

V000 BRANCHPOINT: IF THIS IS NOT A SELF-RESPONDENT (A009 NOT 1), GO TO END OF MODULES

IF R IS ASSIGNED TO MODULE 10 (X009=10), CONTINUE ON TO V000

OTHERWISE, GO TO END OF MODULES

#### V000\_ModuleIntro

Although we have finished the interview, we would like to ask you a few new questions. Some questions may be similar to questions we have already asked you, but the researchers are interested in how people respond when the questions are changed just a little.

[IWER: If R refused before starting a module, ENTER 9. If R started to do a module and then changed his/her mind, ENTER 99]

- |                                    |                      |
|------------------------------------|----------------------|
| 1. R is willing                    |                      |
| 9. R RFused at Module Intro        | GO TO END OF MODULES |
| 99. R RFused after starting Module | GO TO END OF MODULES |

V501 BRANCHPOINT: IF R HAS NOT SEEN A DENTIST SINCE THE LAST INTERVIEW (N164 NOT 1), GO TO V518

#### V501\_USUALFREQVISIT

You mentioned earlier that you have seen a dentist [since *R's LAST IW MONTH, YEAR*/in the last two years].

How often do you **usually** see a dentist for routine care?

[IWER: Probe if needed by reading response categories].

1. Three to four times a year
2. Twice a year
3. At least once a year
4. At least once every two years
5. Less often than once every two years; or
6. Rarely, only when I'm having difficulties
8. DK
9. RF

**V502\_FILLING**

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

**V502\_FILLING** a. a filling? 1. YES 5. NO 8. DK 9. RF

DEF: Dental providers include periodontists, oral surgeons, prosthodontists, dentists, as well as people who work for dentists, such as dental hygienists.

**V503, V504, V505**

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

**V503\_CROWN** b. a crown? 1. YES 5. NO 8. DK 9. RF

**V504\_ROOTCANAL** c. a root canal? 1. YES 5. NO 8. DK 9. RF

**V505\_DENTURES** d. dentures? 1. YES 5. NO 8. DK 9. RF

DEF: Dental providers include periodontists, oral surgeons, prosthodontists, dentists, as well as people who work for dentists, such as dental hygienists.

**V506\_INLAY**

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

**V506\_INLAY** e. an inlay? 1. YES 5. NO 8. DK 9. RF

DEF: Dental providers include periodontists, oral surgeons, prosthodontists, dentists, as well as people who work for dentists, such as dental hygienists.

**V507, V508, V509, V510, V511, V512, V513**

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

**V507\_ORTHODONTICS** f. orthodontics? 1. YES 5. NO 8. DK 9. RF

**V508\_GUMTREATMENT** g. gum treatment? 1. YES 5. NO 8. DK 9. RF

**V509\_IMPLANTS** h. implants? 1. YES 5. NO 8. DK 9. RF

**V510\_BONDING** i. bonding? 1. YES 5. NO 8. DK 9. RF

**V511\_PROSTHETICS** j. prosthetics (such as a bridge)? 1. YES 5. NO 8. DK 9. RF

**V512\_EXTRACTIONS** k. extractions? 1. YES 5. NO 8. DK 9. RF

**V513\_SURGERY** l. surgery? 1. YES 5. NO 8. DK 9. RF

DEF: Dental providers include periodontists, oral surgeons, prosthodontists, dentists, as well as people who work for dentists, such as dental hygienists.

**V514\_DENTALVISITS**

Thinking about your routine care and cleaning [as well as the other procedures we just discussed/], how many total times have you gone to the dentist or other dental provider [since *R's LAST IW MONTH, YEAR*/in the last two years]?

\_\_\_\_\_ Number of dental visits      GO TO V517

DK  
RF

**V515\_DENTALVISITS\_4**

Would you say it was more than four times, less than four times, or about four times?

- |                      |            |
|----------------------|------------|
| 1. More than 4 times |            |
| 3. About 4 times     | GO TO V517 |
| 5. Less than 4 times | GO TO V517 |
| 8. DK                | GO TO V517 |
| 9. RF                | GO TO V517 |

**V516\_DENTALVISITS\_8**

Would you say it was more than eight times, less than eight times, or about eight times?

1. More than 8 times
3. About 8 times
5. Less than 8 times
8. DK
9. RF

**V517\_UNDERSTANDDENTIST**

Some dentists use words that are hard to understand. Thinking about your most recent visit, did you have any trouble understanding what the dentist told you about your dental care or problems?

1. Yes
5. No
8. DK
9. RF

**V518\_DENTALPROBLEM**

[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  | GO TO V520 BRANCHPOINT |
| 8. DK  | GO TO V520 BRANCHPOINT |
| 9. RF  | GO TO V520 BRANCHPOINT |

**V519\_REASONNODENTIST**

People don't go to the dentist for many reasons.

IF R HAS SEEN A DENTIST [SINCE LAST IW/IN LAST 2 YEARS (N164=1):  
Why did you not go to the dentist for that problem?

OTHERWISE:

Why have you not seen a dentist [since *R's* LAST IW MONTH, YEAR/in the last two years?]

[IWER: CHOOSE ALL THAT APPLY.]

1. Didn't have time/took too long/couldn't get time off of work
2. Cost too much/insurance wouldn't pay/dentist wouldn't accept insurance
3. Couldn't get appointment
4. Too far away/didn't have a way to get there
5. Didn't have a dentist
6. Didn't have anyone to care for children or other family members
7. Difficult to understand dental terms or paperwork
8. Couldn't find a dentist who spoke my language
9. Didn't need to / problem went away on its own
10. Other
98. DK
99. RF

V520 BRANCHPOINT: IF R REPORTED THAT DENTAL INSURANCE DID NOT OR WOULD NOT COVER SOME OF DENTAL EXPENSES (N165=5 OR N172=5), CONTINUE WITH V520

OTHERWISE, GO TO V521 BRANCHPOINT

**V520\_DENTALINSURANCE**

Do you have any insurance that would cover any part of dental care?

- |        |                        |
|--------|------------------------|
| 1. Yes | GO TO V521             |
| 5. No  | GO TO V522             |
| 8. DK  | GO TO V523 BRANCHPOINT |
| 9. RF  | GO TO V523 BRANCHPOINT |

V521 BRANCHPOINT: IF R REPORTED THAT DENTAL INSURANCE DID OR WOULD COVER SOME OF DENTAL EXPENSES (N165 IN (1,2,3) OR N172=1), CONTINUE ON TO V521

OTHERWISE, GO TO V522 BRANCHPOINT

**V521\_SOURCEINSURANCE**

You mentioned earlier that you have insurance that [covered/would cover] some or all of your dental expenses.]

What is the source of that coverage?

[IWER: IF MORE THAN ONE SOURCE MENTIONED, PROBE FOR MAIN SOURCE.]

1. Medicare or Medigap policy
2. Medicaid
3. Champus/Tri-Care
4. Other public program
5. Own current employer or union
6. Own former employer
7. Spouse's current employer or union
8. Spouse's former employer
9. Privately purchased coverage
10. Other
98. DK
99. RF

V522 BRANCHPOINT: IF R REPORTED THAT HAS NO INSURANCE THAT WOULD COVER ANY PART OF DENTAL CARE (V520=5), CONTINUE WITH V522

OTHERWISE, GO TO V523 BRANCHPOINT

**V522\_REASONNOINSURANCE**

Why don't you have dental insurance?

[IWER: CHOOSE ALL THAT APPLY.]

1. Employer doesn't offer coverage
2. Coverage too expensive
3. Coverage not necessary/not "worth it"
4. Don't go to the dentist often enough
5. Receive services from free clinic
6. Other
8. DK
9. RF

V523 BRANCHPOINT: IF R REPORTED HAVING LOST ALL TEETH (C237=1), GO TO V528.

**V523\_LOSTTEETH**

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 more than two of your natural permanent teeth?

- |        |            |
|--------|------------|
| 1. Yes |            |
| 5. No  | GO TO V528 |
| 8. DK  | GO TO V528 |
| 9. RF  | GO TO V528 |

**V524\_UPPERJAW**

Have you lost all your teeth from your upper jaw?

1. Yes
5. No
8. DK
9. RF

**V525\_LOWERJAW**

Have you lost all your teeth from your lower jaw?

1. Yes
5. No
8. DK
9. RF

**V526\_HAVEDENTURES**

Do you have dentures?

1. Yes
5. No
7. (VOL) Have denture but don't wear it
8. DK
9. RF

**V528\_RATETEETH**

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

[IWER: IF R ASKS, THIS SHOULD INCLUDE FALSE TEETH AND DENTURES.]

1. Very good
2. Good
3. Fair
4. Poor
8. DK
9. RF

**V529\_AVOIDFOODS**

How often during the last year have you avoided particular foods because of problems with your teeth, mouth or dentures? Would you say very often, fairly often, occasionally, hardly ever, or never?

1. Very often
2. Fairly often
3. Occasionally
4. Hardly ever
5. Never
8. DK
9. RF

**V530\_GUMSSENSITIVE**

How often during the last year have your teeth or gums been sensitive to hot, cold, or sweets? Would you say very often, fairly often, occasionally, hardly ever, or never?

1. Very often
2. Fairly often
3. Occasionally
4. Hardly ever
5. Never
8. DK
9. RF

**V531\_GUMSBLEED**

How often during the last year have your gums bled when you brushed your teeth? (Would you say very often, fairly often, occasionally, hardly ever, or never?)

1. Very often
2. Fairly often
3. Occasionally
4. Hardly ever
5. Never
8. DK
9. RF

**END OF MODULE 10— GO TO END OF MODULES**