

## ***Dental Health Module (DHM)***

### **Dental Health**

Dental Health started out with questions from several cycles of CCHS. It has evolved into a more extended block of questions through recommendations from the Oral Health Steering Committee and Health Canada; questions from NHANES; and a Patient Questionnaire, University of Toronto. The questions are designed to capture various aspects of dental health, including: general health and appearance of teeth and mouth; specific health and quality of teeth/dentures; satisfaction with previous dental visits; environmental oriented questions about fillings (how many/type of filling); impact of dental health on daily functioning; and dental care habits.

These questions are asked in direct support of the dental examinations respondents will receive when they go to the clinic. If respondents do not go to the clinic, then the answers to the questions provide a snapshot of the dental health condition of the survey sample.

Based on recommendations from the Oral Health Steering Committee and Dr. Peter Cooney, Health Canada; NHANES; and Patient Questionnaire, University of Toronto.

*Measure: Dental health examination*

**We would like to ask you some questions about your dental health.**

**To start, some questions about the general health and appearance of your teeth and mouth:**

DHM\_Q01      In general, would you say that the health of [your/FNAME's] teeth or mouth is:

- 1      Excellent
- 2      Very good
- 3      Good
- 4      Fair
- 5      Poor

DHM\_Q02      In general, how satisfied are you with the appearance of [your/his/her] teeth and/ or dentures?

- 1      Very satisfied
- 2      Satisfied
- 3      Dissatisfied
- 4      Very dissatisfied

**We would like to ask some questions specifically about the health of [your/FNAME's] teeth, and your dental care history.**

DHM\_Q03      How often during the last year have [you/he/she] had painful aching anywhere in [your/his/her] mouth? Would you say:

- 1      Very often
- 2      Fairly often
- 3      Occasionally
- 4      Hardly ever

- 5 Never
- 8 Don't know/Refused

DHM\_Q04 [Do/Does] [you/FNAME] have:

- 1 all [your/his/her] own teeth (Go to DHM\_Q06)
- 2 some of [your/his/her] own teeth and partial denture(s) or bridge(s) (Go to DHM\_Q05)
- 3 a full set of dentures (upper and lower jaw) (Go to DHM\_Q06)

DHM\_Q05 [Do/Does] [you/FNAME] have one or more of [your/his/her] own teeth?

DHM\_Q05A in [your/his/her] top teeth:

- 1 Yes
- 2 No
- 8 Don't know/ Refused

DHM\_Q05B in [your/his/her] bottom teeth:

- 1 Yes
- 2 No
- 8 Don't know/ Refused

**Now we want to know how satisfied [you/FNAME] [were/was] with the previous visit [you/he/she] made to a dental professional's office:**

DHM\_Q06 When was the last time that [you/he/she] went to a dental professional?

- 1 Less than 1 year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago
- 4 3 years to less than 4 years ago
- 5 4 years to less than 5 years ago
- 6 5 or more years ago
- 7 Never
- 8 Don't know/ Refused

DHM\_Q07 [Do/Does] [you/FNAME] usually visit a dental professional?

- 1 more that once a year for check-ups or treatment
- 2 about once a year for check-ups or treatment
- 3 less than once a year for check-ups or treatment
- 4 only for emergency care
- 8 Don't know/ Refused

DHM\_Q08 How satisfied are [you/FNAME] with [your/his/her] ability to speak clearly?

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**We also would like to know if the health and condition of [your/FNAME's] teeth and dentures has an impact on [your/his/her] daily functioning.**

DHM\_Q09 How often during the last year have [you/he/she] avoided particular foods because of problems with [your/his/her] teeth, mouth or dentures? Would you say:

- 1 Very often
- 2 Fairly often
- 3 Occasionally
- 4 Hardly ever
- 5 Never
- 8 Don't know/Refused

DHM\_Q10 How often during the last year have [you/FNAME] found it uncomfortable to eat any food because of problems with [your/his/her] teeth, mouth or dentures? Would you say:

- 1 Very often
- 2 Fairly often
- 3 Occasionally
- 4 Hardly ever
- 5 Never
- 8 Don't know/Refused

DHM\_Q11 In the past 12 months

DHM\_Q11A Have [you/FNAME] taken time off work, school or [your/his/her] normal activities because of problems with [your/his/her] teeth or mouth or because of the need to have dental treatment?

- 1 Yes (Go to DHM\_Q15B)
- 2 No (Go to DHM\_Q16)
- 8 Don't know (Go to DHM\_Q16)

DHM\_Q11B If Yes, how many days did [you/he/she] take off over the past 12 months? Please estimate to the nearest 1/2 day:

Number of days \_\_\_\_\_

**Now a couple of questions about [your/FNAME's] regular dental care habits.**

DHM\_Q12 How often in the past 24 hours have [you/he/she] brushed [your/his/her] natural teeth and/or dentures?

- 1 More than twice
- 2 Twice
- 3 Once
- 4 Not at all
- 5 Have no natural teeth (Go to DHM\_Q14)
- 8 Don't know/ Refused

DHM\_Q13 How often [do/does] [you/FNAMES] usually floss your teeth?

- 1 Twice or more a day
- 2 Once a day
- 3 A few times a week
- 4 Once a week
- 5 Less than once a week
- 6 Never
- 8 Don't know/ Refused

**This final section asks questions about the costs of dental care.**

DHM\_Q14 Do you agree or disagree with the following statements?

In the past 12 months:

		<u>Agree</u>	<u>Disagree</u>
DHM_Q14A	the cost of dental care has been a financial burden to me (or my family)	1	2
DHM_Q14B	[I/FNAME] [have/has] avoided going to a dental care provider because of the cost	1	2
DHM_Q14C	[I/FNAME] [have/has] been unable to have all the dental treatment that was recommended because of the cost	1	2

DHM\_Q15 [Do/Does] [you/FNAME] have insurance that covers all or part of [your/his/her] (or [your/his/her] child's) dental expenses?

- 1 Yes (Go to DHM\_Q16)
- 2 No *END*
- 8 Don't know/ Refused *END*

DHM\_Q16 That insurance plan is a(an):

- 1 Government program for social service (welfare) clients
- 2 Government program for children or seniors in this province or territory
- 3 Government program for First Nations people
- 4 Employer-paid plan from [my/his/her] or [my/his/her] spouse's employment
- 5 Retirement plan through [my/his/her] or [my/his/her] spouse's previous employer paid for by [me/him/her] or [my/his/her] spouse
- 6 Other (Please, specify \_\_\_\_\_)

DHM\_Q17 In thinking about [your/FNAME's] dental bills over the past 12 months, about what percentage of [your/his/her] regular dental care costs were covered dental insurance?

- 1 \_\_\_\_\_%
- 9 Don't know/ Refused

**END Dental Health**

**NOTE: Questions about dental fillings & type of filling are being asked during the dental exam in the clinic.**

**For example:**

Do you have any dental fillings? Yes No Don't know/Refused  
Approximately how many dental fillings do you have? \_\_\_\_\_ (number)  
What type of dental fillings do you have?  
1 metal amalgam  
2 porcelain  
3 synthetic  
4 gold  
8 Don't know/ Refused

Have you had fillings recently replaced?

- 1 Yes
- 2 No
- 8 Don't know/ Refused

DHM\_END