

MAIN STUDY - ROUND 4

COMMUNITY COMPONENT

DU. DENTAL UTILIZATION AND EVENTS

DU1. The next questions are about any medical care (you/SP) may have had between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION). (Now would be a good time to get out the calendar that we left at the last interview.)

First we'll talk about dental care.

[PRESS ENTER TO CONTINUE.]

DU1. Please look at this card. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]

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|--------------------|
| SHOW CARD DU |
|--------------------|

DUPROBE

YES..... 1 (DU2)
 NO..... 2 **BOX ER1**
 REFUSED -7 **BOX ER1**
 DON'T KNOW -8 **BOX ER1**

DU2. Who did (you/SP) see? [ENTER ONLY ONE DENTAL PROVIDER.]

PROVNAME
PROVSPEC

| | | | |
|------------|----|--|------------------|
| BOX DU1 | a. | SP HAS USED V.A. FACILITIES (HI36 = 1) | 1 (b) |
| | | SP HAS NOT USED V.A. (HI36 = 2 OR MISSING) | 2 BOX DU2 |
| | b. | "V.A. FLAG" SET FOR THIS PROVIDER | 1 BOX DU2 |
| | | "V.A. FLAG" NOT SET FOR THIS PROVIDER | 2 (DU3) |

DU3. Is (PROVIDER) associated with a facility of the Veterans Administration?

VAPLACE

YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

DENTAL UTILIZATION AND EVENTS (DU)

Household (Round 4 Main)

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|------------|----|---|
| BOX DU2 | a. | SP BELONGS TO AN HMO (HI24 = 1 FOR ANY PLAN 1 (b) |
| | | SP DOES NOT BELONG TO AN HMO (HI25 = 2 OR |
| | | MISSING FOR <u>ALL</u> PLANS) 2 (DU6) |
| | b. | "HMO FLAG" CODED YES FOR THIS PROVIDER 1 (DU6) |
| | | "HMO FLAG" CODED NO OR DON'T KNOW |
| | | FOR THIS PROVIDER 2 (DU5) |
| | | "HMO FLAG" NOT SET FOR THIS PROVIDER 3 (DU4) |

DU4. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

HMOASSOC YES 1 (DU6)
 NO 2 (DU5)
 REFUSED -7 (DU5)
 DON'T KNOW -8 (DU5)

DU5. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

DU6. When did (you/SP) see (PROVIDER NAMED IN DU2)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [ENTER ALL DATES.]

DU7. For (your/SP's) visit on (FIRST/NEXT VISIT DATE), what did (you/SP) have done?
 [CODE ALL THAT APPLY.]

DVXRAYS X-RAYS TAKEN 1
DVCLEAN CLEANING TEETH 2
DVEXAM EXAMINATION 3
DVFILLNG FILLINGS 4
DVEXTRAC EXTRACTIONS 5
DVRTCNAL ROOT CANALS 6
DVCROWN CROWNS 7
DVBRIDGE BRIDGES, DENTURES, PLATES, ETC. -- EITHER NEW
 ONES OR REPAIR WORK 8
DVORTHO ORTHODONTIA -- BITE ADJUSTMENT, BRACES,
 RETAINERS, ETC. 9
DVOTHER OTHER (SPECIFY) 91
EVNTQUES REFUSED -7 **BOX DU3A**
EVOSTEXT DON'T KNOW -8

DENTAL UTILIZATION AND EVENTS (DU)

Household (Round 4 Main)

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| BOX DU3 | IF DU7 CODED 1, REGARDLESS OF OTHER CODES SELECTED, GO TO BOX DU3A . IF 1 NOT CODED AT DU7, GO TO DU8. |
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DU8. Were X-rays taken on this visit?

XRAYS

YES 1

NO 2

REFUSED -7

DON'T KNOW..... -8

| | |
|-------------|---|
| BOX DU3A | IF THIS VISIT ADDED THROUGH DU1, GO TO DU9. IF THIS VISIT ADDED THROUGH UTS, CRTK/I, ST, OR NS, GO TO BOX DU4 . |
|-------------|---|

DU9. Were any medicines prescribed for (you/SP) when (you/he/she) went to (DENTAL PROVIDER) on (EVENT DATE)?

PRESMDCN

YES 1 (DU10)

NO 2 **BOX DU4**

REFUSED -7 **BOX DU4**

DON'T KNOW..... -8 **BOX DU4**

DU10. Were any of the prescriptions filled?

PRESFILL

YES 1 (DU11)

NO 2 **BOX DU4**

REFUSED -7 **BOX DU4**

DON'T KNOW..... -8 **BOX DU4**

DU11. Please tell me the names of these medicines.
[ENTER ALL MEDICINES.] [CHECK SPELLING.]

| | |
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| BOX DU4 | IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS DENTAL PROVIDER IS: 0 (GO TO BOX DU5(b)) 1-4 (RETURN TO DU7 FOR NEXT VISIT) 5 OR MORE REMAINING (GO TO DU12) |
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DENTAL UTILIZATION AND EVENTS (DU)

Household (Round 4 Main)

DU12. You told me that (you/SP) also visited (NAME OF DENTAL PROVIDER FROM DU2) on [READ DATES BELOW]. Were any of these visits made for the same reason as the one you've just told me about?

SAMEREAS

YES 1 (DU13)
 NO 2 (DU7 FOR NEXT VISIT)
 REFUSED -7 (DU7 FOR NEXT VISIT)
 DON'T KNOW -8 (DU7 FOR NEXT VISIT)

DU13. Which visits were for the same reason? What were the dates?

| | |
|------------|--|
| BOX DU5 | <p>a. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO DU7 FOR NEXT UNFLAGGED VISIT.</p> <p>b. IF THIS VISIT ADDED THROUGH DU1, GO TO DU14. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12. IF THIS VISIT ADDED THROUGH NS, GO TO BOX NS11.</p> |
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DU14. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other dental care visits to this or any other provider?

YES 1 (DU2)
 NO 2 **BOX ER1**
 REFUSED -7 **BOX ER1**
 DON'T KNOW -8 **BOX ER1**