

## SELF-ADMINISTERED QUESTIONNAIRE

### 1. General

Review all sections of the take-home questionnaire for completeness. Check to see that all questions have been answered that should be answered. Do not probe further on questions that appear to be answered completely unless:

- (1) the question is answered "don't know"
- (2) there is an obvious contradiction between responses to factual questions. Most of the possible conflicts will be outlined below.
- (3) special instructions are given (below).

For "don't know" answers, check to see if the participant understood the question by reading the question out loud to the participant in interview format. If a question has not been answered that should have been, read the question to the participant. Handle the responses in the same manner as you would any interview question.

For all open ended questions or "other" responses, if the response fits into one of the given categories, code it as such.

As always, our goal is to clarify discrepancies with the participant while he is in clinic. Thus, as outlined below, certain questions should be cross-checked while the participant is in the clinic so any discrepancies can be clarified immediately.

Many of the questions are framed in a certain period of time. Please make sure that the participant understands these time frames.

The participant will complete the self-administered questionnaire in blue or black pen.

### 2. Missing data

Leave boxes and circles blank that are NOT APPLICABLE (for example, questions that should be skipped because of the response to a stem question).

For boxes, if a participant REFUSES or DOESN'T KNOW the answer to a question LEAVE IT BLANK.

### 3. Dental Visit SAQ

#### Q1. Name, Address, Phone & Number

The participant's name, address, and phone number that was given at the MrOS baseline visit should be inserted on the SAQ. This can easily be done using labels printed with the information. Participants should make any corrections, changes, or additions in the space provided. Review the address for accuracy and legibility. This address should be where the respondent can be located and mailed study materials for most of the year. **Be sure zip code is included.** For participants who do not have telephones, it is acceptable if they give us the number of someone who can get a message to him.

### **Q2. Regular Dentist or Dental Clinic**

The name, address and telephone number of the participant's regular dentist or dental clinic should be recorded. Please review for accuracy.

### **Q3. Frequency of Dental Care**

Only one answer should be marked for frequency of dental care.

### **Q4. Natural Teeth**

We are interested if the participant has **ANY** natural teeth left. If the participant has at least one natural tooth left, he should answer parts a.-e.

### **Q5. Health of Gums**

Participant should describe the health of their gums (no including their teeth)

### **Q6-14. Dental Health Conditions & Treatments**

These questions ask about dental health conditions and treatments. For Q6-8 and Q10-12. if the participant marks that he has had a particular condition or has used a particular treatment option, they should record the number of teeth pulled or the age that this first was diagnosed or occurred. Q9 asks if the participant's natural siblings (not step brothers and step sisters) have been told by a dentist that they have periodontitis. Q13-14 asks about other treatment options. Only one answer should be marked for each question.

### **Q15-18. Mouth Dryness**

These questions are related to the amount of saliva in the participant's mouth or mouth dryness during certain situations. We are interested in the participant's response for the PAST 12 MONTHS. Only one option should be marked for each question.

### **Q19-32. Quality of Life**

These questions are taken from the Oral Health Impact Profile-14. This scale was modified from the Oral Health Impact Profile-49 and measures people's perceptions of the impact of oral conditions with their well-being. Only one answer should be marked for each question, and the PAST 12 MONTH timeframe should be noted.

**Q33. Dental Health Events**

Parts a-h ask about how often dental health events occur. These questions will most easily be answered by participants that have natural teeth. If a participant has no natural teeth and cannot answer a given question because of this, they should mark 'I have no natural teeth'. For example, they will not be able to record how often they experience loose teeth. Please note the PAST 12 MONTH timeframe.

**Q34-35. Smoking**

These questions ask about current smoking status. If a participant reports that he currently smokes cigarettes or pipes/cigars, he should report how many cigarettes they smoke a *day* or how many pipes/cigars smoked per *week*. Use the chart below to convert packs a week to cigarettes a day.

## Smoking Habit Conversion

<u>Use per week</u>	<u>Cigarette use per day</u>
< ½ pack	1
½ pack	1
1 pack	2
1 ½ packs	4
2 packs	5
2 ½ packs	7
3 packs	8
3 ½ packs	10
4 packs	11
4 ½ packs	12
5 packs	14
1 carton	28
1 ½ cartons	42
2 cartons	56

**Q36. Alcohol**

This question asks about alcohol use in the PAST 12 MONTHS. If the participant reports that he had at least 12 alcoholic drinks of any kind in the past 12 months, then he should report how many drinks he consumed on average per *week*.