Below average (3) Among the worst (4)

2. In general, compared to other persons your age, would you say your dental health is:

Among the nicest (1) Better than average (2) Below average (3) Among the worst (4)

3. When do you usually brush your teeth?

More than once a day (1) Once a day (2) Not every day (3) Less than once a week (4) Never (5)

4. When do you use dental floss?

Never (1) Rarely (2) Sometimes (3) Every day (4)

5. All things considered, would you say that, since we saw you last time (at age 32), the health of your mouth has:

Improved (1) Stayed the same (2) Got worse (3)

6. How often does your mouth feel dry?

Never (1) Occasionally (2) Frequently (3) Always (4)

Dental Health

This next section asks more about how you feel when you go to the dentist. For each question, please tick the box of the answer which comes closest to how you feel.

7. If you had to go to the dentist tomorrow, how would you feel about it?

1. I would look forward to it as a reasonably enjoyable experience
2. I wouldn't care one way or the other
3. I would be a little uneasy about it
4. I would be afraid that it would be unpleasant and painful
5. I would be very frightened of what the dentist might do

8. When you are waiting in the dentist's surgery for your turn in the chair, how do you feel?

1. Relaxed
2. A little uneasy
3. Tense
4. Anxious
5. So anxious that I sometimes break out in a sweat or almost feel physically sick

9. When you are waiting in the dentist's chair while he gets his drill ready to begin working on your teeth, how do you feel?

1. Relaxed
2. A little uneasy
3. Tense
4. Anxious
5. So anxious that I sometimes break out in a sweat or almost feel physically sick

10. You are waiting in the dentist's chair to have your teeth cleaned. While you are waiting and the dentist is getting out the instruments which he will use to scrape your teeth around the gums, how do you feel?

1. Relaxed
2. A little uneasy
3. Tense
4. Anxious
5. So anxious that I sometimes break out in a sweat or almost feel physically sick

Dental Health

Please write in the box the number of the answer which comes closest to your level of agreement or disagreement with the following statements on dental care:

11. I keep up my home dental care

Definitely no

1

2

3

4

Definitely yes

5

12. I receive the dental care I should

Definitely no

1

2

3

4

Definitely yes

5

13. I need dental care, but I put it off

Definitely no

1

2

3

4

Definitely yes

5

14. I brush as well as I should

Definitely no

1

2

3

4

Definitely yes

5

15. I control snacking between meals as well as I should

Definitely no

1

2

3

4

Definitely yes

5

16. I consider my dental health to be important

Definitely no

1

2

3

4

Definitely yes

5

17. I can't afford dental care

Definitely no

1

2

3

4

Definitely yes

5

18. Last time I visited a dentist, the treatment was painful.

Definitely no

1

2

3

4

Definitely yes

5

Dental Health

For each of the following questions, please circle the answer which best applies to you during the last 4 weeks.

Because of trouble with your teeth, mouth or dentures:

- | | | | | | |
|---|-----------|-----------------|------------------|------------------|----------------|
| 19. Have you had trouble pronouncing any words? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 20. Have you felt that your sense of taste has worsened? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 21. Have you had painful aching in your mouth? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 22. Have you found it uncomfortable to eat any foods? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 23. Have you been self-conscious? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 24. Have you felt tense? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 25. Has your diet been unsatisfactory? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 26. Have you had to interrupt meals? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 27. Have you found it difficult to relax? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 28. Have you been a bit embarrassed? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 29. Have you been a bit irritable with other people? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 30. Have you had difficulty doing your usual jobs? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 31. Have you felt that life in general was less satisfying? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |
| 32. Have you been totally unable to function? | Never (0) | Hardly ever (1) | Occasionally (2) | Fairly often (3) | Very often (4) |

Dental Health

These questions relate to some things you might do, or have done to you, to keep your mouth healthy and give you a pleasant smile. For each one, we would like your opinion on how important you think it is for people of your age. Please circle the answer which comes closest to how you feel.

33. Avoiding a lot of sweet foods is:

Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
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34. Using fluoride toothpaste is:

Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
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35. Visiting the dentist regularly is:

Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
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36. Keeping the teeth and gums very clean is:

Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
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37. Drinking fluoridated water is:

Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
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38. Using dental floss is:

Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
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Dental Health

Please circle the answer which best applies to you for these last few questions.

39. Do you think you have gum disease?

Yes (1) No (0) Don't know (8)

40. Has a dental professional (other than in the Dunedin study) ever told you that you have lost bone around your teeth?

Yes (1) No (0) Don't know (8)

41. Have you ever had scaling, root planing, surgery, or other treatment for gum disease?

Yes (1) No (0) Don't know (8)

42. Have you ever had any teeth that have become loose by themselves without some injury (not baby teeth)?

Yes (1) No (0) Don't know (8)

43. How would you describe the health of your teeth and mouth?

Excellent (1) Very good (2) Good (3) Fair (4) Poor (5)

44. Have you ever been told that you grind your teeth at night time? (e.g. by a partner or room-mate)

Never (1) Occasionally (2) Frequently (3) Always (4)

45. Have you ever noticed yourself clenching or grinding your teeth during day time?

Never (1) Occasionally (2) Frequently (3) Always (4)

46. Do you ever experience pain in your jaw joint?

Never (1) Occasionally (2) Frequently (3) Always (4)

47. Do you ever experience clicking in your jaw joint?

Never (1) Occasionally (2) Frequently (3) Always (4)

If your answer was not 'never' to Q46 or Q47 above, is this on the left side, right side, or both sides of your jaw joint? (Please circle all that apply)

(a) Pain left side (1) Pain right side (2) Pain both sides (3)

(b) Clicking left side (1) Clicking right side (2) Clicking both sides (3)

Dental examination summary report

Name: _____

Thank you for taking part in the dental examination today. The information which you have provided will be very useful in helping us to understand adult's dental health.

Although our examination was thorough enough for the purposes of the Study, it is not a substitute for a check-up with your own dentist. For example, in studies like this we do not use air to dry the teeth, or x-rays to see inside the teeth, and it is possible (for example) that we may have missed early cavities.

Ticks in the following boxes indicate that we have noted something which you should discuss with your dentist.

- Cavities ("tooth decay", or "dental caries") or old fillings which need attention
- Periodontal disease ("gum disease")
- Calculus ("tartar")
- Gingivitis ("bleeding gums")
- Other:
- None of the above conditions:

We advise you to seek dental advice/care:

- Soon In the next few months In the next year or so

Signed _____

Date _____