

HRS 2018 -- Module 3: Dental Health and Dental Health Services
Weintraub et al.

FINAL VERSION -- 5/31/2018

NOTE ABOUT BRANCHPOINTS:

Where there is more than one jump within a branchpoint box, the jumps are to be applied in order from the top.

NOTE ABOUT COLORS AND MODE:

All question text in black is for the core interview (except if CAPI and CAWI text is the same).

Question text and codes in teal denotes CAWI (Web). The CAWI text will always be directly after the CAPI text. If wording is the same in both CAPI (Iwer Administered) and CAWI (Web), the text is black.

Otherwise, black text for codeframes, interviewer instructions, jumps and branchpoints, etc., which can apply to both the CAPI and the CAWI interview unless specified otherwise or there is a CAWI alternative.

On a black-and-white hard copy of the document, the TEAL text will appear somewhat lighter than the original black.

NOTE ABOUT NON-RESPONSE FLOW:

ANY QUESTION THAT IS ASKED BUT LEFT WITHOUT A RESPONSE IN CAWI INTERVIEWS WILL FOLLOW THE SAME PATH AS A REFUSAL FOR THAT QUESTION, UNLESS OTHERWISE SPECIFIED.

MAJOR FLOW CONTROL, CONDITION AND FILL VARIABLES

IF R LOST ALL TEETH (Z278 = 1 OR 5)
IF R LOST ALL TEETH (THIS WAVE) (C237 = 1 OR 5)
IF R HAS SEEN A DENTIST IN LAST 2 YEASR (N164 = 1 OR 5)
IF R HAS DENTAL INSURANCE (N067 = 1 OR 5)
IF THIS IS A PROXY INTERVIEW (A009={2 or 3}), GO TO END OF MODULE
MODULE ASSIGNMENT (X009 = 3)

Fills:

FL_WHYNODENT

IF V167 EQ YES THEN FL_WHYNODENT = "Why did you not go to the dentist for that problem?"
ELSE FL_WHYNODENT = "Why have you not seen a dentist [since R's LAST IW MONTH, YEAR/in the last two years?]"

Note to programmer: I assume this fill is one that already exists.

Fill needed for V167 [Since [R's Last IW Month], [R's Last IW Year]/In the last two years]

V151 BRANCHPOINT: ASK IF X009 = 3 AND THIS IS A SELF INTERVIEW (A009 =1), ELSE GOT TO END OF MODULE

V151

How would you describe the condition of your mouth and teeth? Would you say it is excellent, very good, good, fair or poor?

[INSTR: IF R ASKS, INCLUDE FALSE TEETH AND DENTURES.]

How would you describe the condition of your mouth and teeth?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

Section on Number of Teeth/Dentures

V152 BRANCHPOINT: ASK IF C237 NOT YES AND Z278 NOT YES, ELSE, GO TO V154 BP

V152

Now I want to ask you some questions about whether or not you have your own teeth. I realize that this might be difficult to talk about. Have you lost all your teeth from your upper jaw?

[INSTR: AN IMPLANT IS CONSIDERED A PERMANENT TOOTH.]

1. YES GO TO V154
5. NO

V153

Have you lost more than four of your natural permanent teeth in your upper jaw, not counting wisdom teeth or teeth removed to make room for your natural teeth?

[INSTR: AN IMPLANT IS CONSIDERED A PERMANENT TOOTH.]

- 1. YES
- 5. NO
- 7. [VOL] R HAS ALL TEETH IN UPPER JAW
- 1. YES
- 5. NO
- 7. I HAVE ALL TEETH IN UPPER JAW

V154 BRANCHPOINT: ASK IF C237 NOT YES AND Z278 NOT YES
ELSE, GO TO V156 BP

V154

Have you lost all your teeth from your lower jaw?

[INSTR: AN IMPLANT IS CONSIDERED A PERMANENT TOOTH.]

- 1. YES GO TO V156
- 5. NO

V155

Have you lost more than four of your natural permanent teeth in your lower jaw, not counting wisdom teeth or teeth removed for orthodontic treatment?

[INSTR: AN IMPLANT IS CONSIDERED A PERMANENT TOOTH.]

- 1. YES
- 5. NO
- 7. [VOL] R HAS ALL TEETH IN LOWER JAW
- 1. YES
- 5. NO
- 7. I HAVE ALL TEETH IN LOWER JAW

V156 BRANCHPOINT: IF V153 = 7 AND V155 = 7 GO TO V158,
ELSE, CONTINUE

V156

Do you have any dentures?

- 1. YES
- 5. NO
- 7. [VOL] HAVE DENTURE BUT DON'T WEAR IT
- ?

1. YES
5. NO
7. I HAVE DENTURE BUT DON'T WEAR IT

V157 BRANCHPOINT: ASK IF V156 = YES,
ELSE, GO TO V158

V157

During the past 3 months, how often have your dentures felt uncomfortable? Would you say never, hardly ever, occasionally, fairly often, or very often?

During the past 3 months, how often have your dentures felt uncomfortable?

1. NEVER
2. HARDLY EVER
3. OCCASIONALLY
4. FAIRLY OFTEN
5. VERY OFTEN
7. [VOL] HAVEN'T WORN DENTURES IN PAST 3 MONTHS

1. NEVER
2. HARDLY EVER
3. OCCASIONALLY
4. FAIRLY OFTEN
5. VERY OFTEN
7. I HAVEN'T WORN DENTURES IN PAST 3 MONTHS

----- Section on Quality of Life -----

V158

During the past 3 months, how often have you experienced the following difficulties because of problems with your teeth, mouth, or dentures? How often have you had to avoid eating some foods? Would you say never, hardly ever, occasionally, fairly often, or very often?

During the past 3 months, how often have you experienced the following difficulties because of problems with your teeth, mouth, or dentures? How often have you had to avoid eating some foods?

1. NEVER
2. HARDLY EVER
3. OCCASIONALLY
4. FAIRLY OFTEN
5. VERY OFTEN

V159

How often have you found it difficult to relax due to your teeth, mouth or dentures? (Would you say never, hardly ever, occasionally, fairly often, or very often?)

How often have you found it difficult to relax due to your teeth, mouth or dentures?

1. NEVER
2. HARDLY EVER
3. OCCASIONALLY
4. FAIRLY OFTEN
5. VERY OFTEN

V160

How often have you avoided going out due to your teeth, mouth or dentures? (Would you say never, hardly ever, occasionally, fairly often, or very often?)

How often have you avoided going out due to your teeth, mouth or dentures?

1. NEVER
2. HARDLY EVER
3. OCCASIONALLY
4. FAIRLY OFTEN
5. VERY OFTEN

V161

During the past 3 months, how often did you feel nervous or self-conscious because of problems with your teeth, gums, or dentures? Would you say never, sometimes or always?

During the past 3 months, how often did you feel nervous or self-conscious because of problems with your teeth, gums, or dentures?

1. NEVER
2. SOMETIMES
3. ALWAYS

V162

During the past 3 months, how much pain or distress have your teeth or gums caused you? Would you say none at all, a little bit, some, quite a bit, or a great deal?

During the past 3 months, how much pain or distress have your teeth or gums caused you?

1. NONE AT ALL
2. A LITTLE BIT
3. SOME
4. QUITE A BIT
5. A GREAT DEAL

V163

Do you sip liquids to aid in swallowing dry foods?

1. YES
5. NO

V164

Do you have difficulty brushing your own teeth or dentures?

1. YES
5. NO GO TO V166
6. CAN'T DO
7. DON'T DO

V165

Does anyone help you brush your teeth or dentures?

1. YES
5. NO

V166

How often do your teeth or dentures get brushed? Would you say less than once a day, once a day, twice a day, or more than twice a day?

[How often do your teeth or dentures get brushed?](#)

1. LESS THAN ONCE A DAY
2. ONCE A DAY
3. TWICE A DAY
4. MORE THAN TWICE A DAY

----- **Section on Dental Utilization** -----

V167 BRANCHPOINT: ASK IF N164 = NO, ELSE GO TO V169

V167

You mentioned earlier that you have not seen a dentist [since R's LAST IW MONTH, YEAR/in the last two years].) During the last two years, have you had a dental problem which you would have liked to see a dentist about but you didn't see the dentist?

1. YES
5. NO

V168 BRANCHPOINT: ASK IF V167 = 1, ELSE, GO TO V169 BP

V168

People don't go to the dentist for many reasons. [FL_WHYNODENT] Was it because of the cost, a health reason, you didn't have time, you couldn't get to the dentist, you didn't need to see a dentist, or something else?

[INSTR: CHECK ALL THAT APPLY.]

1. COST TOO MUCH/NO INSURANCE/INSURANCE WOULDN'T PAY
2. HEALTH REASON
3. DIDN'T HAVE TIME
4. TRANSPORTATION/COULDN'T GET THERE
5. DIDN'T NEED TO SEE A DENTIST
7. OTHER; SOMETHING ELSE

1. IT WOULD COST TOO MUCH/NO INSURANCE/INSURANCE WOULDN'T PAY
2. A HEALTH REASON
3. I DIDN'T HAVE TIME
4. TRANSPORTATION; I COULDN'T GET THERE
5. I DIDN'T NEED TO SEE A DENTIST
7. OTHER REASON

V169 BRANCHPOINT: ASK IF N164 = 1, ELSE GO TO (V177 BRANCHPOINT),

V169

[Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist or other dental provider for a dental checkup?

1. YES
5. NO

V170 BRANCHPOINT: ASK IF C237 NOT YES AND Z278 NOT YES
ELSE, GO TO V171

V170

[Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist or other dental provider for cleaning or deep cleaning for gum treatment?

1. YES
5. NO

V171

([Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist or other dental provider) for a regular dental treatment, such as a filling, crown, implant, bridge, root canal, or dentures?

[Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist or other dental provider for a regular dental treatment, such as a filling, crown, implant, bridge, root canal, or dentures?

1. YES
5. NO

V172

([Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist or other dental provider) for extractions or surgery?

[Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist or other dental provider for extractions or surgery?

1. YES
5. NO

V173

([Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist or other dental provider) for Emergency treatment, for an accident, injury, pain, or infection?

[Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist or other dental provider for Emergency treatment, for an accident, injury, pain, or infection?

1. YES
5. NO

V174

Thinking about your most recent visit, did you have any trouble understanding what the dentist told you?

1. YES
5. NO

V175

Is there a place that you usually go to when you need dental care?

1. YES
5. NO
6. [VOL] R SELDOM OR NEVER GOES OR HASN'T GONE FOR YEARS GO TO V177 BRANCHPOINT
7. [VOL] R GOES TO MORE THAN ONE PLACE
1. YES
5. NO
6. I SELDOM OR NEVER GO TO THE DENTIST GO TO V177 BRANCHPOINT
7. I GO TO MORE THAN ONE PLACE

V176

What kind of place do you usually go to -- a private dental office, emergency room, a dental school, clinic or some other place?

[INSTR: SELECT ONLY ONE. PROBE AS NEEDED: What kind of place do you go most often?]

What kind of place do you usually go to?

[INSTR: IF YOU GO TO MORE THAN ONE PLACE, SELECT THE PLACE YOU GO MOST OFTEN.]

1. PRIVATE DENTAL OFFICE
 2. HOSPITAL EMERGENCY ROOM
 3. DENTAL SCHOOL
 4. CLINIC/COMMUNITY OR NEIGHBORHOOD HEALTH CENTER
 5. PLACE FOR SENIORS (SENIOR CENTER, ELDER HOUSING, ASSISTED LIVING)
 6. FREE COMMUNITY EVENT
 7. SOME OTHER PLACE
 8. [VOL] DOESN'T GO TO ONE PLACE MOST OFTEN
1. PRIVATE DENTAL OFFICE
 2. HOSPITAL EMERGENCY ROOM
 3. DENTAL SCHOOL
 4. CLINIC/COMMUNITY OR NEIGHBORHOOD HEALTH CENTER
 5. PLACE FOR SENIORS (SENIOR CENTER, ELDER HOUSING, ASSISTED LIVING)
 6. FREE COMMUNITY EVENT
 7. SOME OTHER PLACE
 8. I DON'T GO TO ONE PLACE MOST OFTEN

V177 BRANCHPOINT: IF N067 NOT 5, GO TO END OF MODULE,
ELSE, CONTINUE

V177

Earlier you told us you don't have dental insurance. Is that because it is too expensive, your employer doesn't offer coverage, you don't feel it's necessary, or something else?

[SELECT ALL THAT APPLY.]

1. COVERAGE TOO EXPENSIVE
2. EMPLOYER DOESN'T OFFER COVERAGE
3. COVERAGE NOT NECESSARY/NOT `WORTH IT`
4. DON'T GO TO THE DENTIST OFTEN ENOUGH
5. RECEIVE SERVICES FROM FREE CLINIC
6. MEDICARE/MEDICAID DOESN'T COVER IT
7. LOST INSURANCE WHEN RETIRED OR SWITCHED EMPLOYERS
97. OTHER

1. COVERAGE IS TOO EXPENSIVE
2. MY EMPLOYER DOESN'T OFFER COVERAGE
3. COVERAGE NOT NECESSARY/NOT `WORTH IT`
4. I DON'T GO TO THE DENTIST OFTEN ENOUGH
5. I RECEIVE SERVICES FROM FREE CLINIC
6. MEDICARE OR MEDICAID DON'T COVER IT
7. I LOST INSURANCE WHEN RETIRED OR SWITCHED EMPLOYERS
97. OTHER

[END OF MODULE}