

**WOMEN'S INTERAGENCY HIV STUDY  
ORAL INTERVIEW  
FORM OP2**

**GENERAL INFORMATION**

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

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WIHS STUDY VISIT NUMBER:

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FORM VERSION:

1 0 / 0 1 / 9 8  
M D Y

DATE OF INTERVIEW:

\_ \_ / \_ \_ / \_ \_  
M D Y

INTERVIEWER'S INITIALS:

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**INTRODUCTION TO PARTICIPANT:**

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

**SECTION B: ORAL HEALTH AND HYGIENE**

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

Does your mouth feel dry when eating a meal?

**(PROBE:** In general, (REPEAT 1)...) )

**(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

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

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

**(PROBE:** In general, (REPEAT 2)...) )

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

YES ..... 1

NO ..... 2

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

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

4. **(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 (6)

5. **(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

6. **(READ RESPONSE CATEGORIES)**  
 Have you had any trouble pronouncing any words because of problems with your teeth, mouth, or dentures?  
**(PROBE: Please answer as best you can from the choices listed. (REPEAT 6))**

Never..... 1  
 Hardly Ever..... 2  
 Occasionally..... 3  
 Fairly Often ..... 4  
 Very Often ..... 5

7. **(READ RESPONSE CATEGORIES)**  
 Have you ever felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures?

Never..... 1  
 Hardly Ever..... 2  
 Occasionally..... 3  
 Fairly Often ..... 4  
 Very Often ..... 5

8. **(READ RESPONSE CATEGORIES)**  
Have you had painful aching in your mouth?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

9. **(READ RESPONSE CATEGORIES)**  
Have you found it uncomfortable to eat any foods because of problems in with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

10. **(READ RESPONSE CATEGORIES)**  
Have you been self-conscious because of your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

11. **(READ RESPONSE CATEGORIES)**  
Have you felt tense because of problems with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

12. **(READ RESPONSE CATEGORIES)**

Has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

13. **(READ RESPONSE CATEGORIES)**

Have you had to interrupt meals because of problems with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

14. **(READ RESPONSE CATEGORIES)**

Have you found it difficult to relax because of problems with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

15. **(READ RESPONSE CATEGORIES)**

Have you been a bit embarrassed because of problems with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

16. **(READ RESPONSE CATEGORIES)**

Have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

17. **(READ RESPONSE CATEGORIES)**

Have you had difficulty doing your usual jobs because of problems with your teeth mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

18. **(READ RESPONSE CATEGORIES)**

Have you felt like life in general was less satisfying because of problems with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5

19. **(READ RESPONSE CATEGORIES)**

Have you been totally unable to function because of problems with your teeth, mouth or dentures?

- Never..... 1
- Hardly Ever..... 2
- Occasionally..... 3
- Fairly Often ..... 4
- Very Often ..... 5