Phase 38 Data Directory

SECTION 13

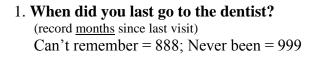
DENTAL HEALTH

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



DMHDS Phase 38 Examiner-administered questionnaire





2. Why did you have to go?

Check-up = 1; Problem = 2 (specify); Can't remember = 8; Never been = 9

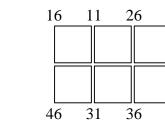
3. What is your usual reason for visiting the dentist?

Check-up = 1; Problem = 2 Can't remember = 8; Never been = 9

4. Medical history question – dentist to ask

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

5. Plaque scoring:







DMHDS Phase 38 Examiner-administered questionnaire

		ID No.				
		Examiner				
First quadrant		Su	rfaces			
(upper right)	Tooth	P O M	В	D	L	I
	18					
For column P:	root					
Present = 1 Missing = 2	17					
Deciduous = 3 Implant = 4	root					
Carious retained root = 5	16					
Bridge = 6 Acrylic partial =7	root					
Metal partial = 8 Full Denture = 9	15					
Surface status codes	root					
0 = sound 1= decayed	14					
2 = filled 3 = filled and decayed 4 = crown or bridge abutment	root					
5 = missing due to caries 6 = missing other reason 7 = unerupted,	13					
8 = excluded 9 = fissure sealant	root					
	12					
	root					
	11					
	root					

Second quadrant

(upper left)	Tooth	P O	М	В	D	L
	21					
For column P:	root					
Present = 1 Missing = 2	22					
Deciduous = 3 Implant = 4	root					
Carious retained root = 5	23					
Bridge = 6 Acrylic partial =7	root					
Metal partial = 8 Full Denture = 9	24					
Surface status codes	root					
0 = sound 1= decayed	25					
2 = filled 3 = filled and decayed 4 = crown or bridge abutment	root					
5 = missing due to caries 6 = missing other reason 7 = unerupted,	26					
8 = excluded 9 = fissure sealant	root					
	27					
	root					
	28					
	root					

Third quadrant			Surfaces				
(Lower left)	Tooth	Р	0	M	В	D	L
	38						
For column P:	root						
Present = 1 Missing = 2	37						
Deciduous = 3 Implant = 4	root						
Carious retained root = 5	36						
Bridge = 6 Acrylic partial =7	root						
Metal partial = 8 Full Denture = 9	35						
Surface status codes	root						
0 = sound 1 = decayed	34						
2 = filled 3 = filled and decayed 4 = crown or bridge abutment	root						
5 = missing due to caries 6 = missing other reason 7 = unerupted,	33						
8 = excluded 9 = fissure sealant	root						
	32						
	root						
	31						
	root						

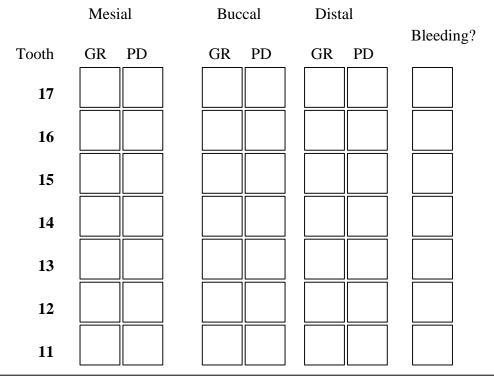
Fourth quadrant

(lower right)	Tooth	Р	0	М	В	D	L
	41						
For column P:	root						
Present = 1 Missing = 2	42						
Deciduous = 3 Implant = 4	root						
Carious retained root = 5	43						
Bridge = 6 Acrylic partial =7	root						
Metal partial = 8 Full Denture = 9	44						
Surface status codes	root						
0 = sound 1= decayed	45						
2 = filled 3 = filled and decayed 4 = crown or bridge abutment	root						
5 = missing due to caries 6 = missing other reason 7 = unerupted,	46						
8 = excluded 9 = fissure sealant	root						
	47						
	root						
	48						
	root						



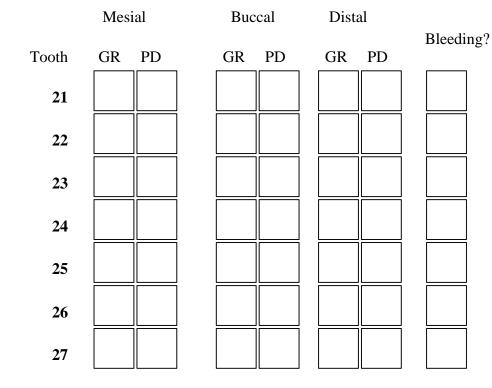
UPPER RIGHT QUADRANT

(QUADRANT 1)



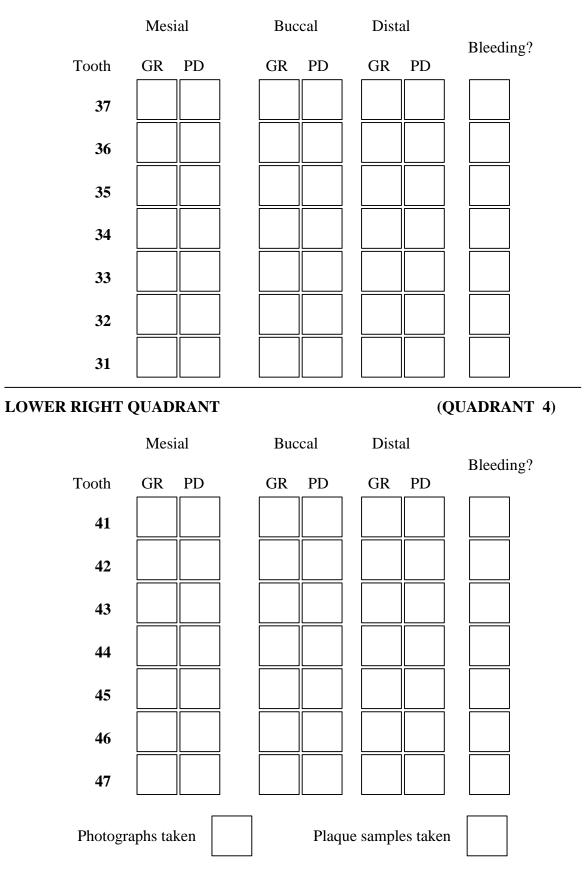
UPPER LEFT QUADRANT

(QUADRANT 2)



LOWER LEFT QUADRANT

(QUADRANT 3)



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 <u>you</u> 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 <u>dental</u> <u>health</u> 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	Once a day (9)	Not around day (a)	Less than once a	Novon (5)
day (1)	Once a day (2)	Not every day (3)	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)
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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 <u>you</u> 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



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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 dent	al 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 n	ny dental hea	alth to be import	ant					
Definitely no				Definitely yes				
1	2	3	4	5				
17. I can't afford dental care								
Definitely no				Definitely yes				
1	2	3	4	5				
18. Last time I visited a dentist, the treatment was painful.								
Definitely no 1	2	3	4	Definitely yes 5				

For each of the following questions, please <u>circle</u> the answer which <u>best</u> 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)

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 <u>how important you think it is for people of your age.</u> Please circle the answer which comes closest to how <u>you</u> feel.

33. Avoiding a lot of sweet foods is:

Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
34. Using fluoride toot	hpaste is:		
Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
35. Visiting the dentist	regularly is:		
Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
36. Keeping the teeth a	nd gums very clean	is:	
Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
37. Drinking fluoridate	ed water is:		
Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)
38. Using dental floss i	s:		
Extremely important (1)	Fairly important (2)	Not very important (3)	Not at all important (4)

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)
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- 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)
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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