

**WOMEN'S INTERAGENCY HIV STUDY
ORAL INTERVIEW
FORM OP02**

GENERAL INFORMATION

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

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WIHS STUDY VISIT NUMBER:

_ _ _

FORM VERSION:

$\frac{1}{M} \frac{0}{D} / \frac{0}{D} \frac{1}{Y} / \frac{0}{Y} \frac{3}{Y}$

DATE OF INTERVIEW:

_ _ / _ _ / _ _
M D Y

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

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

20. **(READ RESPONSE CATEGORIES)**

WIHS ID #

How often do you usually brush your teeth?

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

SPECIFY

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

Do you usually use dental floss?

- YES 1
- NO 2 **(22)**

a. **(READ RESPONSE CATEGORIES)**

How often do you do usually do this?

- Daily 1
- Weekly 2
- Less than weekly 3

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

Do you usually use an Antibacterial prescription mouthwash?

- YES 1
- NO 2 **(23)**

a. **(READ RESPONSE CATEGORIES)**

How often do you do usually do this?

- Daily 1
- Weekly 2
- Less than weekly 3

23. Approximately how many times altogether have you visited the dentist in the past year?

(NOT COUNTING YOUR WIHS STUDY VISITS)

RECORD THE NUMBER OF TIMES: _____

For each of the following dental procedures or treatment, Tell me after I read each one whether or not you received such a procedure or treatment in the past year.

24. **(DO NOT READ RESPONSE CATEGORIES)**
Have you had your teeth or mouth examined in the past year?

YES 1
NO 2 (25)

a. How many times? _____

25. **(DO NOT READ RESPONSE CATEGORIES)**
Have you had your teeth cleaned in the past year?

YES 1
NO 2 (26)

a. How many times? _____

26. **(DO NOT READ RESPONSE CATEGORIES)**
Have you had X-rays of your teeth in the past year?

YES 1
NO 2

27. **(DO NOT READ RESPONSE CATEGORIES)**
Have you had a gum treatment in the past year?

YES 1
NO 2 (28)

a. How many times? _____

28. **(DO NOT READ RESPONSE CATEGORIES)**
Have you had a tooth or teeth pulled in the past year?

YES 1
NO 2 (END)

a. Why?

Gum disease 1
Cavities 2
Gum disease and cavities 4

Other 3

SPECIFY