O.M.B. 0925-0281
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DENTAL HISTORY FORM

ID NUMBER: ☐☐☐☐☐☐☐ CONTACT YEAR: 1 0 FORM CODE: D H S VERSION: A 07/24/96

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐ INITIALS: ☐☐

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281). Do not return the completed form to this address.

INSTRUCTIONS: This form is completed during the participant's visit. ID Number, Contact Year and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. On the paper form, if a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

DENTAL HISTORY FORM (DHSA screen 1 of 4)

1. Have you lost any of your natural teeth? ....Yes Y

   No N → Go to Item 5, Screen 1.

2. Did you lose any teeth because of:

	Yes	No	Unknown
a. Cavities	Y	N	U
b. Gum disease	Y	N	U
c. Accident	Y	N	U
d. Wisdom teeth pulled	Y	N	U
e. Extracted because of overcrowding	Y	N	U
f. Other	Y	N	U

3. Do you have false teeth? .... Yes Y

   No N → Go to Item 5, Screen 1.

4. How old were you when you got your first false teeth? ...... ☐☐ age

5. Have you ever noticed any of your teeth were loose? Do not include the times when you lost your baby teeth, had braces, or had a tooth hit and made loose............

   Yes Y

   No N

   Unknown U

DENTAL HISTORY FORM (DHSA screen 2 of 4)

6.a. Have you ever had a root canal done? .... Yes Y

Go to Item 7. — No N

Unknown U

b. Did you have a root canal done on more than one tooth? .... Yes Y

No N

Unknown U

7. Have you ever had dental implant? .... Yes Y

No N

8. How often did you brush your teeth yesterday?

Not at all .... A

One time .... B

Two times C

Three times or more .... D

9. How often did you use dental floss last week?

Not at all .... A

One time .... B

Two times C

Three times or more .... D

DENTAL HISTORY FORM (DHSA screen 3 of 4)

10. When was the last time you went to the dentist for any reason?

Within the last 6 months .... A

6 months to less than 1 year ago ... B

1 to less than 2 years ago C

2 to less than 3 years ago .... D

3 to less than 5 years ago .... E

5 or more years ago .... F

11. Would you say that you use a dentist on a regular basis, or do you only go when you are in discomfort or when you need something fixed?

Regular basis .... A

Only when in discomfort .... B

When something needs to be fixed C

Don't go to the dentist .... D

Other .... E

12. Do you have a dentist? .... Yes Y

No N

DENTAL HISTORY FORM (DHSA Screen 4 of 4)

13. Date of collection: [ ][ ]/[ ][ ]/[ ][ ]

14. Method of data collection: ...... Computer C
Paper P

15. Code Number of person completing this form: ...... [ ][ ][ ]