

WOMEN'S INTERAGENCY HIV STUDY

ORAL INTERVIEW

FORM OP2

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

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A2. WIHS STUDY VISIT #:

__ __

A3. FORM VERSION:

0 3 / 0 1 / 9 5
M D Y

A4. DATE OF INTERVIEW:

__ __ / __ __ / __ __
M D Y

A5. INTERVIEWER'S INITIALS:

__ __ __

INTRODUCTION TO PARTICIPANT:

Now, I am going to ask you some questions about your oral health and hygiene.

SECTION B: ORAL HEALTH AND HYGIENE

B1. (READ RESPONSE CATEGORIES)

In general, would you say your oral health is:

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

B2. (READ RESPONSE CATEGORIES)

During the past 4 weeks, has your oral health kept you from working, doing work around the house, going to school or taking care of children?

- All of the time 1
- Some of the time 2
- None of the time 3

B3. (READ RESPONSE CATEGORIES)

In general, how much oral pain have you had during the past 4 weeks:

(**PROBE:** Please answer as best you can based on what you consider to be oral pain.)

- None..... 1
- Very Mild..... 2
- Mild..... 3
- Moderate 4
- Severe..... 5
- Very Severe..... 6

B4. (READ RESPONSE CATEGORIES)

During the past 4 weeks, to what extent has your oral health interfered with your normal social activities with family, friends, neighbors, or groups:

- Not at all 1
- Slightly..... 2
- Moderately 3
- Quite a bit 4
- Extremely..... 5

B5. (DO NOT READ RESPONSE CATEGORIES)

Does your mouth feel dry when eating a meal?

(**PROBE:** In general, (REPEAT B5)...))

(**PROBE:** I just need a Yes or No response/answer)

(**PROBE:** Please answer as best you can, based on your own definition of a dry mouth.)

- YES 1
- NO..... 2
- DON'T KNOW <-8>

B6. (DO NOT READ RESPONSE CATEGORIES)

Do you need to sip liquids to aid in swallowing dry foods?

(**PROBE:** In general, (REPEAT B6)...))

(**PROBE:** I just need a Yes or No response).

- YES 1
- NO..... 2
- DON'T KNOW <-8>

B7. (DO NOT READ RESPONSE CATEGORIES)

Does the amount of saliva in your mouth seem to be too little, too much, or you don't notice it?

(**PROBE:** In general, (REPEAT B7)...))

(**PROBE:** Please give me your best estimate).

- TOO LITTLE..... 1
- TOO MUCH 2
- DON'T NOTICE 3

B8. **(READ RESPONSE CATEGORIES)**
How often do you usually brush your teeth?

- Don't brush..... 1
- Less than once a day 2
- Between one and three times a day..... 3
- Other 4

SPECIFY

B9. **(DO NOT READ RESPONSE CATEGORIES)**
Do you go to the dentist regularly to get your teeth checked?
(**PROBE:** Please answer as best you can based on what you consider to be regular.)
(**PROBE:** I just need a Yes or No response/answer)

- YES..... 1
- NO..... 2 **(B11)**
- DON'T KNOW <-8> **(B11)**

B10. **(READ RESPONSE CATEGORIES)**
How often do you usually go to the dentist to have your teeth checked?

- More than once a year..... 1
- Once a year 2
- Once every two years..... 3
- Less than once every two years 4

B11. **(DO NOT READ RESPONSE CATEGORIES)**
Do you usually use any of the following for oral hygiene:
Dental floss?

- YES..... 1
- NO..... 2 **(B12)**
- DON'T KNOW <-8> **(B12)**

a. **(READ RESPONSE CATEGORIES)** How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day) 2
- Less than weekly (less than once a week) 3

B12. **(DO NOT READ RESPONSE CATEGORIES)**
(Do you usually use) a special kind of toothbrush that fits between teeth, known as an Interproximal brush?

- YES..... 1
- NO..... 2 **(B13)**
- DON'T KNOW <-8> **(B13)**

a. **(READ RESPONSE CATEGORIES)** How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day) 2
- Less than weekly (less than once a week) 3

B13. **(DO NOT READ RESPONSE CATEGORIES)**

(Do you usually use an) Automatic or electric toothbrush?

- YES 1
- NO 2 **(B14)**
- DON'T KNOW <-8> **(B14)**

a. **(READ RESPONSE CATEGORIES)** How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day) 2
- Less than weekly (less than once a week) 3

B14. **(DO NOT READ RESPONSE CATEGORIES)**

(Do you usually use) Antibacterial prescription mouthwash?

- YES 1
- NO 2 **(B15)**
- DON'T KNOW <-8> **(B15)**

a. **(READ RESPONSE CATEGORIES)** How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day) 2
- Less than weekly (less than once a week) 3

B15. **(DO NOT READ RESPONSE CATEGORIES)**

(Do you usually use) Over-the-counter (non-prescription) mouthwash?

- YES 1
- NO 2 **(B16)**
- DON'T KNOW <-8> **(B16)**

a. Is it a fluoride rinse?

- YES 1
- NO 2
- DON'T KNOW <-8>

b. **(READ RESPONSE CATEGORIES)** How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day) 2
- Less than weekly (less than once a week) 3

B16. (DO NOT READ RESPONSE CATEGORIES)

(Do you usually use) Oral irrigation device?

- YES 1
- NO.....2 **(B17)**
- DON'T KNOW<-8> **(B17)**

a. **(READ RESPONSE CATEGORIES)** How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day)2
- Less than weekly (less than once a week) 3

B17. (DO NOT READ RESPONSE CATEGORIES)

(Do you usually use a) Rubber-tipped instrument to massage gums?

- YES 1
- NO.....2 **(B18)**
- DON'T KNOW<-8> **(B18)**

a. **(READ RESPONSE CATEGORIES)** How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day)2
- Less than weekly (less than once a week) 3

B18. (DO NOT READ RESPONSE CATEGORIES)

Is there anything else that you usually use for oral hygiene?

- YES 1
- NO.....2 **(END)**
- DON'T KNOW<-8> **(END)**

a. What do you use? _____
(SPECIFY)

b. **(READ RESPONSE CATEGORIES)** How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day)2
- Less than weekly (less than once a week) 3

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B19. (DO NOT READ RESPONSE CATEGORIES)

Is there anything else that you usually use for oral hygiene?

- YES 1
- NO..... 2 (END)
- DON'T KNOW<-8> (END)

a. What do you use? _____
(SPECIFY)

b. (READ RESPONSE CATEGORIES) How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day) 2
- Less than weekly (less than once a week) 3

B20. (DO NOT READ RESPONSE CATEGORIES)

Is there anything else that you usually use for oral hygiene?

- YES 1
- NO..... 2 (END)
- DON'T KNOW<-8> (END)

a. What do you use? _____
(SPECIFY)

b. (READ RESPONSE CATEGORIES) How often do you usually do this?

- Daily (at least once a day) 1
- Weekly (at least once a week, but not every day) 2
- Less than weekly (less than once a week) 3