

Simplified Appendix G for Group A

PCT CODE

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ID NUMBER

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Please note this is a simplified questionnaire and therefore some questions have been omitted.

I would like to ask you some questions about you, your general health and your dental health. Then I'd like to go on to some questions about using dental treatment services.

I won't write your name or address details on this form but I would like to record them separately.

Use appendix D2

Some questions may not be answerable for some volunteers in this group. In such cases use the 'not appropriate to ask' option

a. First I'd like to know about your living situation – do you live

- with one or more members of your family
- in a group home
- alone – with or without support
- some other situation? _____

b. Optional – Recorded level of learning disability of volunteer- according to local or national classification

- Mild
 - Moderate
 - Severe
-

Now some items that I can complete without asking you:

1 SEX OF VOLUNTEER

- Male
- Female
- Not answered – *by choice of volunteer*

2 Is the interview about the volunteer being given:

- In person – by the volunteer themselves
- Or by someone else on behalf of the volunteer – *if this is the answer then there will be a need to change some wording of most questions to reflect that someone is answering on behalf of the volunteer*

Now could you tell me please -

3 What was your age last birthday? *Use flashcard A for volunteer if appropriate or carer*

- 18 – 24
- 25 - 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 or over
- Not answered – *by choice of volunteer*

Now I am going to ask you some questions about your health and lifestyle.

4 How is your health in general? Would you say it was... *Use flashcard B for volunteer if appropriate or carer*

- Good, Bad,
- Fair, Not answered– *by choice of volunteer*

5 (And) would you say your dental health (mouth, teeth and/or dentures) is... *Use flashcard B for volunteer if appropriate or carer*

- Good, Bad,
- Fair, Not answered – *by choice of volunteer*

I am now going to ask you some questions about your natural teeth, and your experiences of going to the dentist.

13 How many natural teeth have you got? Is it... *Use flashcard D for volunteer if appropriate or carer*

(Include wisdom teeth - adults usually have up to 32 teeth, including the 4 wisdom teeth.)

- None at all, *(some later questions do not apply to those who are edentulous)*
- At least 1 but less than 20,
- Or do you have 20 or more natural teeth?
- Have some natural teeth but don't know how many (SPONTANEOUS ONLY)
- Not answered – *by choice of volunteer*
- Not possible to answer

14 Do you have (require) a denture, even if you don't wear it?

- Yes
- No
- Not answered – *by choice of volunteer*

Ask questions 16 – 26 if the volunteer has one or more natural teeth

The questions below ask about troubles that people may have in daily life because of problems teeth, mouth or dentures use flashcard E

HOW OFTEN during the last year ...	Please tick ONE box that best describes your experience					
	Never	Hardly ever	Occasionally	Fairly often	Very often	Prefer not to answer / not appropriate to ask
16... have you had painful aching in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21... 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"/>	<input type="checkbox"/>
22... have you been self conscious or 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"/>	<input type="checkbox"/>

24 How often do you clean your teeth nowadays? *Use flashcard F for volunteer if appropriate or carer* (Question refers to brushing only)

- More than twice a day
- Twice a day
- Once a day
- Less than once a day
- Never
- Not answered – *by choice of volunteer*

26 Do you use anything other than an ordinary (manual) toothbrush and toothpaste for dental hygiene purposes?

- Yes (include electronic toothbrush here)
- No
- I don't use a toothbrush and/or toothpaste (record this only if the volunteer says this spontaneously)
- Not answered – *by choice of volunteer*

Ask all volunteers

27 In general do you go to the dentist for...

- A regular check up,
- An occasional check up,
- Or only when you're having trouble with your teeth/dentures?
- Never been to the dentist (SPONTANEOUS ONLY) If this is real answer go to ques 61
- Not answered – *by choice of volunteer*

(check again if the answer is 'never been', as this code will exclude respondents from much of the rest of the interview. 'Are you sure? If not been since childhood, probe on 'occasional check' or 'only when trouble')

28 How often do you go to the dentist? Use flashcard G for volunteer if appropriate or carer

- At least once every six months,
- At least once every year,
- At least once every two years,
- Or less frequently than every two years?
- Or only when having trouble with your teeth and/or dentures? (SPONTANEOUS ONLY)
- Not answered – by choice of volunteer

29 How long has it been since your last visit to a dentist ? Use flashcard H for volunteer if appropriate or carer (Do not include visits to the hygienist)

- Within the last 6 months
 - Within the last 7-12 months
 - More than 1, but less than 2 years ago
 - More than 2, but less than 3 years ago
 - More than 3, but less than 5 years ago
 - More than 5, but less than 10 years ago
 - More than 10 years ago
 - Not answered – by choice of volunteer
- If any of these are the answers go to question 37
- If any of these are the answers go to question 30
- go to question 37

Ask volunteers who have not attended in the last 2 years

30 What are the reasons why you have not been to the dentist in the last two years?

Wait for volunteer response first, prompt only for clarification

TICK ALL THAT APPLY

- No need to go to the dentist / nothing wrong with my teeth
- I can't find an NHS dentist
- I can't afford the NHS charges
- I haven't got the time to go
- I am afraid of dentists / I don't like going to the dentists
- Keep forgetting / Haven't got round to it
- It's difficult to get to and from the dentist
- I've had a bad experience with a dentist
- Dentist changed to private / refused to do NHS work
- Other (please specify) _____
- Not answered – by choice of volunteer

37 I would now like to ask you about what treatments you received during your last completed course of dental treatment.

In the visit(s) you made to the dentist, what did you have done? Did you have.... *Use flashcard J for volunteer if appropriate or carer*

Tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Check-up (examination) | <input type="checkbox"/> Denture(s) repaired |
| <input type="checkbox"/> X rays taken | <input type="checkbox"/> An implant (this completely replaces a tooth and its root and is screwed into the bone) |
| <input type="checkbox"/> Teeth filled | <input type="checkbox"/> Teeth whitened / bleached |
| <input type="checkbox"/> Teeth taken out | <input type="checkbox"/> Fluoride varnish |
| <input type="checkbox"/> Root canal treatment | <input type="checkbox"/> Gum (periodontal) treatment / teeth scaled or polished |
| <input type="checkbox"/> Crown(s) fitted or re-fitted | <input type="checkbox"/> Treatment from a dental hygienist or dental therapist |
| <input type="checkbox"/> Treatment for an abscess | <input type="checkbox"/> Sedation, that is something that relaxes you but does not put you to sleep (in the form of gas or tablets) |
| <input type="checkbox"/> Impressions taken | <input type="checkbox"/> Some other treatment |
| <input type="checkbox"/> New dentures fitted | <input type="checkbox"/> Any advice provided by the dentist or a member of the dental team about how to look after your teeth (diet, brushing or other)? |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

I am now going to ask you some questions about how well you felt the dentist communicated with you at your very last visit.

43 Did the dentist talk with you about your teeth and your treatment in a way that you could understand?

If 'to some extent', code yes.

- Yes
- No
- Not answered – *by choice of volunteer*
- Not possible to answer

44 Did the dentist treat you with respect and dignity?

If 'to some extent', code yes.

- Yes
- No
- Not answered – *by choice of volunteer*
- Not possible to answer

45 Did you have confidence and trust in the dentist?

If 'to some extent', code yes.

- Yes
- No
- Not answered – *by choice of volunteer*
- Not possible to answer

Ask all adults questions 52 - 60, except those who have never attended the dentist – go straight to question 61 for these

52 Have you ever been given advice from a dentist or a member of the dental team on cleaning your teeth and/or gums?

- Yes
- No
- Not answered – *by choice of volunteer*
- Not possible to answer

54 Have you ever been given advice or help from a dentist or a member of the dental team about the food and drink you consume?

- Yes
- No
- Not answered – *by choice of volunteer*
- Not possible to answer

55 Have you ever been given advice from a dentist or a member of the dental team about how frequently you should visit a dentist?

- Yes
- No
- Not answered – *by choice of volunteer*
- Not possible to answer

60 If you went to your dentist tomorrow, how would you feel? Use flashcard L for volunteer if appropriate or carer

- Not Anxious
 - Fairly Anxious
 - Extremely Anxious
 - Not answered – *by choice of volunteer*
 - Not possible to answer
-

Ask all adults – regardless of attendance or edentulousness

61 Which, if any, of the following have caused difficulties with eating, speaking, relaxing, being sociable or doing your normal jobs in the past year? Use flashcard M for volunteer if appropriate or carer

TICK ALL THAT APPLY

- Toothache, sensitive tooth, tooth decay (hole in tooth)
- Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums (gum abscess)
- Bad position of teeth (e.g. crooked or projecting, gap), space between teeth, deformity of the mouth or face
- Broken or fractured tooth
- Missing tooth/teeth
- Colour, shape or size of teeth
- Loose or ill-fitting denture
- Or any other reasons? (please specify) _____
- None of these
- Not answered – *by choice of volunteer*
- Not possible to answer

Ethnicity

All adults

62 To which of these ethnic groups do you consider you belong? *Use flashcard N for volunteer if appropriate or carer*

- White – go to question 63
- Mixed – go to question 64
- Asian or Asian British – go to question 65
- Black or Black British – go to question 66
- Chinese
- Other ethnic group
- Not answered

63 And to which of these ethnic groups do you consider you belong? *Use flashcard O for volunteer if appropriate or carer*

- British
- Another White Background?
- Not answered

64 And to which of these ethnic groups do you consider you belong? *Use flashcard P for volunteer if appropriate or carer*

- White and Black Caribbean
- White and Black African
- White and Asian or,
- Another Mixed background?
- Not answered

65 And to which of these ethnic groups do you consider you belong? *Use flashcard Q for volunteer if appropriate or carer*

- Indian
- Pakistani
- Bangladeshi or,
- Another Asian background?
- Not answered

66 And to which of these ethnic groups do you consider you belong? *Use flashcard R for volunteer if appropriate or carer*

- Caribbean
- African or
- Another Black background
- Not answered

Several questions deleted from here as not appropriate to ask

Other comments

All adults

72 We have asked you a lot about dental health and dentistry. Is there anything you would like to say that we haven't asked you about?

- Yes – record these below
- No
- Not appropriate to ask

TICK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> No NHS dentist available | <input type="checkbox"/> Dentist over-loaded |
| <input type="checkbox"/> Dislike drift from NHS | <input type="checkbox"/> Satisfied |
| <input type="checkbox"/> Treatment should be free | <input type="checkbox"/> Better than in past |
| <input type="checkbox"/> Costs too much (no mention of NHS/free) | <input type="checkbox"/> Frightened of dentist |
| <input type="checkbox"/> Can't get appointment | <input type="checkbox"/> Other details _____ |
| <input type="checkbox"/> Not answered | _____ |

Thank you for completing the interview.

73 This questionnaire was

- Completed in its entirety
- Completed jointly by volunteer and carer
- Not completed as the volunteer withdrew consent or decided not to continue
- Not completed as the volunteer could not co-operate

This page should be printed and included as the last sheet of the questionnaire for reasons of volunteer confidentiality

