

IMPACT OF DENTAL SERVICES ON QUALITY OF LIFE

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Appendix A: Baseline computer-assisted telephone interview

Variable label	Question	Response/s
Number of people aged 15+ yrs living in household	How many people aged 15 years or older live in this household?	literal
Number of children aged 5-14 yrs living in household	And how many children aged 5 to 14 years live in this household?	literal (99 = dk/refusal = .d)
Natural teeth	Do you have any of your own NATURAL teeth?	1=Yes 2=No 9=Don't know
Number of years edentulous	How many years have you had no teeth?	literal (99 = dk = .d)
Upper denture	Do you have a denture or false teeth {REMOVABLE} for your UPPER jaw?	1=Yes 2=No 9=Don't know
Lower denture	Do you have a denture or false teeth {REMOVABLE} for your LOWER jaw?	1=Yes 2=No 9=Don't know
Number remaining maxillary teeth	There are 16 teeth, including wisdom teeth in the upper jaw. How many teeth do you have remaining in your UPPER jaw?	literal
Number remaining mandibular teeth	There are also 16 teeth, including wisdom teeth in the lower jaw. How many teeth do you have remaining in your LOWER jaw?	
Need filling(s)	Leading question for variables Needfill to Needoth: Currently which of the following treatments do you think that you need to have: Any filling(s)?	1=Yes 2=No 9=Don't know
Need extraction(s)	Any extraction(s)?	1=Yes 2=No 9=Don't know
Need scaling	Scaling?	1=Yes 2=No 9=Don't know
Need professional clean and polish	Professional clean and polish?	1=Yes 2=No 9=Don't know
Need x-rays	X-rays?	1=Yes 2=No 9=Don't know
Need denture(s) made	Denture(s) made?	1=Yes 2=No 9=Don't know
Need a dental check-up	A dental check-up?	1=Yes 2=No 9=Don't know

Need gum treatment	Gum treatment?	1=Yes 2=No 9=Don't know
Need dental crown or bridge	Dental crown or bridge?	1=Yes 2=No 9=Don't know
Need other treatment	Any other treatment?	1=Yes 2=No 9=Don't know
Need denture(s) made	Leading question for variables Edentxt1 to Edentxt3: Currently which of the following treatments do you think that you need to have: Denture(s) made?	1=Yes 2=No 9=Don't know
Need gum treatment	Gum treatment?	1=Yes 2=No 9=Don't know
Need other treatment	Any other treatment?	1=Yes 2=No 9=Don't know
Time urgency of dental treatment	How soon do you think you need this dental treatment?	1=<1 wk 2=1 wk-<1 mth 3=1 mth-<3 mths 4=3 mths-<6 mths 5=6+ mths 9=Don't know
Time since last visit	How long ago did you LAST see a dental professional about your teeth, dentures or gums?	1=<12 mths 2=1-<2 yrs 3=2-<5 yrs 4=5-<10 yrs 5=10+ yrs 6=Never visited 9=Don't know/Refuse
Reason for dental visit<=2 years ago	Was that dental visit for a check-up or for a dental problem?	1=Check-up 2=Problem 9=Don't know/Refuse
Saw dentist <= 2 years ago for ROP	Was that dental visit necessary for the relief of pain?	1=Yes 2=No 9=Don't know/Refuse
Number of visits in last 12 months	How many dental visits did you make in the last 12 months?	literal (99 = dk = .d)
Received filling(s) in last 12 months	Which of the following treatments did you receive in the last 12 months: ¹ Any fillings?	1=Yes 2=No 9=Don't know
Number filling(s) in last 12 months	How many filling(s) did you receive in the last 12 months?	Literal (99 = dk = .d)

Received extraction(s) in last 12 months	Which of the following treatments did you receive in the last 12 months: Any extractions?	1=Yes 2=No 9=Don't know
Number extraction(s) in last 12 months	How many extractions did you receive in the last 12 months?	Literal (99 = dk = .d)
Received scaling in last 12 months	Leading question for variables Rtx3a to Rectx3h: And did you receive any of the following treatments in the last 12 months: Scaling?	1=Yes 2=No 9=Don't know
Received professional clean and polish in last 12 months	Professional clean and polish?	1=Yes 2=No 9=Don't know
Received x-rays in last 12 months	X-rays?	1=Yes 2=No 9=Don't know
Received denture(s) made last 12 months	Denture(s) made?	1=Yes 2=No 9=Don't know
Received a dental check-up in last 12 months	A dental check-up?	1=Yes 2=No 9=Don't know
Received gum treatment in last 12 months	Gum treatment?	1=Yes 2=No 9=Don't know
Received dental crown or bridge in last 12 months	Dental crown or bridge?	1=Yes 2=No 9=Don't know
Received other treatment in last 12 months	Any other treatment?	1=Yes 2=No 9=Don't know
Received denture(s) made last 12 months	Leading question for variables Rectx4a to Rectx4c: Which of the following treatments did you receive in the last 12 months: Denture(s) made?	1=Yes 2=No 9=Don't know
Received gum treatment in last 12 months	Gum treatment?	1=Yes 2=No 9=Don't know
Received other treatment in last 12 months	Any other treatment?	1=Yes 2=No 9=Don't know
Site of last dental visit	Where did you make your last dental visit? Was it at a?	1=Private dental practice (including SPECIALIST) 2=Govt dental clinic (inc dental hosp) NOT defence services 3=School dental service 4=Dental technician 5=Clinic operated by health insurance fund 6=Armed Services/Defence Force clinic 7=Other site 9=Don't know

Have a government concession card	Do you currently have a pension or allowance from the Government, or have a pensioner concession card, a Health care card or a Department of Veterans Affairs card?	1=Yes 2=No 9=Don't know/Refuse
Pensioner Concession card (PCC)	Leading question for variables Carda to Cardf: Pensioner Concession Card?	1=Yes 2=No 9=Don't know/Refuse
Health care card (HCC)	Health care card?	1=Yes 2=No 9=Don't know/Refuse
Commonwealth Seniors Health card (CSHC)	Commonwealth Seniors Health Card?	1=Yes 2=No 9=Don't know/Refuse
Department of Veterans Affairs treatment GOLD card	Department of Veterans Affairs treatment GOLD card?	1=Yes 2=No 9=Don't know/Refuse
Department of Veterans Affairs treatment WHITE card	Department of Veterans Affairs treatment WHITE card?	1=Yes 2=No 9=Don't know/Refuse
Other card	Other card?	1=Yes 2=No 9=Don't know/Refuse
Who covered the expenses for last dental visit	Did the Government or an insurance fund pay any part of the expenses for your last dental visit?	1=Paid all own expenses 2=Insurance paid some-patient paid some 3=Insurance paid all-patient paid none 4=Government paid some-patient (or insurance) paid some 5=Government paid all-patient paid none 6=Other payment arrangement 9=Don't know
Currently on a waiting list for public dental care	Are you currently on a waiting list for public dental care?	1=Yes 2=No 9=Don't know/Refuse
Time been on waiting list	How many years/months have you been on the waiting list?	Literal (number of months) (99 = dk = .d)
On a waiting list before given appt for last dental visit	For your last dental visit, were you on a WAITING LIST before you were given an appointment (at the government dental clinic)?	1=Yes 2=No 9=Don't know/Refuse
Length of time had to wait before being given an appointment	How long did you have to wait before being given an appointment?	Literal (number of months) (99 = dk = .d)
Usual reason for visit	Which is your usual reason for visiting a dental professional, for check-ups or when you have a dental problem?	1=Check-up 2=Problem 9=Don't know/Refuse
Usually visit for ROP	Do you usually visit for relief of PAIN?	1=Yes 2=No 9=Don't know/Refuse

Frequency of dental visits	How often on average would you seek care from a dental professional?	1=Two or more times a year 2 =Once a year 3=Once in two years 4=Less often than that 9=Don't know
Freq toothache in last 12 months	During the last 12 months how often have you had toothache. Was it:	1=Very often 2=Often 3=Sometimes 4=Hardly ever 5=Never 9=Don't know/Refuse
Freq discomfort with appearance in last 12 months	How often have you felt uncomfortable about the appearance of your teeth, mouth or dentures during the last 12 months?	1=Very often 2=Often 3=Sometimes 4=Hardly ever 5=Never 9=Don't know/Refuse
Freq food avoidance	How often have you had to avoid eating some foods because of problems with your teeth, mouth or dentures during the last 12 months?	1=Very often 2=Often 3=Sometimes 4=Hardly ever 5=Never 9=Don't know/Refuse
Experience broken/chipped tooth in last 12 months	During the last 12 months have you had: Broken or chipped a natural tooth during this last year?	1=Yes 2=No 9=Don't know
Experience sore gums in last 12 months	Gums that hurt?	1=Yes 2=No 9=Don't know
Experience bleeding gums in last 12 months	Gums that bleed?	1=Yes 2=No 9=Don't know
Experience sores on tongue/inside mouth in last 12 months	Sores on the tongue or the inside of the mouth?	1=Yes 2=No 9=Don't know
Experience bad taste in last 12 months	A bad taste in the mouth?	1=Yes 2=No 9=Don't know
Experience bad breath in last 12 months	Bad breath?	1=Yes 2=No 9=Don't know
Freq sensitive teeth in last 12 months	During the last 12 months, how often have you had sensitive teeth, for example, due to hot or cold foods or drinks?	1=Very often 2=Often 3=Sometimes 4=Hardly ever 5=Never 9=Don't know/Refuse
Pain in jaw/temple/face in last month	During the last MONTH, have you had pain in the face, jaw, temple, in front of the ear, or in the ear?	1=Yes 2=No 9=Don't know/Refuse
Gum disease	Do you think you have gum disease?	1=Yes 2=No 9=Don't know/Refuse
Gum disease diagnosed	Has a dental professional ever told you that you have	1=Yes

	lost bone around your teeth?	2=No 9=Don't know
Ever had scaling/root planing etc for gum disease	Have you ever had scaling, root planing, surgery or other treatment for gum disease?	1=Yes 2=No 9=Don't know
Any teeth ever become loose w/out injury?	Have you ever had any teeth that have become loose by themselves without some injury (not baby teeth)?	1=Yes 2=No 9=Don't know
Freq of mouthwash use in last week	How often during the last week did you use mouthwash or any dental rinse product?	literal (99 = dk = .d)
Freq of flossing in last week	How often during the last 7 days did you use dental floss, tape or an interdental brush to clean between your teeth, other than just to remove food particles stuck between your teeth?	literal (99 = dk = .d)
Tooth that doesn't look right	During the past three months have you noticed that you have a tooth that doesn't look right?	1=Yes 2=No 9=Don't know/Refuse
Self-rated health of gums	How would you rate the health of your GUMS? Would you say that it is:	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 9=Don't know
Diagnosed with diabetes	Have you been told by a doctor that you have diabetes?	1=Yes 2=No 9=Don't know/Refuse
Smoking status	Which of the following best describes your smoking status (includes cigarettes, cigars and pipes)?	1=I currently smoke 2=I don't smoke now, but I used to 3=I've never smoked 9=Don't know/Refusal
Avoided or delayed dental visit due to cost in last 12mths	During the last 12 months, have you avoided or delayed visiting a dental professional because of the cost?	1=Yes 2=No 9=Don't know
Cost prevented recommended dental treatment in last 2 years	Has the cost prevented you from having any dental treatment that was recommended during the last 2 YEARS?	1=Yes 2=No 9=Don't know
Took up alternative lower cost option for recommended treatment	Did you take up an alternative lower-cost option for the treatment that was recommended?	1=Yes 2=No 9=Don't know
Financial burden of dental visit in last 12 months	In the last 12 months, how much of a financial burden have dental visits been for you? Would you say:	1=None 2=Hardly any 3=A little 4=A large burden 9=Don't know
Difficulty paying a \$100 dental bill	At most times of the year, how much difficulty would you have paying a \$100 dental bill OUT OF YOUR OWN POCKET? Would you say:	1=None 2=Hardly any 3=A little 4=A lot of difficulty 9=Don't know

Difficulty paying a \$150 dental bill	And (At most times of the year) how much difficulty would you have paying a \$150 dental bill OUT OF YOUR OWN POCKET? Would you say:	1=None 2=Hardly any 3=A little 4=A lot of difficulty 9=Don't know
Have private dental insurance	Do you have private insurance cover for dental expenses?	1=Yes 2=No 9=Don't know
Type of insurance cover	Is the insurance cover single or family cover?	1=Single 2=Family 9=Don't know/Refuse
Have an appointment set for a check-up	Do you have an appointment set for a check-up?	1=Yes 2=No 9=Don't know
Expect to receive an appointment or reminder notice for check-up	Do you expect to receive an appointment or reminder notice for a check-up?	1=Yes 2=No 9=Don't know
Usually go to a particular dentist	Is there a dentist you usually go to for dental care?	1=Yes-usual source of care 2=No-no usual source of care 9=Don't know
Self-rated general health Convert cm into m	How would you rate your own GENERAL health? Would you say that it is:	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 9=Don't know
Self-rated dental health	And how would you rate your own DENTAL health. Would you say that it is:	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 9=Don't know
Afraid or distressed about visiting the dentist	Would you feel afraid or distressed when going to the dentist?	1=Not at all 2=A little afraid or distressed 3=Moderately afraid or distressed 4=Very afraid or distressed 5=Extremely afraid or distressed 9=Don't know
Interviewees sex	What sex are you?	1=Male 2=Female 9=Refuse
Interviewees age	Could you tell me your age please?	Literal response (999=Don't know/Refusal)
Indigenous status	Are you of Aboriginal or Torres Strait Islander origin?	1=No 2=Yes, Aboriginal 3=Yes, Torres Strait Islander 4=Yes, Torres Strait Islander & Aboriginal 9=Don't know/Refusal

Country of birth	In which country were you born?	1=Australia 2=UK 3=New Zealand 4=Europe 5=Asia 6=USA/Canada 7=Rest of America 8=Africa 9=Oceania 99=Don't know
Language other than English spoken at home	Do you speak a language other than English at home?	1=Yes 2=No 9=Don't know/Refuse
Language mainly spoken at home text	What language do you mainly speak at home?	1=English 2=Northern European 3=Southern European 4=Eastern European 5=Southwest Asian & North African 6=Southern Asian 7=Southeast Asian 8=Eastern Asian 9=Other 99=Don't know/Refusal
Interview conducted in English	Was interview conducted in English? (Interviewer to answer)	1=Yes 2=No
Attend school FT or PT	Do you attend school or any other educational institution either full time or part time?	1=Full time 2=Part time 3=Not at school/TAFE/Uni 9=Don't know
Type of educational institution	What kind of educational institution do you attend?	1=Secondary school 2=TAFE 3=University or other higher education institution 4=Other 9=Don't know
Highest year level of schooling completed	What is the highest year level of schooling you have completed?	1=Primary school (Year 7 or less) 2=Year 8 3=Year 9 4=Year 10 5=Year 11 6=Year 12 9=Don't know/Refusal
Completed a qualification since leaving school	Have you completed a trade certificate, university degree or any other educational qualification since leaving school?	1=Yes 2=No 9=Don't know
Highest level of education	What is the highest qualification/level of education you have completed since leaving school?	1=University degree or diploma 2=University masters degree or PhD 3=CAE or Teachers College or Nursing 4=Trade Certificate/Apprenticeship/Vocational 5=Certificate or diploma course eg TAFE 1-2 year course 6=Other 9=Don't know / Refusal
Current employment status	How would you describe your current employment status?	1=Full-time (35+ hrs) 2=Part-time 3=Not employed 9=Don't know/refusal

Unemployment status	Are you currently:	1=Retired 2=Home duties 3=Unemployed and looking for work 4=Student 5=Not employed, and not looking for work 9=Don't know/Refusal
Usual/current occupation	What is your usual/current occupation?	1=Manager/Administrator/Farmer 2=Professional 3=Para-professional 4=Tradesperson 5=Clerical 6=Sales & Service 7=Production/Transport Workers/Skilled Labourers 8=Unskilled labourers 9=Other 11=Don't know 99=Refusal
Total household income	Could you please indicate the category of your total household income?	1=LE \$12K 2=\$12-<20K 3=\$20-<30K 4=\$30-<40K 5=\$40-<60K 6=\$60-<80K 7=\$80-<100K 8=\$100+K 11=Don't know 99=Refusal
Current dwelling type	Is your current dwelling:	1=Rented accommodation 2=Being paid off 3=Owned outright 4=Rent-free accommodation 5=Other 9=Don't know/Refusal
Region of state		1=Metropolitan 2= Non-metropolitan
Postcode of residency		
Date of interview		

Appendix B: Baseline epidemiological examination

Protocol for Oral Epidemiological Examinations

Removable Denture Assessment

Clinical procedures

- Ask SP “Are you wearing any dentures today?”
- If SP is wearing denture(s) ask that he/she remove them
- Identify whether each denture is a full or partial denture, then ask SP to place denture(s) in plastic container.
- Place the container on the bracket table – you may need to refer to partial dentures when coding tooth presence.

Diagnostic codes

Call one code for each arch:

- F** SP is wearing a full denture
- P** SP is wearing a partial denture
- X** None of the above (eg. no dentures, or dentures not worn to examination)

Diagnostic criteria

The denture assessment is limited to removable prostheses.

A full denture is defined as one that replaces all teeth in the arch, whether or not it has 16 teeth.

A denture with full coverage is still coded as a full denture, even if it overlays one or more prepared root abutments, tooth roots, implants, or partially erupted teeth. (Coding rules for roots, implants and partially erupted teeth are described in Section Tooth presence)

A partial denture is defined as one that does not replace all teeth in the arch, and which therefore has gaps to accommodate natural teeth, whether or not those partial teeth are still present. *For example, if a partial denture was originally constructed to replace all but the canine teeth, and both canine teeth had since been extracted without any addition to the denture, it would still be coded as P.*

Do not attempt to evaluate the quality of the dentures.

Oral Mucosal Tissues Assessment

Clinical procedures

Using the mouth mirror and gauze to help retract tissues, visually examine the lips and intra-oral mucosa:

Lips should be examined with the mouth both closed and open. Note the colour, texture and any surface abnormalities of the vermilion border.

Labial mucosa and sulcus. Examine visually the mandibular and maxillary vestibule and frenum with the mouth partially open. Observe the colour and any swelling of vestibular mucosa and gingiva.

Commissures, buccal mucosa and sulcus (upper and lower). Using mouth mirror as retractor and with the mouth wide open, examine the entire buccal mucosa extending from the commissures and back to the anterior tonsillar pillar. Note any change in pigmentation, colour, texture and mobility of the mucosa, make sure that the commissures are examined carefully and are not covered by the mouth mirror during retraction of the cheeks.

Alveolar ridges. Check from all sides (buccally, palatally, lingually).

Tongue. With the tongue at rest and mouth partially open inspect the dorsum of the tongue for any swelling, ulceration, coating or variation in size, colour or texture. Also, note any change in the pattern of the papillae covering the surface of the tongue. The SP should then protrude the tongue and the examiner should note any abnormality of mobility. With the aid of mouth mirror, inspect the margins of the tongue. Then observe the ventral surface.

If adequate precautions can be taken by the examiner, the tongue can be examined more efficiently by grasping the tip with a piece of gauze to assist full protrusion and to aid examination of the margins.

Floor of the mouth. With the tongue still elevated, inspect the floor of the mouth for swelling or other abnormalities.

Hard and soft palate. With the mouth wide open and the SP's head tilted backward, gently depress the base of the tongue with a mouth mirror. First inspect the hard then the soft palate.

Diagnostic codes

Call up to two codes for each subject. If a subject has no oral mucosal conditions, record "X" in both boxes on the computer.

- | | |
|----------|---|
| 1 | Suspected malignant tumour (oral cancer) |
| 2 | Ulcerated lesions (aphthous, herpetic, traumatic) |
| 3 | Any other oral mucosal lesions |
| X | None of the above (eg. healthy oral mucosa) |

Diagnostic criteria

Code 1: Suspected malignant tumour (carcinoma)

This is only a provisional diagnosis. The carcinoma may develop in a white patch (an area of leukoplakia) or in a red area (an erythroplakia) but many carcinomas arise in an area of mucosa that previously appeared normal.

Except in some early and small lesions, there is usually induration – the tissue feels firm and thickened – either throughout the lesion, or at the margins if there is ulceration. Where the tumour occurs on a mobile part of the mucosa, there may be fixation and loss of mobility because the tumour has involved the deeper tissues.

The appearance of the surface of the tumour is very variable: it may be relatively smooth and white or red, but commonly the surface is nodular or ulcerated and the ulcer may have a raised rolled margin. In the later stages there may be a soft fungating mass that bleeds readily.

If this provisional diagnosis is made, refer SP for urgent dental care (see Appendix D).

Code 2: Ulceration (aphthous, herpetic, traumatic)

Ulceration is defined as a break of the oral mucosa. The clinical appearance of ulcerations shows great variation. The most common form is minor aphthae. There are typically 1–4 ulcers in each attack. These are usually confined to the non-keratinised parts of the mucosa. The ulcers are shallow, but painful. Herpetic ulcers are characterised by a large number of small shallow ulcers occurring in any part of the mucosa. Although each individual ulcer may not exceed 2 mm in diameter, groups of ulcers may coalesce to form compound ulcers with irregular outlines.

Code 3: Any other oral mucosal conditions

This would include any white-coloured lesions (eg. Candida, lichen planus white or red patches that are not ulcerated, angular cheilitis that is not ulcerated, denture hyperplasia)

Tooth presence

Clinical procedures

Start from the SP's upper right quadrant at the position of tooth 18; pass through maxilla to the position of tooth 28. Then continue onto the lower left quadrant at the position of tooth 38 continuing around the mandible to the position of tooth 48. Make one call for the status of each tooth position.

Diagnostic codes (call one code for a tooth in the following hierarchy)

For study participants aged 44 years or less	
Mr	Missing due to <u>caries and/or periodontal disease</u> but Replaced by a fixed prosthesis or a removable prosthesis that is worn to the examination.
M	Missing due to <u>caries and/or periodontal disease</u> AND NOT REPLACED by a fixed or removable prosthesis.
Ar	Absent for reasons <u>other than caries or periodontal disease</u> and Replaced by a fixed prosthesis or a removable prosthesis that is worn to the examination.
A	Absent for reasons <u>other than caries or periodontal disease</u> AND NOT REPLACED by a fixed or removable prosthesis.
Absent teeth include those that are congenitally missing, unerupted or extracted for orthodontics, trauma or impaction.	

Or

For study participants aged 45 years or older	
Mr	Missing due to <u>any reason</u> and Replaced by a fixed prosthesis or a removable prosthesis that is worn to the examination.
M	Missing due to <u>any reason</u> AND NOT REPLACED by a fixed or removable prosthesis.

For study participants of all ages	
Rd	Root fragment that is decayed .
Rs	Root fragment that is not decayed (eg. sound or capped with a restorative material).
I	Implant whether or not it has been restored or is serving as an abutment.
P	Present: a permanent tooth that is present in the mouth, and has none of the preceding conditions. <i>This includes teeth with full coronal restorations.</i>
B	Deciduous tooth with no permanent tooth present, regardless of whether the deciduous tooth is sound, decayed or filled.

Diagnostic criteria

For subjects aged 44 years or less, there are four possible codes for a tooth that is not present and you will need to determine the reason for tooth loss.

- To receive an **Ar** or **A** code, the subject must be aged 44 years or less and you must be convinced that the tooth was not removed because of caries or periodontal disease. Base your decision on the type of tooth (eg. premolars that are often extracted for orthodontics, third molars that are often extracted because of impaction) and, if needed, query the SP.
- For subjects aged 44 years or less where it is likely that caries or periodontal disease was the reason for tooth removal, use the **Mr** or **M** code.

For subjects aged 45 years or older, do not try to determine the reasons for tooth loss. Use only the **Mr** or **M** codes for people aged 45 years or older.

When evaluating teeth that have been replaced, you do not need to match each prosthetic tooth to a corresponding tooth position (see **Error! Reference source not found.**).

- Any part of a prosthesis (not necessarily an artificial tooth) that replaces a tooth position can be used to make a call of **Ar** or **Mr**.
- If a prosthetic saddle replaces two or more teeth positions, call **Ar** or **Mr** for all tooth positions in that saddle, even if there has been drifting of the abutment teeth, and there is insufficient space for the corresponding number of artificial teeth to replace those tooth positions.
- If a tooth has been extracted, and drifting of adjacent teeth has closed the gap, the extracted tooth must be coded as **A** or **M**

Ar, **A**, **M** and **Mr** codes can be called only for anatomical tooth positions: if a gap has opened up due to a tooth drifting from its neighbour, do not call any codes for the gap that is left, even if the gap has a prosthetic replacement.

A "root" is defined as a fragment where the natural and/or restored coronal tissues comprise less than one quarter of the original coronal structure (see **Error! Reference source not found.**).

Fused or geminated teeth should be recorded as a single tooth position.

Supernumerary teeth should be omitted.

If both a deciduous and its associated permanent tooth are present, ignore the deciduous tooth and record the permanent tooth only.

Plaque, calculus and gingivitis

Clinical procedures

Up to six index teeth are assessed:

- The most anterior molar in each quadrant (up to four teeth);
- Tooth 11
- Tooth 31

Hence, the first molar is used or, in its absence, the second molar, or in the absence of both, the third molar. However there is no substitution for either of the incisors. When an index tooth is not available (eg. it is missing) mark the appropriate sextant as "X" for each index.

Each tooth is assessed for three indices: calculus is assessed first, then plaque, and then gingivitis. Assess all three indices for one tooth before moving onto the next tooth.

Attention: Check the medical history to make sure the SP is suitable for periodontal probing. If the SP is NOT medically fit for periodontal probing, assess calculus and plaque but do not assess the gingival index. In this case, the gingival index score is called as **X**.

First gently dry the index tooth and visually inspect the dried buccal surface and lingual surface of the crown and the root (if exposed) and call the calculus index.

Next, examine only buccal surfaces of the tooth (and root, if exposed).

- If no plaque is visible, hold the periodontal probe parallel to the buccal surface, and scrape it from mesial to distal of the tooth's buccal surface.
- If there is curvature on the buccal surface, you may need to reorient the probe and make a second scrape across the curved part of the buccal surface, making sure that the probe does not contact the gingival tissues.

Then call the plaque index.

Finally, hold the periodontal probe at approximately 90 degrees to the long axis of the tooth, with the tip resting on the neck of the tooth and the side of probe applying gentle pressure on the free gingival margin. Swipe the probe from the mesial to the distal of the buccal surface, applying gentle pressure to the gingival margin. Do not probe to the bottom of the socket.

Wait for up to 10 seconds to observe any bleeding. (Use the waiting time to dry the next index tooth prior to its assessment) Call the gingival index.

Diagnostic codes (call one code for each index tooth in the following hierarchy)

Calculus: buccal and lingual surfaces

- Y** Calculus is visible
- N** No calculus visible
- X** Cannot be assessed (eg. no index tooth)

Plaque index: buccal surface (Loe, 1967)

Call the highest score for the tooth:

- 3** Abundance of soft matter easily visible within the gingival pocket and/or on the dried tooth and gingival margin.
- 2** Moderate accumulation of soft deposits within the gingival pocket, or on the dried tooth and gingival margin which can be seen with the naked eye.
- 1** A film of plaque adhering to the free gingival margin and adjacent area of the tooth. The plaque may be seen *in situ* only after scraping the periodontal probe on the dried tooth surface.
- 0** None of the above
- X** Cannot be assessed (eg. no index tooth)

Gingival index: buccal surface (modified from Loe and Silness, 1963).

Call the highest score for the tooth:

- 3** Severe inflammation: marked redness and oedema, ulceration or tendency to spontaneous bleeding.
- 2** Moderate inflammation: redness, oedema, glazing or bleeding after applying pressure with the probe.
- 1** Mild inflammation: slight change in colour or slight oedema but no bleeding after applying pressure with the probe.
- 0** None of the above.
- X** Cannot be assessed (eg. no index tooth) or SP excluded from periodontal probing.

Periodontal destruction

Clinical procedures

Teeth that are charted as **Present**, other than third molars, are to be assessed for periodontal destruction. Other teeth will automatically be blanked out in the Periodontal screen by the computer and must not be assessed.

Take particular care not to probe periodontal tissues around implants.

Assess periodontal status beginning in the upper right quadrant (i.e. tooth 17, if present) and progress through the maxillary arch to tooth 27. Proceed onto the lower left quadrant at tooth 37 and continue around the mandibular arch to tooth 47.

Three sites are to be measured for each tooth:

Mesio-buccal (M): (*referred to as Mesial*) adjacent to the actual or imaginary contact point of the tooth's mesial surface

Mid-buccal (B): (*referred to as Buccal*) the mid point of buccal surface in single-rooted teeth and mid point of the mesio-buccal root in multi-rooted teeth.

Disto-buccal (D): (*referred to as Distal*) adjacent to the actual or imaginary contact point of the tooth's distal surface

Start at the mesio-buccal site, then go to the mid-buccal and finally the disto-buccal site.

For each tooth, dry the buccal surface with air and then make measurements with the periodontal probe.

For the **interproximal** sites, (M) and (D), the probe should be placed parallel to the long axis of the tooth and facially adjacent to the dental contact area. Angulating the probe into the interproximal area under the dental contact is not permitted.

For all sites, the periodontal probe is to be held with a light grasp and pointed toward the apex of the tooth.

The periodontal probe has alternating color bands, each 2mm in width. All fractional millimeter measurements are **rounded down** to the lowest whole millimeter before calling the number.

Recession is measured first, and is defined as the distance from the free gingival margin (FGM) to the Cemento-Enamel Junction (CEJ).

First identify or estimate the location of the Cemento-Enamel Junction (CEJ) at the site.

- If the CEJ is coronal-to or equal-to the FGM, identify it visually and/or using tactile sense with the tip of periodontal probe.
- If the CEJ is subgingival, identify it using tactile sense with the tip of periodontal probe. If in doubt, try to estimate position of the CEJ using adjacent or contra-lateral teeth.

Measure and call recession in millimeters.

Probing depth is defined as the distance from the FGM to the bottom of the periodontal crevice/pocket.

Measure and call probing depth in millimeters.

Diagnostic codes

Recession recorded in whole millimetres (see Error! Reference source not found.)

-9 to -1	Distance in millimetres from the free gingival margin (FGM) to the cemento-enamel junction (CEJ) when the CEJ is subgingival
0	When the FGM is less than one millimetre vertically from the CEJ.
1 to 12	Distance in millimetres from the free gingival margin (FGM) to the cemento-enamel junction (CEJ) when the FGM is apical to the CEJ
X	When recession cannot be determined (e.g. CEJ cannot be identified)

Probing depth recorded in whole millimetres

0 - 12	Distance from the FGM to the bottom of the periodontal crevice/pocket.
X	When probing depth cannot be determined (e.g. base of pocket/crevice cannot be reached due to calculus)

Diagnostic criteria

The probing pressure is very light and is not to exceed 20 grams.

The tip of the probe is pointed towards the apex along the axis of the tooth. It must not be angled.

If the adjacent tooth is missing, approach the mesial and distal sites from the buccal aspect, keeping the probe in the direction of the long axis of the tooth and adjacent to the position that would have been the interproximal contact area.

If a tooth has rotated, use the original coronal anatomy to determine landmarks: e.g. if the tooth has rotated so that the crown's mesial surface faces 45° towards the palatal, measurement should still be made adjacent to what would have been the contact point on the mesial coronal surface.

If a full coronal restoration is in place use the gingival margin of the crown as the CEJ.

If a restoration covers the CEJ, estimate the location of the original CEJ.

If a measurement is more than 12 mm, record it down to 12 mm.

- When measuring recession, if the CEJ is visible (the FGM is apical to the CEJ), measure the distance from the CEJ to the FGM using the periodontal probe, rounding any fractional millimetres down to the lower whole millimetre score. Call this number for recession at the site. In these instances, when the call is zero or any positive number, simply call recession without specifying that it is a positive number. (See **Error! Reference source not found.**)
- If the CEJ is not visible because it is subgingival, you will need to estimate the position of the CEJ using tactile sense with the tip of the periodontal and/or other anatomical landmarks (eg. your estimation of coronal dimensions based on the visible portion of the crown). In these instances, estimate the distance from the FGM to the CEJ using the periodontal probe, rounding any fractional millimetres down to the lower whole millimetre. Call recession as zero or any negative number.
- If the measurement rounds down to zero, call "zero".
- Otherwise, when the CEJ is apical to the gingival crest, call recession as a negative number.

When measuring **probing depth** round down any fractional millimetres to the lower whole millimetre.

Call probing depth, even if the recession measurement was excluded (i.e. called X).

Coronal Caries and Restorations

Clinical procedures

This section describes assessments that are made for five coronal surfaces on all teeth coded as **Present**, including third molars.

- implants, root fragments, and deciduous teeth are excluded from this assessment

Begin with the most posterior tooth in the upper right quadrant (i.e. tooth 18, if present) and progress through the maxillary arch to tooth 28. Move to the lower left quadrant at tooth 38 and continue around the mandibular arch to tooth 48.

Always clean and dry teeth before examination. Debris should be removed with gauze.

A periodontal probe may also be used to remove plaque and other debris. If used, it is important that the periodontal probe does not damage any incipient lesions.

- The diagnosis of coronal caries is based entirely on visual criteria.

Make one call for each of five coronal surfaces:

- Surfaces on incisors and canines are called in the following order: Incisal, Mesial, Buccal, Distal and Lingual.

The incisal surface is defined as the area of 1 mm or less around the incisal edge or canine cusp. If the incisal edge or canine cusp has worn down, the facet is considered as the incisal surface.

- Surfaces on premolars and molars are called in the following order: Occlusal, Mesial, Buccal, Distal and Lingual

Before moving onto the next tooth, assess the status of all four root surfaces (see Section 0 for further details).

Diagnostic codes for coronal caries experience

Call one code for a tooth surface in the following hierarchy

D Decay: cavitation of enamel or dentinal involvement or both are present.

R Recurrent caries: visible caries that is contiguous with a restoration.

Fu Filled unsatisfactorily: a filling placed for any reason in a surface that requires replacement but that has none of the above conditions.

Fd Filling placed to treat decay in a surface that has none of the above conditions.

Incisors and canines only

Fo Filling placed for reasons **other than caries** in a surface that has none of the above conditions.

Fs Fissure sealant and none of the above conditions

S Sound is recorded when none of the above conditions are found.

Diagnostic criteria for coronal surfaces

Decay is called if there is cavitation of enamel or dentinal involvement or both

Cavitation is defined as a discontinuity of the enamel surface caused by the loss of tooth substance, due to caries.

- It must be distinguished from fractures, erosion and abrasion.
- Lesions with dentinal involvement are coded D even if the lesion has hardened and appears to have “arrested”.

Dentinal involvement is judged separately for three categories of surfaces:

- For pits and fissures, the surface is coded as decayed when opacity or discolouration indicate caries of dentine that is undermining adjacent enamel.
- For smooth surfaces on buccal and lingual surfaces: the surface is coded as decayed if the surface is etched or there is a white spot **and** if dentine seems to be involved as indicated by discolouration of dentine.
- Proximal surfaces use the same criteria as smooth surfaces. In addition, any of the following conditions can be sufficient to call proximal decay:
 - If the marginal ridge shows darkening/shadowing as evidence of caries of dentine, the surface is decayed.
 - Transillumination (for anterior teeth): caries in dentine may be visualised as a loss of translucency producing a shadow in a calculus free and stain-free proximal surface.

When diagnosing decay on any coronal surface

- Staining and pigmentation are not, by themselves, sufficient evidence of caries.
- Erosion, abrasion, hypoplasia, attrition, fractures, mottled enamel and enamel opacities on exposed hard surfaces are not classified as carious.
- Suspected or apparent carious LESIONS IN ENAMEL ARE NOT TO BE PROBED TO DETERMINE THE “FEEL” OF THE ENAMEL. Tactile criteria are not used in the coronal caries assessment.

There are four categories of fillings

Recurrent caries is based on a finding of caries that adjoins a restoration on the surface

- Use the same criteria described for decay to determine presence of caries
- This call is made regardless of the reason for initial placement of the restoration
- If a surface has both a filling and caries that does not adjoin the filling, it should be coded as **D**, not **R**.

Filled unsatisfactory (**Fu**) is marked when a filled surface contains one or more of the following unacceptable defects which cannot be corrected:

- Surface which is flaking or fractured
- Dentine or base exposed
- Missing or fractured and mobile restoration
- Traumatic occlusion causing pain or damage to tissues
- Mal-contouring of embrasures
- Gross marginal discrepancy with potential for recurrent caries
- Overhang causing tissue damage
- Temporary fillings in Cavit or zinc oxide eugenol
- Fillings adjacent to fractured cusps

Filled due to decay (**Fd**) is recorded when the surface contains one or more permanent restorations placed to treat caries. Filled for other (**Fo**) reasons such as restorations placed to treat wear, hypoplasia and trauma, or for aesthetic reasons.

The **Fd** and **Fo** categories include restorations which have the following acceptable deficiencies

- Surface which is irregular, rough or discoloured
- Under-contouring, or faulty occlusal contact
- Mal-contouring of embrasures which can be corrected
- Minor marginal discrepancy
- Overhang which can be corrected
- Joined or repaired restorations.

Additional notes for caries assessment

A fissure sealant (**Fs**) is defined as an adhesive material covering all of a fissure, in which a bur has not been used to cut tooth structure.

Sound includes surfaces with hypoplasia, fracture, erosion and surfaces restored for aesthetic reasons.

Only one entry can be made for each tooth surface. In the event that a tooth has two or more conditions, call the condition listed highest on the list.

Nonvital teeth are scored in the same manner as vital teeth.

- If a restoration on a nonvital tooth was placed solely to seal a root canal that restoration is scored as **Fo**.

On molars and premolars with full coronal restorations, including abutment teeth for fixed or removable prostheses, all surfaces should be coded as **Fd**.

On incisors and canines with full coronal restorations, the examiner should make the determination of the reason for crown placement.

- If it can be determined that the crown was placed solely for a reason other than caries (such as fracture, malformation or bridge abutment), all surfaces should be coded as **Fo**.

Coronal surfaces which are not visible should be regarded as sound, e.g. surfaces that are covered by calculus, orthodontic bands or brackets.

Use the dental anatomical landmarks to define surfaces when a tooth is rotated.

- For example, if the mesial surface of a rotated tooth faces the palate, it is nevertheless recorded as mesial.

Scoring multiple coronal surfaces affected by a single carious lesion or restoration:

For incisors and canines, use the "ONE THIRD RULE" or the "ONE MILLIMETRE RULE" when determining if a single restoration involves both the interproximal and either buccal or lingual surfaces.

- The interproximal filling must extend at least one third of the distance onto the buccal and lingual surface(s) to be included in the call (see **Error! Reference source not found.**).
- Restoration or lesion from incisal edges must extend at least one millimetre onto another surface for that surface to be included in the call.
- Carious lesion from any surface must extend at least one millimetre onto another surface for that surface to be included in the call.

For molars and premolars, always use the "ONE MILLIMETRE RULE" when determining if a single restoration or carious lesion involves more than one surface.

- A filling or lesion must extend more than one millimetre past the line angle before it is considered to involve an additional mesial, buccal, distal or lingual surface.
- A filling or lesion on an occlusal surface must extend more than one millimetre over the cusp tip or marginal ridge before it is considered to involve an additional mesial, buccal, distal or lingual surface.

Root Caries Experience and Wear

Clinical procedures

Diagnosis of root decay is different from that for coronal decay and requires the use of the periodontal probe, because textural changes are used in the diagnosis.

You will get some indication of the texture by dragging the probe across the root surface and gently feeling for any softness.

Do not try to push the tip hard into the dentine.

Start at the Mesial surface and then move on to Buccal, Distal, Lingual surfaces.

Diagnostic codes (call one code for a root surface in the following hierarchy)

Call one code per surface

- D** Decay: a discrete, well-defined or discoloured lesion on the root surface that is soft to exploration using the periodontal probe.
- R** **Recurrent caries: detectable caries that is contiguous with a restoration.**
- Fu** Filled **unsatisfactorily**: a filling placed for any reason in a surface that has unacceptable defects but none of the above conditions.
- Fr** Filled root surface that contains one or more permanent restorations placed for any reason but none of the above conditions.

For buccal surfaces only

W Wear of 2mm or more in depth on a cervical root surface with none of the above conditions.

S Sound root surface that is visible and has none of the above conditions.

Nv No visible root surface.

Diagnostic criteria

Decay is called if there is a lesion that is soft to exploration using the periodontal probe

Normal cementum is softer than enamel, and frequently will yield to pressure from the tip of a probe. Areas of root caries, however, are softer than surrounding cementum; therefore, it is possible to differentiate sound cementum from carious cementum based on tactile sense.

In some incipient lesions the carious area of the root surface may merely be discolored without cavitation, but the area will be soft to probing. Carious lesions in root surfaces may be yellow/orange, tan, light brown, or black.

Cavitation with jagged margins and a roughened, but soft floor or base usually occurs in advanced lesions.

Arrested lesions that are hardened on probing are coded as Sound, even if the lesion is cavitated.

Additional notes assessment of coronal and root surface lesions:

If both the coronal and root surfaces are affected by the same carious lesion or restoration, use the ONE MILLIMETER RULE to determine the coding.

- If at least one millimetre of the lesion or restoration is coronal to the CEJ, it is coded for the coronal surface.
- If at least one millimetre of the lesion or restoration is apical to the CEJ, it is coded for the root surface.
- If the lesion or restoration extends at least one millimetre onto both coronal and root surfaces, code both surfaces

If there is recurrent caries at the margin of a filling extending at last one millimeter onto coronal and root surfaces, code **R** for the surface with recurrent caries and **Fr** for the other surface.

Incisor wear and height assessment

Clinical procedures

Assess the four lower incisors for tooth wear and the vertical height of the anatomical crown will be measured.

Incisal wear is assessed using visual criteria.

The periodontal probe is used to measure the height of the anatomical crown at the mid point of the labial surface of each incisor.

Diagnostic codes

Incisal wear

- 2** Complete loss of enamel on the incisal surface, exposing dentine encircled by a band of enamel.
- 1** Some incisal dentine is exposed, but some incisal enamel is still in place.
- 0** No variable of dentine.
- X** Missing tooth or restored incisal edge or tooth that cannot otherwise be assessed.

Incisor height

- 0** Tooth that has worn to the level of the CEJ or apical to it.
- 1-12** Whole millimetre measurement of crown height
- X** Missing tooth or restored incisal edge or tooth that cannot otherwise be assessed.

Diagnostic criteria

The height of the anatomical crown is defined as the vertical distance from Cemento-Enamel Junction (CEJ) to the labial-incisal line angle.

It is measured at the midpoint of the labial surface.

Record the crown height in whole millimetres, rounding down fractional millimetres to the lower whole millimetre.

If the incisal edge has been restored for any reason, record X.

Fluorosis examination

Clinical procedures

Study participants aged 15 to 44 will be assessed for dental fluorosis. The computer will indicate age-eligibility of the SP for fluorosis assessment.

Buccal surfaces of both maxillary central incisors will be evaluated, if present.

A tooth will be excluded from fluorosis assessment if it has a restoration on the buccal surface or an orthodontic appliance is attached to the surface.

There is no substitution of excluded teeth.

Teeth are to be wiped with gauze to remove plaque and dried with air for ten seconds and evaluated visually with the aid of mirror and overhead lighting.

Diagnosis uses six categories of the Thylstrup and Fejerskov (T-F) Index (Fejerskov et al. 1988).

Diagnostic codes the T-F index

- 0 The normal translucency of the glossy creamy white enamel remains after wiping and drying of the surface
- 1 Thin white opaque lines are seen running across the tooth surface. Such lines are found on all part of the surface. The lines correspond to the position of the perikymata. In some cases, a slight "snow-capping" of incisal edge may also be seen.
- 2 The opaque white lines are more pronounced and frequently merge to form small cloudy areas scattered over the whole surface. "Snow-capping" of the incisal edges is common.
- 3 Merging of the white lines occurs, and cloudy areas of opacity occur over many parts of the surface. In between the cloudy areas white lines can also be seen.
- 4 The entire surface exhibits a marked opacity, or appears chalky white. Parts of the surface exposed to attrition or wear may appear to be less affected.
- 5 The entire surface is opaque, and there are losses of enamel surface of any size.
- 9 Non-fluorotic lesion is observed on the buccal surface. This can include precavitated carious lesions (i.e. "white spot lesions"), hypoplasia and opacities of non-fluorotic origin.
- X Tooth excluded because of restoration or fixed orthodontic appliance on any part of the labial coronal surface.

Diagnostic criteria

The Russell differential criteria are used to assess presence or absence of fluorosis (Russell, 1962).

Table 1: Russell's differential diagnostic criteria for fluorosis

Characteristics	Dental fluorosis	Enamel opacities
Area affected	The entire tooth surfaces (all surfaces) often enhanced on or near tips of incisal edge.	Usually centred in smooth surface of limited extent
Lesion shape	Resemble line shading in pencil sketch, which follow incremental lines in enamel (perikymata). Lines merging and cloudy appearance. At incisal edges formation of irregular white caps ("snow cap").	Round or oval
Demarcation	Diffuse distribution over the surface of varying intensity.	Clearly differentiated from adjacent normal enamel.
Colour	Opaque white lines or clouds; even chalky appearance. "Snow cap" at incisal edge. Some lesions may become brownish discoloured at mesio-incisal part of central upper incisors after eruption.	White opaque or creamy-yellow to dark reddish-orange at time of eruption.
Teeth affected	Always on homologous teeth. Early erupting teeth (incisors/1 st molars) least affected. Premolars and second molars (and third molars) most severely affected.	Most common on labial surfaces of single or occasionally homologous teeth. Any teeth may be affected but mostly incisors.

Collection of gingival crevice fluid (GCF)

Gingival crevice fluid is a serum exudate that bathes the gingival crevice in health or disease. For this survey, samples will be collected onto filter paper strips that will be frozen and stored for later analysis in laboratories at The University of Adelaide. The analysis will quantify levels of the body's naturally produced chemicals that are involved in inflammation. The chemicals are called interleukin-1 β and the pyridinoline cross-linked carboxy-terminal telopeptide of type I collagen. Levels of those chemicals will be assessed for their potential role in producing periodontitis that is being measured clinically as described in Section 0.

Clinical procedures

Attention: Check the medical history to make sure the SP is suitable for periodontal probing. If the SP is NOT medically fit for periodontal probing, skip this section of the examination

The data entry program will indicate those subjects who meet all three of the following inclusion criteria for collection of GCF:

- SP aged 18 and over
- SP has given signed consent to collect GCF
- Four (4) or more sites have been assessed for periodontal probing

For eligible subjects, the computer will select four periodontal sites that are measured for probing depth (see Section 0).

The recorder puts a stand on the bracket table, unscrew tubes' lids and put two tubes (one for GCF strips, the other for buccal swabs) on the stand.

The recorder will read those sites from the computer and tell the examiner.

GCF collection must occur at least five minutes after the completion of periodontal probing.

- Start with the first site listed on the computer. This order is necessary to keep track of strips for each site.
- Isolate the tooth with cotton rolls - lingual and buccal for lower teeth, buccal for upper teeth. Gently dry tooth with air. If there is plaque or blood at the site, gently clean it with gauze.
- Remove one Periopaper by grasping the orange end with tweezers and peeling the strip away.
- Gently insert the white end of paper strip into crevice until light resistance occurs, keeping it parallel with the axis of the tooth. Instruct the recorder to start the 10 sec timer.
- Leave the strip inside socket until the timer sounds after ten seconds and remove strip with tweezers.
- Place the strip on the aluminium foil, and fold the foil over once, covering the Periopaper strip.
- Repeat the process at the same site.
- Repeat the above procedures with other selected sites (a total of eight strips), placing successive strips onto the same foil, and rolling it over.
- When all four sites have been sampled, put the wrapped foil in a plastic tube in the stand on the bracket table. Label the vial by writing the five-digit SP identification code using indelible pen.
- Do not screw the top onto the tube for at least two hours. Leave the open tube standing for at least two hours to permit the samples to air dry (eg. leave overnight if collected at end of day). If the examination team is moving to a different clinic use the perforated tubes for samples collected later in the day. In this case, put tubes into a zip lock bag for storage after air drying.

Collection of buccal mucosal cells

Buccal cells are being collected for storage and subsequent laboratory analysis to identify variation in genes that are may be involved in oral diseases. Buccal cells exfoliate naturally from the cheeks and can be collected painlessly and without damage to the tissues by rubbing the cheeks with cotton swabs.

Laboratory analyses will be undertaken using DNA from these cells to identify common variants in genes the regulate inflammation and neurotransmission. These variants, called single nucleotide polymorphisms, are not mutations and the variants, themselves, do not cause any known diseases. Hence, the information obtained in the genetic analyses will not identify any conditions that would affect the current or future health of individual study participants or their offspring. The genetic material will not be used to identify any biological relationships that may happen to exist between study participants.

The data entry program will indicate those subjects who meet both of the following inclusion criteria for collection of buccal mucosal cells:

- SP aged 18 and over
- SP has given signed consent to collect buccal cells

Procedures for collecting buccal cells with cotton swab

- Open pack of two sterile swabs
- Wipe and slowly rotating one swab, six times firmly across buccal mucosa of right cheek
- Put swab into plastic collection tube and break stick so that the tip fits entirely in the tube
- Wipe and rotate one swab, six times firmly across buccal mucosa of left cheek
- Put swab into plastic collection tube and break stick so that the tip fits entirely in the tube
- The recorder writes SP's ID on the tube.
- Leave lid off tube and allow swabs to air-dry for at least 2 hours (eg. leave overnight if collected at end of day). If the examination team is moving to a different clinic use the perforated tubes for samples collected later in the day. In this case, put tubes into a zip lock bag for storage.

Codes to be recorded

0-2 Number of swabs collected.

Notes

1. Do not handle or contaminate the cotton tipped end of the swabs. They should only come in contact with the participant's mouth.
2. The swabs are not used to collect saliva but rather cells from the buccal mucosa of the mouth. Therefore, the swabs should be rubbed vigorously against the inside of the cheek.
3. Make sure to rotate the swabs in the participant's mouth so that the entire cotton surface of the swab is used for collection. Completing the examination and discharging the study participant

Following the examination, the dentist must

- inform study participants of the findings from the survey
- offer and provide the study participant with a Colgate Gift pack
- review and print a paper copy of the examination recorded on the laptop computer

Appendix C: NSAOH self-complete questionnaire

If you are not currently in paid work, there are no more questions. Thank you for contribution to the National Survey of Adult Oral Health.


Q1. I have constant time pressure due to heavy workload.	Strongly disagree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q2. I have many interruptions and disturbances in my job.	Strongly disagree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q3. Over the past few years my job has become more and more demanding.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q4. I receive the respect I deserve from my superiors.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q5. I receive the respect I deserve from my colleagues.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q6. I experience adequate support in difficult situations.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q7. My job promotion prospects are poor.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q8. Considering all my efforts and achievement, my work prospects are adequate.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q9. My job security is poor.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q10. When I get home, I can easily relax and 'switch off' from work.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
Q11. People close to me say I sacrifice too much for my job.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>

Thank you for completing each stage of the National Survey of Adult Oral Health. Your help is greatly valued.


Please return this questionnaire in the enclosed reply-paid envelope addressed to:
 National Survey of Adult Oral Health
 Australian Research Centre for Population Oral Health
 Dental School, the University of Adelaide
 South Australia 5005

M7008054

NATIONAL SURVEY OF ADULT ORAL HEALTH



ARCPHOH
Australian Research Centre for
POPULATION ORAL HEALTH



THE UNIVERSITY OF ADELAIDE AUSTRALIA

28 MAR 2006

How to answer

Most items are answered by ticking one box that best describes your answer (Example 1).

EXAMPLE 1

I was satisfied with the dental care I received.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others are answered by writing a number in the box (Example 2).

EXAMPLE 2

How many glasses of plain water did you drink yesterday?

6	Write '0' if you did not drink plain water yesterday
---	--

SEARCH

AUSTRALIAN RESEARCH CENTRE FOR POPULATION ORAL HEALTH

IF YOU HAVE ANY ENQUIRIES, PLEASE TELEPHONE THE AUSTRALIAN RESEARCH CENTRE FOR POPULATION ORAL HEALTH AT THE UNIVERSITY OF ADELAIDE TOLLFREE ON 1800-007-187

These statements are about your satisfaction with dental care. Do not respond with reference to your examination in the National Survey of Adult Oral Health, but to the most recent dental care before that.

A1. I was satisfied with the dental care I received.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input checked="" type="checkbox"/>
A2. I would like to have had more explanation of my dental treatment options .	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
A3. The dental surgery had everything needed to provide my dental care.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input checked="" type="checkbox"/>	Strongly agree <input type="checkbox"/>
A4. The dental care I received did not improve my dental health.	Strongly disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
A5. I was able to make the dental visit as promptly as I felt was necessary.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input checked="" type="checkbox"/>	Strongly agree <input type="checkbox"/>
A6. The dental professional explained whether there were any patient costs and how much before beginning treatment.	Strongly disagree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
A7. The dental professional I saw explained well what treatment was needed.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input checked="" type="checkbox"/>
A8. I am confident that I received good dental care at my last visit.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input checked="" type="checkbox"/>
A9. There are things about dental care I received that could have been better .	Strongly disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>

The following questions ask about dental health behaviours.

B1. In the last week, how many times did you brush your teeth?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write '0' if you did not brush your teeth.
B2. In the last week, how many times did you use a mouth rinse or mouth wash ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write '0' if you did not use mouth rinse.
B3. In the last week, how many times did you chew sugar-free gum for at least 10 minutes continuously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write '0' if you did not chew sugar-free gum.
B4. Please indicate whether you regularly use either dental floss, dental tape, or an interdental brush. (If you use more than one, please tick the one most often used.)	No. I use none of these (Go to page 3) <input checked="" type="checkbox"/>	Yes, dental floss <input type="checkbox"/>	Yes, dental tape <input type="checkbox"/>	Yes, interdental brush <input type="checkbox"/>		
B5. In the last week, how many times did you clean between your teeth (using dental floss, dental tape or an interdental brush)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write '0' if you did not clean between your teeth.

The questions below ask about troubles that people may have in daily life because of dental problems.

HOW OFTEN during the last year ...	Please tick ONE box that best describes your experience				
	Very Often	Fairly Often	Occasionally	Hardly Ever	Never
C1. ... have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. ... have you felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. ... have you had painful aching in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. ... have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. ... have you been self conscious because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6. ... have you felt tense because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7. ... has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8. ... have you had to interrupt meals because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9. ... have you found it difficult to relax because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10. ... have you been a bit embarrassed because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11. ... have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12. ... have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13. ... have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14. ... have you been totally unable to function because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This page is about your jaws and general facial area.

Questions ask about the experience of pain in the jaws, jaw joint or face, muscle stiffness in the cheek area or any difficulty in jaw function such as opening your mouth wide.

D1. Do you have pain in the jaw joint(s) when opening your mouth wide?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D2. Do you have pain in the jaw joint(s) while chewing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D3. Do you have pain in your face just in front of the ears?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D4. Does either of your jaw joints make a clicking or grating sound when you open and close your mouth?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D5. Does your jaw lock or get stuck so that you cannot open your mouth freely?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D6. Do you find it difficult to open your mouth as wide as you would like?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D7. Are the muscles around your jaws tender when you wake up in the morning?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D8. Do your jaw muscles ever feel tired or stiff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D9. Do your teeth feel as though they do not fit properly together?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D10. Do you grind your teeth or clench your jaw?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D11. Have you ever gone to a physician, dentist or other health professional for problems related to your jaw joint(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
D12. Have you ever worn a bite guard made of hard plastic to prevent grinding or jaw pain (NOT a soft sports mouthguard)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>

The following questions ask about foods and drinks consumed in a USUAL DAY.

Please write the total number of serves consumed in a usual day. Write '0' if the item is not consumed in a usual day. Of the total daily serves, please write the number that is consumed in the last hour before bed.

In the example below, three serves of fruit are eaten in a usual day, and one of these is usually consumed in the last hour before bed.	Standard serve examples	Total daily serves	How many of the daily total serves are consumed in the last hour before bed?
EXAMPLE FOR FRUIT	1 medium piece or 2 small pieces	3	1
E1. Fruit and natural unsweetened fruit juice	1 medium piece 2 small pieces 1 medium glass	2	0
E2. Sweetened fruit drinks/juices	1 medium glass	1	0
E3. Sweetened (non-diet) soft drinks, mineral waters, cordials, and sport drinks	1 medium glass	0	0
E4. Artificially sweetened (diet/low kilojoule) soft drinks, mineral waters, and cordials	1 medium glass	1	0
E5. Plain milk	1 medium glass	1	0
E6. Flavoured milk (Milo, chocolate milk, Nesquik, etc.)	1 medium glass	0	0
E7. Sweetened dairy products	1 cup yoghurt 2 scoops ice-cream ½ cup custard	0	0
E8. Breakfast cereal (specify usual cereal in the box below)	1 cup		
	SPECIAL K		
E9. Biscuits, cakes, puddings	2 biscuits 1 slice cake 1 cup-cake	1	
E10. Table sugar (in tea, coffee, Milo, on cereal etc.)	1 teaspoon	0	0
E11. Chocolate- and sugar-based confectionery	1 bar chocolate 4-5 lollies	0	0
E12. Syrups, jams, and sweet spreads (honey, jam, Nutella, maple syrup etc.)	1 tablespoon	1	
E13. Muesli bars and health bars	1 bar	0	0

If you have never smoked or have smoked fewer than 100 cigarettes in your lifetime go to question F5.

If you CURRENTLY smoke cigarettes please answer questions F1 and F2.

If you are a FORMER cigarette smoker please answer questions F3 and F4.

F1. For how long have you smoked cigarettes?

Years	Months

F3. How long ago did you stop smoking cigarettes?

50	
Years	Months

F2. On a usual day, how many cigarettes do you smoke?

Cigarettes

F4. How long did you smoke before you stopped?

4	
Years	Months

The following two questions ask about alcohol consumption.

F5. How often do you usually drink alcohol?

I don't drink alcohol (Go to F7)	Less than once weekly	On 1 or 2 days a week	On 3 or 4 days a week	On 5 or 6 days a week	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F6. On a day when you drink alcohol, how many standard drinks do you usually have?

A standard drink is equivalent to either:
 - 285ml of full strength beer (schooner);
 - 375ml of mid strength beer (stubby) or 450ml of light beer;
 - 100ml of wine (small wine glass);
 - 30ml of spirits of spirits (a nip).

2
Standard drinks

The following two questions ask about your body type.

Please answer in either metric or imperial units

F7. How tall are you without shoes?

Centimetres	OR	5	9
		Feet	Inches

F8. How much do you weigh without clothes and shoes?

80	OR		
Kilograms		Stones	Pounds

This page is relevant only for people aged 15 to 44 years. If you are aged 45 years or older, please turn to page 8.

This page asks about your exposure to fluoride in childhood when your adult teeth were developing. The first two questions ask about infant formula.

G1. From infancy to the age of two years, were you regularly fed infant formula?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

G2. Between the ages of two and four years were you regularly fed infant formula?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The next three questions ask about fluoride in toothpaste in the years before you started school.




G3. Up to the time you started school how often did you use toothpaste when brushing your teeth?

Less than once a day	Once a day	Twice a day	More than twice a day	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G4. Up to the time you started school, what did you do immediately after toothbrushing?

Just swallow	Rinse and swallow	Rinse and spit	Just spit	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G5. Up to the time you started school, what amount of toothpaste did you usually apply to the toothbrush?

 Small	 Medium	 Large
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next four questions ask about fluoride from other sources.

G6. Up to the age of 8 years, did you ever take fluoride tablets or drops?

Yes	No (Go to G8)	Don't know (Go to G8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G7. Up to the age of 8 years, how often did you take fluoride tablets or drops?

More than once a day	Once a day	A few times a week	Once a week	Less than once a week	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G8. Up to the age of 8 years, did you ever use a fluoride mouth rinse?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G9. Up to the age of 8 years, did you ever have a fluoride gel applied to your teeth by a dental professional?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We wish to estimate each person's lifetime exposure to fluoridated water supplies. To do this we need to know where you lived in each year from 1964 or later if you were born after 1964.

INSTRUCTIONS

- For each year from 1964 onwards please indicate the city or town in which you lived.
- If you were born after 1964, please begin recording your details from the year in which you were born.
- For Australian capital cities, simply tick the capital city column (A–H) for each year that you lived there.
- For other Australian cities or towns please write the name of the city or town (column I) and its postcode (column J). If you are unsure of a postcode leave the postcode column blank.
- If you lived overseas for 12 months or more please write the name of the country in column K.

EXAMPLE

In the example below, this respondent was born in 1966 and began recording from that year onwards. The respondent lived in Sydney in 1966 and 1967, moved to Ballarat in 1968, moved to the United States in 1972 and then returned to Australia to live in Melbourne in 1973.

	A	B	C	D	E	F	G	H	I	J	K
	Place a tick for each year lived in a capital city								Name the area	Write postcode	Name the country
	Sydney	Melbourne	Brisbane	Adelaide	Perth	Hobart	Canberra	Darwin	Other Australian city or town	Postcode (only required for non-capital cities)	Country (if not Australia)
1964											
1965											
1966	✓										
1967	✓										
1968									Ballarat	3612	
1969									Ballarat	3612	
1970									Ballarat	3612	
1971									Ballarat	3612	
1972											United States
1973		✓									
1974		✓									
1975		✓									
1976		✓									
1977		✓									
1978		✓									
1979		✓									

Please indicate on this page all places in which you lived for 12 months or longer from 1964 to 2003. Tick a capital city (A–H) OR write name and postcode of a non-capital city (I–J) OR name the country (K).

	A	B	C	D	E	F	G	H	I	J	K
	Place a tick for each year lived in a capital city								Name the area	Write postcode	Name the country
	Sydney	Melbourne	Brisbane	Adelaide	Perth	Hobart	Canberra	Darwin	Other Australian city or town	Postcode (only required for non-capital cities)	Country (if not Australia)
1964											
1965											
1966											
1967											
1968											
1969											
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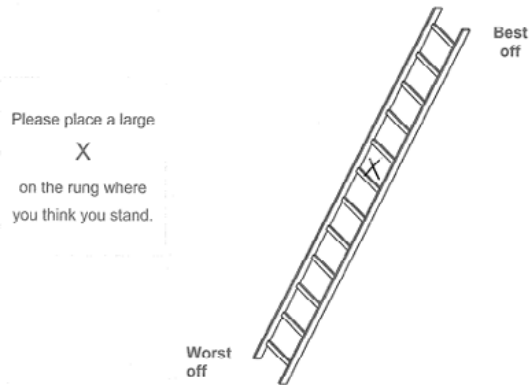
Think of this ladder as representing where people stand in society.

At the top of the ladder are the people who are best off – those who have the best of everything. At the bottom are the people who are worst off – with the worst of everything.

The higher up you are on this ladder, the closer you are to people at the very top of society. The lower down you are on the ladder, the closer you are to the bottom of society.

M1. Where would you put yourself on the ladder?

Please place a large 'X' on the rung where you think you stand.



The next two questions ask about financial strain. Please circle a number from 0 to 10 to indicate your level of satisfaction. Higher numbers indicate a greater level of satisfaction.

M2. Overall, how satisfied are you with your **current financial situation**?

Totally dissatisfied										Totally satisfied											
0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

M3. Overall, how satisfied are you with the **material standards** of your life?

Totally dissatisfied										Totally satisfied											
0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

The next three questions refer to occasions when you are actually in the dental chair. For each question please indicate how you feel.

N1. I don't feel in control when I'm in the dental chair.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input checked="" type="checkbox"/>
N2. I don't feel like I know what's going to happen next when I'm in the dental chair.	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input checked="" type="checkbox"/>	Strongly agree <input type="checkbox"/>
N3. I believe I will be hurt when I'm in the dental chair.	Strongly disagree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>

The next three questions ask about the number of people in your household and their age group.

O1. Including yourself, how many people in your household are aged 15 years and over?	3 Aged 15 years or older	Write the number in this box.			
O2. How many dependant children in your household are younger than 15 years of age?	0 Aged 0-14 years	If there are no children aged 0-14 years in your household, write '0' and go to P1.			
O3. What is the age of each child younger than 15 in your household? <i>(Leave 1 or more boxes blank if there are fewer than 5 children under 15).</i>	Age of child 1 <input type="text"/>	Age of child 2 <input type="text"/>	Age of child 3 <input type="text"/>	Age of child 4 <input type="text"/>	Age of child 5 <input type="text"/>

Please complete the details for the following six items in relation to your general health today.

P1. Mobility	I have no problems in walking about <input checked="" type="checkbox"/>	I have some problems in walking about <input type="checkbox"/>	I am confined to bed <input type="checkbox"/>
P2. Self-care (e.g. washing, dressing)	I have no problems with self care <input checked="" type="checkbox"/>	I have some problems washing or dressing myself <input type="checkbox"/>	I am unable to wash or dress myself <input type="checkbox"/>
P3. Usual activities (e.g. work, study, housework, family or leisure)	I have no problems performing my usual activities <input checked="" type="checkbox"/>	I have some problems performing my usual activities <input type="checkbox"/>	I am unable to perform my usual activities <input type="checkbox"/>
P4. Pain/discomfort	I have no pain or discomfort <input type="checkbox"/>	I have moderate pain or discomfort <input checked="" type="checkbox"/>	I have extreme pain or discomfort <input type="checkbox"/>
P5. Anxiety/depression	I am not anxious or depressed <input checked="" type="checkbox"/>	I am moderately angry or depressed <input type="checkbox"/>	I am extremely anxious or depressed <input type="checkbox"/>
P6. Cognition (e.g. memory, concentration, coherence, IQ)	I have no problems in cognitive functioning <input checked="" type="checkbox"/>	I have some problems in cognitive functioning <input type="checkbox"/>	I have extreme problems in cognitive functioning <input type="checkbox"/>

Appendix D: Back-up self-complete questionnaire

Do you have any other comments?:


Thank you for completing this questionnaire.
Your assistance is greatly appreciated and will make a valuable contribution to understanding the role that dental services make to people's quality of life.

Please return this questionnaire in the enclosed reply-paid envelope addressed to:


National Survey of Adult Oral Health
Australian Research Centre for Population Oral Health
Dental School
The University of Adelaide
South Australia 5005

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NATIONAL SURVEY OF ADULT ORAL HEALTH 2004 – 2006



ARCPOH
Australian Research Centre for
POPULATION ORAL HEALTH



THE UNIVERSITY
OF ADELAIDE
AUSTRALIA

G + C

How to answer

Most items are answered by ticking one box that best describes your answer (see example below).

EXAMPLE

If you were not satisfied with the dental care that you received and therefore disagreed with the statement "I was satisfied with the dental care I received" you would tick the box labelled "Disagree."

I was satisfied with the dental care I received.	Strongly disagree <input type="checkbox"/> 1	Disagree <input checked="" type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
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AUSTRALIAN RESEARCH CENTRE FOR POPULATION ORAL HEALTH

IF YOU HAVE ANY ENQUIRIES, PLEASE TELEPHONE THE AUSTRALIAN RESEARCH CENTRE FOR POPULATION ORAL HEALTH AT THE UNIVERSITY OF ADELAIDE TOLLFREE ON 1800-007-187

The questions below ask about troubles that people may have in daily life because of dental problems.

HOW OFTEN during the last year ...

Please tick ONE box that best describes your experience

A1. ... have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A2. ... have you felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A3. ... have you had painful aching in your mouth?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A4. ... have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A5. ... have you been self conscious because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A6. ... have you felt tense because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A7. ... has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A8. ... have you had to interrupt meals because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A9. ... have you found it difficult to relax because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A10. ... have you been a bit embarrassed because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A11. ... have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A12. ... have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A13. ... have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
A14. ... have you been totally unable to function because of problems with your teeth, mouth or dentures?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5

2

Please complete the details for the following six items in relation to your general health today.

B1. Mobility	I have no problems in walking about <input type="checkbox"/> 1	I have some problems in walking about <input type="checkbox"/> 2	I am confined to bed <input type="checkbox"/> 3
B2. Self-care (e.g. washing, dressing)	I have no problems with self-care <input type="checkbox"/> 1	I have some problems washing or dressing myself <input type="checkbox"/> 2	I am unable to wash or dress myself <input type="checkbox"/> 3
B3. Usual activities (e.g. work, study, housework, family or leisure)	I have no problems performing my usual activities <input type="checkbox"/> 1	I have some problems performing my usual activities <input type="checkbox"/> 2	I am unable to perform my usual activities <input type="checkbox"/> 3
B4. Pain/discomfort	I have no pain or discomfort <input type="checkbox"/> 1	I have moderate pain or discomfort <input type="checkbox"/> 2	I have extreme pain or discomfort <input type="checkbox"/> 3
B5. Anxiety/depression	I am not anxious or depressed <input type="checkbox"/> 1	I am moderately anxious or depressed <input type="checkbox"/> 2	I am extremely anxious or depressed <input type="checkbox"/> 3
B6. Cognition (e.g. memory, concentration, coherence, IQ)	I have no problems in cognitive functioning <input type="checkbox"/> 1	I have some problems in cognitive functioning <input type="checkbox"/> 2	I have extreme problems in cognitive functioning <input type="checkbox"/> 3

These statements are about your satisfaction with most recent episode of dental care.

C1. I was satisfied with the dental care I received.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
C2. I would like to have had more explanation of my dental treatment options.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
C3. The dental surgery had everything needed to provide my dental care.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
C4. The dental care I received did not improve my dental health.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
C5. I was able to make the dental visit as promptly as I felt was necessary.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
C6. The dental professional explained whether there were any patient costs and how much before beginning treatment.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
C7. The dental professional I saw explained well what treatment was needed.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
C8. I am confident that I received good dental care at my last visit.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
C9. There are things about dental care I received that could have been better .	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5

3

Appendix E: Twelve month self-complete questionnaire

If you have mislaid your Service Use Logbook please fill out the permission slips below so we may access your dental records. If you saw less than 3 clinicians please leave the appropriate sections blank.

Dear of
Name of your dental clinician 1 Address of your dental clinician 1 [] [] [] []
Postcode

Re: Release of treatment details to Researchers for the Study of the Use of Dental Services and Quality of Life

I
Your name [] [] [] []
Postcode

of
Your address

Request that you provide researchers involved in the Study of the Use of Dental Services and Quality of Life, the University of Adelaide, with details of dental treatment which has been provided to me at your clinic during the period **February 2006 to today**. I understand that those details will only be used as part of the University of Adelaide Study in which I am a participant.

...../...../2007
Your signature Today's date

Dear of
Name of your dental clinician 2 Address of your dental clinician 2 [] [] [] []
Postcode

Re: Release of treatment details to Researchers for the Study of the Use of Dental Services and Quality of Life

I
Your name [] [] [] []
Postcode

of
Your address

Request that you provide researchers involved in the Study of the Use of Dental Services and Quality of Life, the University of Adelaide, with details of dental treatment which has been provided to me at your clinic during the period **February 2006 to today**. I understand that those details will only be used as part of the University of Adelaide Study in which I am a participant.

...../...../2007
Your signature Today's date

Dear of
Name of your dental clinician 3 Address of your dental clinician 3 [] [] [] []
Postcode

Re: Release of treatment details to Researchers for the Study of the Use of Dental Services and Quality of Life

I
Your name [] [] [] []
Postcode

of
Your address

Request that you provide researchers involved in the Study of the Use of Dental Services and Quality of Life, the University of Adelaide, with details of dental treatment which has been provided to me at your clinic during the period **February 2006 to today**. I understand that those details will only be used as part of the University of Adelaide Study in which I am a participant.


...../...../2007
Your signature Today's date

Please return this questionnaire in the enclosed reply-paid envelope addressed to:
 National Survey of Adult Oral Health
 Australian Research Centre for Population Oral Health
 School of Dentistry, the University of Adelaide
 South Australia 5005.


M7050026

8

THE USE OF DENTAL SERVICES AND QUALITY OF LIFE



ARCPH
Australian Research Centre for POPULATION ORAL HEALTH



THE UNIVERSITY OF ADELAIDE AUSTRALIA

14/6/07

How to answer
 Most items are answered by ticking one box that best describes your answer (*Example 1*).

EXAMPLE 1

I was satisfied with the dental care I received.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others are answered by writing a number in the box (*Example 2*).

EXAMPLE 2

How many visits did you make to a dental clinician?	Number of visits:	6
---	-------------------	---

AUSTRALIAN RESEARCH CENTRE FOR POPULATION ORAL HEALTH

IF YOU HAVE ANY ENQUIRIES, PLEASE TELEPHONE THE AUSTRALIAN RESEARCH CENTRE FOR POPULATION ORAL HEALTH AT THE UNIVERSITY OF ADELAIDE TOLLFREE ON 1800-007-187

The questions below ask about troubles that people may have in daily life because of dental problems.

HOW OFTEN during the last year ...	Please tick ONE box that best describes your experience				
	Very Often	Fairly Often	Occasionally	Hardly Ever	Never
A1.... have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A2.... have you felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A3.... have you had painful aching in your mouth?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
A4.... have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A5.... have you been self conscious because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
A6.... have you felt tense because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A7.... has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A8.... have you had to interrupt meals because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A9.... have you found it difficult to relax because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A10.... have you been a bit embarrassed because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A11.... have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A12.... have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A13.... have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
A14.... have you been totally unable to function because of problems with your teeth, mouth or dentures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5

2

Please complete the details for the following six items in relation to your general health today.

B1.Mobility	I have no problems in walking about <input checked="" type="checkbox"/> 1	I have some problems in walking about <input type="checkbox"/> 2	I am confined to bed <input type="checkbox"/> 3
B2.Self-care (e.g. washing, dressing)	I have no problems with self-care <input checked="" type="checkbox"/> 1	I have some problems washing or dressing myself <input type="checkbox"/> 2	I am unable to wash or dress myself <input type="checkbox"/> 3
B3.Usual activities (e.g. work, study, housework, family or leisure)	I have no problems performing my usual activities <input checked="" type="checkbox"/> 1	I have some problems performing my usual activities <input type="checkbox"/> 2	I am unable to perform my usual activities <input type="checkbox"/> 3
B4.Pain/discomfort	I have no pain or discomfort <input type="checkbox"/> 1	I have moderate pain or discomfort <input checked="" type="checkbox"/> 2	I have extreme pain or discomfort <input type="checkbox"/> 3
B5.Anxiety/depression	I am not anxious or depressed <input type="checkbox"/> 1	I am moderately anxious or depressed <input checked="" type="checkbox"/> 2	I am extremely anxious or depressed <input type="checkbox"/> 3
B6.Cognition (e.g. memory, concentration, coherence, IQ)	I have no problems in cognitive functioning <input type="checkbox"/> 1	I have some problems in cognitive functioning <input checked="" type="checkbox"/> 2	I have extreme problems in cognitive functioning <input type="checkbox"/> 3

Please complete the details for the following two items in relation to your health today.

C1... How would you rate your dental health today?	Excellent <input type="checkbox"/> 1	Very Good <input type="checkbox"/> 2	Good <input checked="" type="checkbox"/> 3	Fair <input type="checkbox"/> 4	Poor <input type="checkbox"/> 5	Don't Know <input type="checkbox"/> 6
C1... How would you rate your general health today?	Excellent <input type="checkbox"/> 1	Very Good <input type="checkbox"/> 2	Good <input type="checkbox"/> 3	Fair <input checked="" type="checkbox"/> 4	Poor <input type="checkbox"/> 5	Don't Know <input type="checkbox"/> 6

Please complete the details for the following two items in relation to the change in your health over the past year.

D1... Over the past year would you say your dental health has:	Worsened a lot? <input type="checkbox"/> 1	Worsened a little? <input type="checkbox"/> 2	Stayed the same? <input checked="" type="checkbox"/> 3	Improved a little? <input type="checkbox"/> 4	Improved a lot? <input type="checkbox"/> 5
D2... Over the past year would you say your general health has:	Worsened a lot? <input type="checkbox"/> 1	Worsened a little? <input type="checkbox"/> 2	Stayed the same? <input checked="" type="checkbox"/> 3	Improved a little? <input type="checkbox"/> 4	Improved a lot? <input type="checkbox"/> 5

3

The questions below ask about your jaws and general facial area.

E1. During the last MONTH, have you had pain in the face, jaw, temple, in front of the ear, or in the ear?	Yes <input checked="" type="checkbox"/> 1	No <input type="checkbox"/> 2	Don't know <input type="checkbox"/> 3
E2. During the last 12 months have you gone to a physician, dentist or other health professional for problems related to your jaw joint(s) ?	Yes <input type="checkbox"/> 1	No <input checked="" type="checkbox"/> 2	Don't know <input type="checkbox"/> 3
E3. During the last 12 months have you worn a bite guard made of hard plastic to prevent grinding or jaw pain (NOT a sports mouthguard)?	Yes <input type="checkbox"/> 1	No <input checked="" type="checkbox"/> 2	Don't know <input type="checkbox"/> 3

The questions below ask about your teeth, mouth or dentures.

E4. During the last 12 months have you had a toothache ?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input checked="" type="checkbox"/> 5
E5. How often have you felt uncomfortable about the appearance of your tooth, mouth or dentures during the last 12 months?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input checked="" type="checkbox"/> 4	Never <input type="checkbox"/> 5
E6. How often have you had to avoid eating some foods because of problems with your teeth, mouth or dentures during the last 12 months?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input checked="" type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input type="checkbox"/> 5
E7. During the last 12 months did your natural teeth cause any pain or discomfort ?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input checked="" type="checkbox"/> 5
E8. During the last 12 months, how often have you had sensitive teeth , for example, due to hot or cold food or drinks?	Very Often <input type="checkbox"/> 1	Fairly Often <input type="checkbox"/> 2	Occasionally <input type="checkbox"/> 3	Hardly Ever <input type="checkbox"/> 4	Never <input checked="" type="checkbox"/> 5

The Question below asks about whether you received dental treatment since you were given the Service Use Logbook but not including the dental clinical examination you may have received last year as part of the National Survey of Adult Oral health (NSAOH).

F.... Have you attended a **dental clinician*** since

6/6/2006
M7050026

Yes 1 → Please go to Question G1 over page. No 2

*A dental clinician includes a dentist, a dental specialist, a dental hygienist, a dental therapist, or a dental technician/prosthetist.

If you did NOT attend a dental clinician in the last 12 months, there are no more questions

Thank you for completing each stage of the National Survey of Adult Oral Health. Your help is greatly valued.

Please return this questionnaire and the service use logbook in the enclosed reply-paid envelope addressed to:
National Survey of Adult Oral Health
Australian Research Centre for Population Oral Health
School of Dentistry, the University of Adelaide
South Australia 5005

If you DID attend a dental clinician in the last 12 months, please continue over page.

The Questions below ask about the dental clinicians you have seen since you were given the Service Use Logbook but not including the dentist who undertook the clinical examination you may have received last year as part of the National Survey of Adult Oral health (NSAOH).

Please use one column for each dental clinician you visited over the past year.

	Please use this column for the first dental clinician you visited Dental Clinician 1	Please use this column if you visited a second dental clinician Dental Clinician 2	Please use this column if you visited a third dental clinician Dental Clinician 3
G1. Was the dental clinician you visited in a private practice or a public clinic?	Private Practice <input checked="" type="checkbox"/> 1 Public Clinic <input type="checkbox"/> 2	Private Practice <input type="checkbox"/> 1 Public Clinic <input type="checkbox"/> 2	Private Practice <input type="checkbox"/> 1 Public Clinic <input type="checkbox"/> 2
G2. What was the sex of the treating dental clinician?	Male <input checked="" type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2
G3. What was the approximate age of the treating dental clinician?	20-29 yrs <input type="checkbox"/> 1 30-39 yrs <input type="checkbox"/> 2 40-49 yrs <input checked="" type="checkbox"/> 3 50-59 yrs <input type="checkbox"/> 4 60+ yrs <input type="checkbox"/> 5	20-29 yrs <input type="checkbox"/> 1 30-39 yrs <input type="checkbox"/> 2 40-49 yrs <input type="checkbox"/> 3 50-59 yrs <input type="checkbox"/> 4 60+ yrs <input type="checkbox"/> 5	20-29 yrs <input type="checkbox"/> 1 30-39 yrs <input type="checkbox"/> 2 40-49 yrs <input type="checkbox"/> 3 50-59 yrs <input type="checkbox"/> 4 60+ yrs <input type="checkbox"/> 5
G4. In which area was the dental clinician located?	Suburb: NEW TOWN HOBBART TAS. Postcode: 71008	Suburb: Postcode: [][][][]	Suburb: Postcode: [][][][]
G5. What type of dental clinician did you visit?	Dentist <input checked="" type="checkbox"/> 1 Dental specialist (Please specify) <input type="checkbox"/> 2 Other (Please specify) <input type="checkbox"/> 3	Dentist <input type="checkbox"/> 1 Dental specialist (Please specify) <input type="checkbox"/> 2 Other (Please specify) <input type="checkbox"/> 3	Dentist <input type="checkbox"/> 1 Dental specialist (Please specify) <input type="checkbox"/> 2 Other (Please specify) <input type="checkbox"/> 3

The Questions below ask about dental treatment you received since you were given the Service Use Logbook but not including the dental clinical examination you may have received last year as part of the National Survey of Adult Oral health (NSAOH).

Please write 0 if you did not have the dental treatment specified.

EXAMPLE

Did you have fillings?	Number of fillings:	0
------------------------	---------------------	---

	Please use this column for the first dental clinician you visited	Please use this column if you visited a second dental clinician	Please use this column if you visited a third dental clinician
	Dental Clinician 1	Dental Clinician 2	Dental Clinician 3
H1. How many visits did you make to the dental clinician?	Number of visits: 1	Number of visits: 0	Number of visits: 0
H2. How many of the visits were for emergency/ relief of pain ?	Number of visits: 0	Number of visits: 0	Number of visits: 0
H3. Did you have a dental examination ?	Number of times: 1	Number of times: 0	Number of times: 0
H4. Did you have Extractions ? (removal of teeth)	Number of teeth: 0	Number of teeth: 0	Number of teeth: 0
H5. Did you have Fillings ?	Number of fillings: 3	Number of fillings: 0	Number of fillings: 0
H6. Did you have Crowns ?	Number of crowns: 0	Number of crowns: 0	Number of crowns: 0
H7. Did you have Bridges ?	Number of bridges: 0	Number of bridges: 0	Number of bridges: 0
H8. Did you have Dentures ? (false teeth)	Number of dentures: 0	Number of dentures: 0	Number of dentures: 0
H9. Did you have Root canal treatment ? (endodontic treatment)	Number of times: 0	Number of times: 0	Number of times: 0
H10. Did you have X-rays ?	Number of X-rays: 1	Number of X-rays: 0	Number of X-rays: 0
H11. Did you have a Scale and clean ?	Number of times: 0	Number of times: 0	Number of times: 0
H12. Did you have treatment for gums ?	Number of times: 0	Number of times: 0	Number of times: 0
H13. Did you have other treatment ? Please specify:			

6

These statements are about your satisfaction with dental care.

The Questions below ask about dental treatment you received since you were given the Service Use Logbook but not including the dental clinical examination you may have received last year as part of the National Survey of Adult Oral health (NSAOH).

I1. I was satisfied with the dental care I received.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input checked="" type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
I2. I would like to have had more explanation of my dental treatment options .	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input checked="" type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
I3. The dental surgery had everything needed to provide my dental care.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input checked="" type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
I4. The dental care I received did not improve my dental health.	Strongly disagree <input type="checkbox"/> 1	Disagree <input checked="" type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
I5. I was able to make the dental visit as promptly as I felt was necessary.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input checked="" type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
I6. The dental professional explained whether there were any patient costs and how much before beginning treatment.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input checked="" type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
I7. The dental professional I saw explained well what treatment was needed.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input checked="" type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
I8. I am confident that I received good dental care at my last visit.	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input checked="" type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
I9. There are things about dental care I received that could have been better .	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input checked="" type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5

Thank you for completing each stage of the National Survey of Adult Oral Health. Your help is greatly valued.

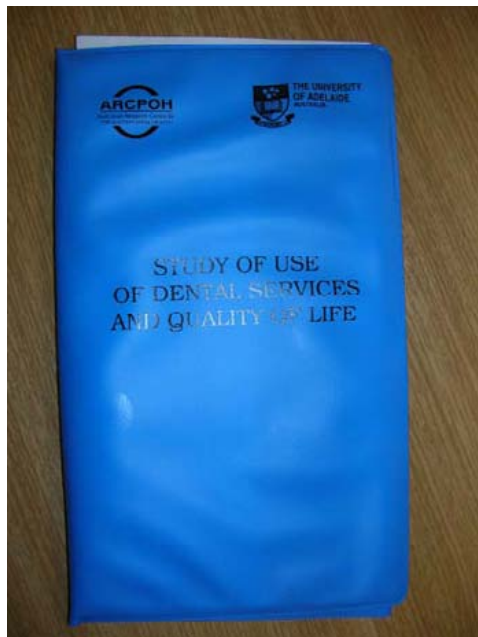
Please return this questionnaire and the service use logbook in the enclosed reply-paid envelope addressed to:

National Survey of Adult Oral Health
Australian Research Centre for Population Oral Health
School of Dentistry, the University of Adelaide
South Australia 5005

If you have mislaid your Service Use Logbook please turn the page.

7

Appendix F: Service use logbook



Visit 1

Dental Practitioner: Please supply all information requested below. See also instructions above.

DATE: _____

TYPE OF PRACTICE:
 Private
 Public

TYPE OF PRACTITIONER:
 Dentist
 Dental hygienist
 Dental therapist
 Dental prosthetist
 Dental specialist (please specify): _____

DIAGNOSIS
 (if check-up or emergency /relief of pain visit)

TREATMENT PLAN
 (if this is a check-up)
 Use A.D.A. Code or brief description:

TREATMENT PROVIDED
 Use A.D.A. Code or brief description:

SOCIODEMOGRAPHICS OF PRACTITIONER:
 M = male / F = female
 Year of birth: 19 _____
 Practice Postcode _____

REASON FOR VISIT:
 Check-up
 Treatment (not for relief of pain)
 Emergency /Relief of pain

TYPE OF VISIT:
 Single visit course of care
 Initial visit in a course of care
 Follow-up visit in a course of care
 Final visit in a course of care

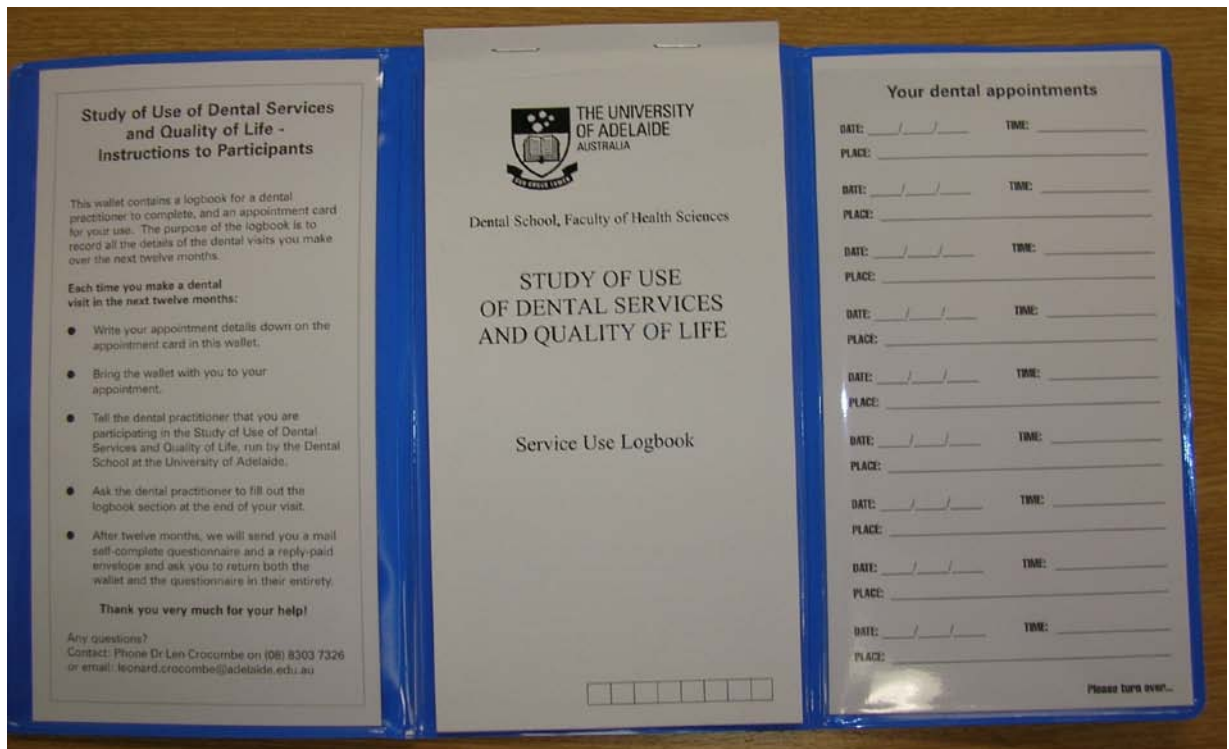
Instructions to Practitioners

ITEM CODE:
 Please record the A.D.A. dental service item code until the ENTIRE treatment plan and ALL of the dental procedures performed in this visit have been listed. It does not matter if particular services have not been completed. Multiple services of the same type should be recorded as two separate items. Please include ALL items, even if the survey participant was not charged for the procedure.

DIAGNOSIS:
 Indicate the diagnoses of the survey participant's dental conditions.


CODE	DIAGNOSIS
RE	Recall/maintenance care
CP	Caries: coronal primary
CRE	Caries: coronal recurrent
CRT	Caries: root surface
CF	Cuspal fracture
DP	Denture problem
DS	Dental sensitivity
Fu	Restoration unsatisfactory
OP	Occlusal problem
PD(m)	Periodontal disease: mild1
PD(o)	Periodontal disease: moderate2
PD(a)	Periodontal disease: advanced3
PU	Pulpal/periapical infection
AP	Aesthetic problem
TR	Trauma
OT	Other (please specify)

1- gingival inflammation &/or calculus present on any tooth
 2- periodontal pocketing 4-6mm &/or alveolar bone loss of 3-5 mm on any tooth.
 3- periodontal pocketing over 6mm &/or tooth mobility &/or pain &/or alveolar bone loss more than 5mm on any tooth.




Appendix G: Dental treatment audit

THE USE OF DENTAL SERVICES AND QUALITY OF LIFE



ARCPH
Australian Research Centre for POPULATION ORAL HEALTH



THE UNIVERSITY OF ADELAIDE AUSTRALIA

DENTIST'S TREATMENT RECORD

How to answer
Most items are answered by ticking one box that best describes your answer. (Example 1)

EXAMPLE 1

What is the type of your dental practice?

Private Practice Public Clinic

Others are answered by writing ADA code numbers or a brief description in the box. (Example 2)

EXAMPLE 2

Treatment Provided: Use A.D.A. Code or brief description

012 0132 332 One surface amalgam

The Questions below ask about you as a dental clinician

A1. What is the type of your dental practice?	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Public Clinic
A2. What is your sex?	<input type="checkbox"/> Male	<input type="checkbox"/> Female
A3. What is your year of birth?	19.....	
A4. What is the postcode of your dental practice?	[][][][][][]	
A5. What type of dental clinician are you?	<input type="checkbox"/> Dentist <input type="checkbox"/> Dental specialist (Please specify) <input type="checkbox"/> Other (Please Specify)	

The Questions below ask about the dental treatment you supplied the patient

Visit 1
Reason for Visit: Check-up Treatment (not relief of pain) Emergency/Relief of pain

Diagnosis (see codes opposite ⇨):

Treatment Plan (if a check-up) Use A.D.A. Code or brief description

Treatment Provided: Use A.D.A. Code or brief description

Visit 2
Reason for Visit: Check-up Treatment (not relief of pain) Emergency/Relief of pain

Diagnosis (see codes opposite ⇨):

Treatment Plan (if a check-up) Use A.D.A. Code or brief description

Treatment Provided: Use A.D.A. Code or brief description

Visit 3
Reason for Visit: Check-up Treatment (not relief of pain) Emergency/Relief of pain

Diagnosis (see codes opposite ⇨):

Treatment Plan (if a check-up) Use A.D.A. Code or brief description

Treatment Provided: Use A.D.A. Code or brief description

Visit 4
Reason for Visit: Check-up Treatment (not relief of pain) Emergency/Relief of pain

Diagnosis (see codes opposite ⇨):

Treatment Plan (if a check-up) Use A.D.A. Code or brief description

Treatment Provided: Use A.D.A. Code or brief description

Visit 5
Reason for Visit: Check-up Treatment (not relief of pain) Emergency/Relief of pain

Diagnosis (see codes opposite ⇨):

Treatment Plan (if a check-up) Use A.D.A. Code or brief description

Treatment Provided: Use A.D.A. Code or brief description

If there were more than four visits please photocopy this page and continue answering the questions.

Please return this questionnaire in the enclosed reply-paid envelope addressed to:

National Survey of Adult Oral Health
Australian Research Centre for Population Oral Health
School of Dentistry, the University of Adelaide
South Australia 5005.

Thank you for your assistance.

2

Instructions to Practitioners
Item Code:
Please record the A.D.A. dental service item code until the ENTIRE treatment plan and ALL of the dental procedures performed in this visit have been listed. It does not matter if particular services have not been completed. Multiple services of the same type should be recorded as two separate items.
Please include ALL items, even if the survey participant was not charged for the procedure.

Diagnosis:
Indicate the diagnosis of the survey participant's dental conditions.

Code Diagnosis

RE	Recall/maintenance care
CP	Caries: coronal primary
CRE	Caries: coronal recurrent
CRT	Caries: root surface
CF	Cuspal fracture
DP	Denture problem
DS	Dentinal sensitivity
Fu	Restoration unsatisfactory
OP	Occlusal problem
PD(m)	Periodontal disease: Mild ¹
PD(o)	Periodontal disease: Moderate ²
PD(s)	Periodontal disease: Advanced ³
PI	Pulpal/periapical infection
AP	Aesthetic problem
TR	Trauma
OT	Other (please specify)

¹ - gingival inflammation, &/or calculus on any teeth
² - periodontal pocketing 4-6mm &/or alveolar bone loss of 3-6mm on any tooth.
³ - periodontal pocketing over 6mm &/or both mobility &/or alveolar bone loss more than 6mm on any tooth.