Adult Dental Health Survey 1998

Data documentation
1. **Number of cases**

There are 6764 cases on the file, which are all adults in responding households from the survey. There were 6204 respondents to the interview (the other 560 adults only have demographic data). 5281 respondents had some natural teeth (dentate) and the other 923 respondents had lost all of their teeth (edentate). 3817 of the dentate respondents completed the dental examination.

2. **Serial number**

Each case has a unique serial number made up of 4 variables: AREA, ADDRESS, HHOLD, PERSNO

3. **Outcome codes**

The variable **INDOUT** shows the individual outcome for each case and has the following values:

1. Dentate adult - interview and examination completed
2. Dentate adult - interview only
3. Dentate adult - no interview (demographic details only)
4. Edentate adult - interview
5. Edentate adult - no interview (demographic details only)

4. **Weighting**

Any analysis should be run weighted. The data are weighted to compensate for the different probabilities of selection within the four countries of the UK and to reduce the risk of non-response bias.

There are two weights on the file:

**IWEIGHT** - should be used for analysing the interview data

**EWEIGHT** - should be used for analysing the examination data or a combination of interview and examination data.

The weights were computed only for those applicable cases - and therefore there are some cases where the weights are zero. **IWEIGHT** was computed if interview completed (**INDOUT** = 1, 2 and 4) and is zero for those adults with demographic details only (**INDOUT** = 3 and 5). **EWEIGHT** was computed only if the dental examination was completed (**INDOUT** = 1) and is zero for all other cases.

**NB:** Because of the sample design (oversampling in Scotland, Wales and Northern Ireland compared with England), the weighted sample sizes in Scotland, Wales and Northern Ireland are much smaller than unweighted sample. If you are running analysis for any of these countries separately remember that the unweighted sample sizes will be considerably larger than the weighted one. The unweighted sample sizes should be used when working out confidence intervals etc.
5. **Description of variables**

Annex 1 gives a list of all the variables on the file which contains:
- serial number
- demographic information
- main interview variables
- classifications questions
- interview derived variables
- classification derived variables
- outcome and weighting variables
- examination variables

6. **Interview data**

The details of the questions asked in the dental interview are attached (Annex 2) and can also be found in Appendix H in the Adult Dental Health Survey 1998 report.

7. **Examination data**

The examination variables are split into a number of different sections relating to the different parts of the examination:
- condition of coronal surfaces
- condition of roots
- toothwear
- spaces between teeth
- contacts between upper and lower teeth
- plaque
- periodontal (gum) examination
- examination of partial dentures

Within most section there are variables for each tooth (and for coronal surfaces - each individual surface on the tooth) and for the mouth as a whole, e.g. the number of teeth with a certain type of condition.

For each tooth variable the last three characters of the variable names refer to the tooth position:
UL - Upper Left, UR - Upper right, LL - Lower Left, LR - Lower right
1, 2 - incisors; 3 - canine; 4, 5 - Premolars; 6, 7, 8 - Molars

Details of the clinical criteria used in the dental examination are attached and can also be found in Appendix C of the Adult Dental Health Survey 1998 report (and are also attached).

For ease of data entry during the dental examination a combination of letters and numbers were used in most sections. These were then converted into purely numeric codes. Annex 3 shows how the clinical criteria map onto the codes as they appear in the data base for the different parts of the interview. Annex 3 also shows how the individual coronal surface codes were combined to get an overall condition for the tooth.

In the 1998 dental examination the criteria for assessing dental caries on the coronal surfaces were changed from those used in the previous surveys of adult dental health. In 1998, teeth with untreated visual caries were classified as decayed but in the 1988 survey and earlier they were recorded as sound and untreated. Restored teeth with recurrent visual caries were also treated as decayed in the 1998 classification whereas they were defined as
Adult Dental Health Survey 1998: Data documentation

teeth An fuller explanation of the changes can be found Sections 3.1.1 and 3.1.5 and full
definitions of the different tooth conditions used in the analysis can be found in Appendices A
and C in the Adult Dental Health Survey Report.

There were three main tooth conditions which were used in the analysis within the report:
sound and untreated, restored otherwise sound and decayed or unsound. There are two sets
of variables relating to these conditions. One is based on the 1988 criteria (NUMSUT88,
NUMROS88 and NUMDU88 respectively) which should be used when comparing 1988 data
with those from previous surveys. The other is based on the 1998 criteria (NUMSUT98,
NUMROS98 and NUMDU98 respectively). Annex 3 shows how each individual tooth type
was classified under both criteria.

There are some 'mouth' variables which are the same under both criteria (number of missing
teeth (NUMMISS), number of crowns (NUMCROWN) and number of unrestorable teeth
(NUMUNRST). The remainder of the variables are based on the 1998 criteria unless the last
two characters are '88', which are based on the 1988 criteria.

Annex 4 shows how the variables for the coronal tooth condition variables were combined to
get the counts of the different types of teeth in the mouth as a whole.
**Adult Dental Health Survey 1998: Data documentation**

**Annex 1: Variable list**

**Serial number**
- AREA (Area)
- ADDRESS (Address)
- HHOLD (Household)
- PERSNO Person number

**Demographic variables**
Available for all household members inc. non-responders
- SEX Sex
- AGE Age (for whole sample)
- MARSTAT Marital status (legal)
- LIVEWITH Whether living together as a couple
- HHLDR Whether owns or rents the accommodation
- DVMARDF De facto marital status
- NATURAL Has some natural teeth
- PERSPROX Personal or proxy interview
- PROXYNUM Person number of proxy respondent
- NATNUM Number of natural teeth

**Interview variables**
- DENTURE Have a denture
- FILLING Have any fillings
- NUMFILL Number of fillings
- RESPSC OHIP self-completion indicator
- PRACTICE First time used a computer
- WORDS OHIP - have had trouble pronouncing words
- TASTE OHIP - have felt sense of taste worsened
- ACHING OHIP - had painful aching in mouth
- FOODS OHIP - found it uncomfortable to eat any foods
- SELF OHIP - been self conscious
- TENSE OHIP - have felt tense
- DIET OHIP - had unsatisfactory diet
- MEALS OHIP - had to interrupt meals
- RELAX OHIP - found it difficult to relax
- EMBARASS OHIP - been embarrassed
- IRRITABL OHIP - have been irritable with others
- JOBS OHIP - have had difficulty doing usual jobs
- LESS OHIP - felt life in general less satisfying
- FUNCTIN OHIP - have been totally unable to function
- TREAT Need treatment if went to dentist tomorrow
- UPPER Denture in upper jaw
- UFULL Full or partial upper denture
- ULONG When got present upper denture
- UNHSPRIV NHS or private upper denture
- LOWER Denture in lower jaw
- LFULL Full or partial lower denture
- LLONG When got present lower denture
- LNHSPRIV NHS or private lower denture
- LWORN Worn lower denture in last 4 weeks
- UWORN Worn upper denture in last 4 weeks
- LNIGHT Usually keep lower denture in at night
- LDAY Wear lower denture all day
- LOUT Wear lower denture when going out
- LEAT Usually wear lower denture when eating
- LHOUSE Usually wear lower denture around the house
### Adult Dental Health Survey 1998: Data documentation

#### Annex 1: Variable list

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIGHT</td>
<td>Usually keep upper denture in at night</td>
</tr>
<tr>
<td>UDAY</td>
<td>Wear upper denture all day</td>
</tr>
<tr>
<td>UOUT</td>
<td>Wear upper denture when going out</td>
</tr>
<tr>
<td>UEAT</td>
<td>Usually wear upper denture when eating</td>
</tr>
<tr>
<td>UHOUSE</td>
<td>Usually wear upper denture around the house</td>
</tr>
<tr>
<td>SPTROUB</td>
<td>Have trouble speaking clearly with dentures</td>
</tr>
<tr>
<td>WSPTROU1-4</td>
<td>Kind of trouble speaking (multicode)</td>
</tr>
<tr>
<td>WSPTROUO</td>
<td>Other kinds of trouble</td>
</tr>
<tr>
<td>EATPROUB</td>
<td>Have trouble with dentures eating or drinking</td>
</tr>
<tr>
<td>WETROU1-4</td>
<td>Kinds of trouble eating or drinking (multicode)</td>
</tr>
<tr>
<td>WETROUO</td>
<td>Other kinds of trouble</td>
</tr>
<tr>
<td>PROBS</td>
<td>Have other problems with dentures</td>
</tr>
<tr>
<td>WWPROBS1-4</td>
<td>Other problems with dentures (multicode)</td>
</tr>
<tr>
<td>WWPROBS</td>
<td>Other problems</td>
</tr>
<tr>
<td>DVDPROB</td>
<td>Have problem with dentures</td>
</tr>
<tr>
<td>DENTIST</td>
<td>Planning to visit dentist about dentures</td>
</tr>
<tr>
<td>APPEAR</td>
<td>Satisfied with appearance of teeth/dentures</td>
</tr>
<tr>
<td>NSATI1-4</td>
<td>Reason not satisfied with teeth (multicode)</td>
</tr>
<tr>
<td>NNSATI</td>
<td>Other reasons</td>
</tr>
<tr>
<td>BACHE</td>
<td>Would have aching back tooth taken out or filled</td>
</tr>
<tr>
<td>FCROWN</td>
<td>Would have a front tooth taken out or crowned</td>
</tr>
<tr>
<td>BCROWN</td>
<td>Would have a back tooth taken out or crowned</td>
</tr>
<tr>
<td>BMISS</td>
<td>Several missing back teeth would have partial denture</td>
</tr>
<tr>
<td>CLEANER</td>
<td>How often are teeth cleaned</td>
</tr>
<tr>
<td>CLEANERO</td>
<td>How often are teeth cleaned</td>
</tr>
<tr>
<td>TIMDAY1-9</td>
<td>When are teeth cleaned (multicode)</td>
</tr>
<tr>
<td>TIMDAYO</td>
<td>Other times</td>
</tr>
<tr>
<td>TPASTE</td>
<td>Use other dental hygiene products</td>
</tr>
<tr>
<td>SPPASTE1-9</td>
<td>Other dental hygiene products used (multicode)</td>
</tr>
<tr>
<td>SPPASTE0</td>
<td>Other dental hygiene products used</td>
</tr>
<tr>
<td>BRUSH</td>
<td>Dentist demonstrated how to clean teeth</td>
</tr>
<tr>
<td>CARE</td>
<td>Dentist given gum care advice</td>
</tr>
<tr>
<td>WORK</td>
<td>Currently working</td>
</tr>
<tr>
<td>STUDY</td>
<td>Currently studying</td>
</tr>
<tr>
<td>TOFF</td>
<td>Usually take time off work to visit dentist</td>
</tr>
<tr>
<td>TIME</td>
<td>How much time usually taken off work</td>
</tr>
<tr>
<td>NEAR</td>
<td>Where is dental practice nearer</td>
</tr>
<tr>
<td>FAR</td>
<td>How far is dental practice</td>
</tr>
<tr>
<td>FARO</td>
<td>How far is dental practice</td>
</tr>
<tr>
<td>ALLSAME</td>
<td>Do all household members visit same practice</td>
</tr>
<tr>
<td>REGULAR</td>
<td>General dental attendance</td>
</tr>
<tr>
<td>ATTEND</td>
<td>Go to dentist more or less often than 5 years ago</td>
</tr>
<tr>
<td>MOFTEN1-4</td>
<td>Reasons for going more often (multicode)</td>
</tr>
<tr>
<td>MMOFTEN</td>
<td>Reasons for going more often</td>
</tr>
<tr>
<td>LOFTEN1-9</td>
<td>Reasons for going less often (multicode)</td>
</tr>
<tr>
<td>LLOFTEN</td>
<td>Reasons for going less often</td>
</tr>
<tr>
<td>DEFO01-11</td>
<td>Statements - definitely feel like that (multicode)</td>
</tr>
<tr>
<td>XTENT01-11</td>
<td>Statements - feel like that to some extent (multicode)</td>
</tr>
<tr>
<td>NOTFEE01-11</td>
<td>Statements - don't feel like that (multicode)</td>
</tr>
<tr>
<td>DKNOW01-11</td>
<td>Statements - don't know (multicode)</td>
</tr>
<tr>
<td>RANK1-8</td>
<td>Rank of statements 'definitely feel like that' (multicode)</td>
</tr>
<tr>
<td>DVDEFO</td>
<td>Number of statements 'definitely feel like that'</td>
</tr>
<tr>
<td>DVXTENT</td>
<td>Number of statements 'feel like that to some extent'</td>
</tr>
<tr>
<td>DVNFEEL</td>
<td>Number of statements 'not feel like that'</td>
</tr>
<tr>
<td>DVDKNOW</td>
<td>Number of statements - Don't Know</td>
</tr>
<tr>
<td>DVBARCHK</td>
<td>Check - total number of statements</td>
</tr>
<tr>
<td>LOSS</td>
<td>When lost last of natural teeth</td>
</tr>
</tbody>
</table>
### Annex 1: Variable list

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGELOSS</td>
<td>Age when last of natural teeth were lost</td>
</tr>
<tr>
<td>NUMLOSS</td>
<td>Number of last teeth lost</td>
</tr>
<tr>
<td>WHYLOSS1-3</td>
<td>Why last teeth lost (multicode)</td>
</tr>
<tr>
<td>WHYLOSS4-7</td>
<td>Other reasons last teeth lost (multicode)</td>
</tr>
<tr>
<td>WHYLOSOO</td>
<td>Other reasons last teeth</td>
</tr>
<tr>
<td>UPSET</td>
<td>Found losing last teeth upsetting</td>
</tr>
<tr>
<td>SUGGEST</td>
<td>Who suggested taking last teeth out</td>
</tr>
<tr>
<td>SUGGESTO</td>
<td>Others</td>
</tr>
<tr>
<td>REGULAR2</td>
<td>Dental attendance when had natural teeth</td>
</tr>
<tr>
<td>DENBEF</td>
<td>Had dentures when lost last teeth</td>
</tr>
<tr>
<td>AGEFALSE</td>
<td>Age when first had dentures</td>
</tr>
<tr>
<td>WHEREDEN</td>
<td>Had denture in upper jaw</td>
</tr>
<tr>
<td>LOWER2</td>
<td>Had denture in lower jaw</td>
</tr>
<tr>
<td>LFULL2</td>
<td>Full or partial lower denture</td>
</tr>
<tr>
<td>UFULL2</td>
<td>Full or partial upper denture</td>
</tr>
<tr>
<td>PRBS1-4</td>
<td>Dental problems before losing teeth (multicode)</td>
</tr>
<tr>
<td>PRBSO</td>
<td>Other dental problems before losing teeth</td>
</tr>
<tr>
<td>EXPECTLS</td>
<td>Expect to lose teeth at that age</td>
</tr>
<tr>
<td>EXPECTLO</td>
<td>Expect to lose teeth - other</td>
</tr>
<tr>
<td>USED</td>
<td>Length of time to get used to dentures</td>
</tr>
<tr>
<td>USED0</td>
<td>Length of time to get used to dentures</td>
</tr>
<tr>
<td>FOOD</td>
<td>Changed food eaten since got dentures</td>
</tr>
<tr>
<td>CANEAT</td>
<td>Food eaten now but not before getting dentures</td>
</tr>
<tr>
<td>CANEAT0</td>
<td>Types of food can eat now</td>
</tr>
<tr>
<td>CANTEAT</td>
<td>Food can’t eat now, but could before getting dentures</td>
</tr>
<tr>
<td>CANTEATO</td>
<td>Types of food can’t eat now</td>
</tr>
<tr>
<td>ADVICE1-4</td>
<td>Advice to other people (multicode)</td>
</tr>
<tr>
<td>ADVICEO</td>
<td>Other advice to people</td>
</tr>
<tr>
<td>XRAY</td>
<td>Had x-ray</td>
</tr>
<tr>
<td>EVERFIL</td>
<td>Ever had any fillings</td>
</tr>
<tr>
<td>INJGUM</td>
<td>Had injection in gum for filling</td>
</tr>
<tr>
<td>INJARM</td>
<td>Had injection in arm for filling</td>
</tr>
<tr>
<td>WISDOM</td>
<td>Had wisdom teeth removed</td>
</tr>
<tr>
<td>REMOVE</td>
<td>Where wisdom teeth removed</td>
</tr>
<tr>
<td>WHERE1-4</td>
<td>Position of wisdom teeth when removed (multicode)</td>
</tr>
<tr>
<td>EXTRACT</td>
<td>Had other teeth extracted</td>
</tr>
<tr>
<td>EXARM</td>
<td>Had injection in arm for extraction</td>
</tr>
<tr>
<td>EXGUM</td>
<td>Had injection in gum for extraction</td>
</tr>
<tr>
<td>EXGAS</td>
<td>Had gas for extraction</td>
</tr>
<tr>
<td>FLUORIDE</td>
<td>Had fluoride treatment or fissure sealants</td>
</tr>
<tr>
<td>BRACE</td>
<td>Had brace to straighten teeth</td>
</tr>
<tr>
<td>ABTREAT</td>
<td>Had abscess treated</td>
</tr>
<tr>
<td>NERVE</td>
<td>Had nerve removed</td>
</tr>
<tr>
<td>TCROWN</td>
<td>Had tooth crowned</td>
</tr>
<tr>
<td>BRIDGE</td>
<td>Had dental bridge</td>
</tr>
<tr>
<td>POLISH</td>
<td>Had scale and polish</td>
</tr>
<tr>
<td>HYGIENE</td>
<td>Had treatment from a dental hygienist</td>
</tr>
<tr>
<td>PART</td>
<td>Had a partial denture fitted</td>
</tr>
<tr>
<td>REP</td>
<td>Had a partial denture repaired</td>
</tr>
<tr>
<td>FREL</td>
<td>Had a full denture repaired</td>
</tr>
<tr>
<td>DENFIT</td>
<td>Had a denture fitted</td>
</tr>
<tr>
<td>DENREP</td>
<td>Had a denture repaired</td>
</tr>
<tr>
<td>HLPEAT</td>
<td>Reason for having first denture</td>
</tr>
<tr>
<td>PARTUP</td>
<td>Feelings about having partial denture</td>
</tr>
<tr>
<td>PARTFIVE</td>
<td>Likelihood of having partial dentures in next 5 yrs</td>
</tr>
<tr>
<td>FULLUP</td>
<td>Feelings about having full dentures</td>
</tr>
</tbody>
</table>
### Adult Dental Health Survey 1998: Data documentation

#### Annex 1: Variable list

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULLFIVE</td>
<td>Likelihood of having full dentures in next 5 yrs</td>
</tr>
<tr>
<td>KEEPALL</td>
<td>Whether will have dentures in future</td>
</tr>
<tr>
<td>OTHTREAT</td>
<td>Had other dental treatment</td>
</tr>
<tr>
<td>WOTHTR1</td>
<td>Other dental treatment 1</td>
</tr>
<tr>
<td>WOTHTR2</td>
<td>Other dental treatment 2</td>
</tr>
<tr>
<td>WOTHTR3</td>
<td>Other dental treatment 3</td>
</tr>
<tr>
<td>OTHTREA2</td>
<td>Other dental treatment</td>
</tr>
<tr>
<td>DENAGE</td>
<td>Age when first had a denture</td>
</tr>
<tr>
<td>DENFIRST</td>
<td>First denture in upper or lower jaw</td>
</tr>
<tr>
<td>NATLOSS</td>
<td>How many teeth lost since got first denture</td>
</tr>
<tr>
<td>YREG</td>
<td>Ever not had regular check-ups</td>
</tr>
<tr>
<td>WHYNO1-4</td>
<td>Reasons for not having regular check-ups (multicode)</td>
</tr>
<tr>
<td>WWHYNO</td>
<td>Reasons for not having regular check-ups</td>
</tr>
<tr>
<td>NREG</td>
<td>Ever had regular check-ups</td>
</tr>
<tr>
<td>WHYYES1-4</td>
<td>Reasons for having regular check-ups (multicode)</td>
</tr>
<tr>
<td>WWHYYES</td>
<td>Reasons for having regular check-ups</td>
</tr>
<tr>
<td>WHYNEV</td>
<td>Reasons for never having regular check-ups</td>
</tr>
<tr>
<td>NUMCHECK</td>
<td>Number of visits to dentist in last 5 yrs for check-up</td>
</tr>
<tr>
<td>NUMTROUB</td>
<td>Number of visits to dentist in last 5 yrs for trouble</td>
</tr>
<tr>
<td>YEARDEN</td>
<td>Visited dentist in the last 12 months</td>
</tr>
<tr>
<td>TREAT2</td>
<td>Whether in the middle of course of treatment</td>
</tr>
<tr>
<td>LASTDEN</td>
<td>Visited dentist in the last 5 months</td>
</tr>
<tr>
<td>HOWDEN</td>
<td>When last went to dentist</td>
</tr>
<tr>
<td>CHECKUP</td>
<td>Reason for going to dentist</td>
</tr>
<tr>
<td>CHECKUP1-4</td>
<td>Other reason for going to dentist (multicode)</td>
</tr>
<tr>
<td>DVISITS</td>
<td>Number of visits when last went to the dentist</td>
</tr>
<tr>
<td>CHEKUP</td>
<td>Had a check-up at last visit</td>
</tr>
<tr>
<td>TEETHOUT</td>
<td>Had teeth taken out at last visit</td>
</tr>
<tr>
<td>XRAYS</td>
<td>Had x-rays taken at last visit</td>
</tr>
<tr>
<td>IMPRESS</td>
<td>Had impressions taken at last visit</td>
</tr>
<tr>
<td>DENREPR</td>
<td>Had dentures repaired at last visit</td>
</tr>
<tr>
<td>TEETHFIL</td>
<td>Had teeth filled at last visit</td>
</tr>
<tr>
<td>CROWNFIT</td>
<td>Had crowns (re) fitted at last visit</td>
</tr>
<tr>
<td>ABCESS</td>
<td>Had treatment for an abcess at last visit</td>
</tr>
<tr>
<td>TEETHSCA</td>
<td>Had scale and polish at last visit</td>
</tr>
<tr>
<td>DENFITT</td>
<td>Had new dentures fitted at last visit</td>
</tr>
<tr>
<td>DENDONEO</td>
<td>Had other treatment at last visit</td>
</tr>
<tr>
<td>DENDONO1-3</td>
<td>Other treatments at last visit (multicode)</td>
</tr>
<tr>
<td>NHS</td>
<td>NHS or private treatment</td>
</tr>
<tr>
<td>NHSO</td>
<td>Other source of treatment</td>
</tr>
<tr>
<td>COST</td>
<td>Cost of treatment</td>
</tr>
<tr>
<td>INSTALL</td>
<td>Treatments paid by installments</td>
</tr>
<tr>
<td>CEXPECT</td>
<td>Whether costs were what were expected</td>
</tr>
<tr>
<td>CEXPECTO</td>
<td>Other expectations</td>
</tr>
<tr>
<td>FREE</td>
<td>Whether expect free treatment in next 4 weeks</td>
</tr>
<tr>
<td>FIRST</td>
<td>Whether first visit to dental practice</td>
</tr>
<tr>
<td>NUMMATEND</td>
<td>How long been going to same practice</td>
</tr>
<tr>
<td>HCHOOSE1-4</td>
<td>Reasons for choosing practice (multicode)</td>
</tr>
<tr>
<td>HCHOOSEO</td>
<td>Reasons for choosing practice</td>
</tr>
<tr>
<td>NEXT</td>
<td>Will visit same practice on next visit</td>
</tr>
<tr>
<td>WCHANGE1-4</td>
<td>Reasons for changing practice (multicode)</td>
</tr>
<tr>
<td>WWCHANGE</td>
<td>Reasons for changing practice</td>
</tr>
<tr>
<td>COMMENT</td>
<td>Have other comments on dental health/dentistry</td>
</tr>
<tr>
<td>COMMEN01-10</td>
<td>Comments on dental health/dentistry (multicode)</td>
</tr>
<tr>
<td>COMMNTOO</td>
<td>Comments on dental health/dentistry</td>
</tr>
</tbody>
</table>

**Classification questions**

29/09/00 13:05
Adult Dental Health Survey 1998: Data documentation
Annex 1: Variable list

WRKING     Did paid work in reference week
SCHEMEET   On a govt. scheme in ref. week
JBAWAY     Away from a job in ref. week
OWNBUS     Did unpaid work for own business in ref. week
RELBUS     Did unpaid work for a relative's business in ref. week
LOOKED     Looked for work in the last four weeks
STARTJ     Available to start work in next two weeks
YINACT     Main reason not looking for work
DVIL03A    ILO employment - 3 categories
DVIL04A    ILO employment - 4 categories
EVERWK     Ever had a paid job
DTJBL      Date when last left paid job
DVB12ML    Left job in last 12 months
STAT       Working as an employee or self-employed
MANAGE     Managerial status
EMPNO      Number of employees at workplace (empl.)
SOLO       SE - Working on own or has employees
SENO       SE - Number of employees
OEMPSTAT   Observed employment status
FTPTWK     Working full or part time
CAR        Household has car or van
LONGLIVE   Length of residence in area (within 50 miles)
ASKINC     Answered income questions
SRCINC1-9  Sources of income (multicode)
GROSS      Total income before tax
GROSS3     Tot income annual amt
SPINC      Has partner sep income
SGROSS     Par income before tax
SGROSS3    Par total annual amt
JNTINC     Tot income of both gross
GROSS5     Tot annual of both incomes
JWEEKGR    Gross joint weekly income
IFHSRC     Anyone else with source of income
HGROSS     Gross hhold income
HGROSS2    Gross annual hhold income
HWEEKGR    Gross household weekly income
EDATTN1    Has educational qualifications
EDATTN2    Has prof., vocational, work-related qualifications
EDATTN3    Highest qualification above or below degree level
EDYEARS    Age left continuous full-time education

Interview derived variables
OHIPFL     OHIP - functional limitation
OHIPI2     OHIP - Physical pain
OHIPI3     OHIP - Psychological discomfort
OHIPI4     OHIP - Physical disability
OHIPI5     OHIP - Psychological disability
OHIPI6     OHIP - Social disability
OHIPI7     OHIP - Handicap
OHIPI8     OHIP - Number of questions answered very often
OHIPI9     OHIP - Number of questions answered fairly often
OHIPIO    OHIP - Number of questions answered occasionally
OHIPI10    Total OHIP score
OHIPI11    Frequency of OHIP
OHIPI12    OHIP DV
DENTOPA    Always feel anxious about going
DENTOPB    Nervous of some kinds of treatment
### Adult Dental Health Survey 1998: Data documentation

#### Annex 1: Variable list

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTOPC</td>
<td>Don't see point in visiting the dentist unless need to</td>
</tr>
<tr>
<td>DENTOPD</td>
<td>Worst part of going to the dentist is waiting</td>
</tr>
<tr>
<td>DENTOPE</td>
<td>Like to be able to drop in at dentist without appointment</td>
</tr>
<tr>
<td>DENTOPF</td>
<td>Like to know more about what dentist is doing &amp; why</td>
</tr>
<tr>
<td>DENTOPG</td>
<td>Find NHS treatment expensive</td>
</tr>
<tr>
<td>DENTOPH</td>
<td>Like to be able to pay for treatment by instalments</td>
</tr>
<tr>
<td>DENTOPI</td>
<td>Like to be given an estimate without commitment</td>
</tr>
<tr>
<td>DENTOPJ</td>
<td>Costs less in long run if only go with trouble</td>
</tr>
<tr>
<td>DENTOPK</td>
<td>Don't want fancy treatment</td>
</tr>
<tr>
<td>TIMDENA</td>
<td>Time since last visit to dentist</td>
</tr>
<tr>
<td>TIMDENB</td>
<td>Time since last visit to dentist</td>
</tr>
<tr>
<td>TIMDENC</td>
<td>Time since last visit to dentist</td>
</tr>
<tr>
<td>TIMDEND</td>
<td>Time since last visit to dentist grouped to 20+ years ago</td>
</tr>
<tr>
<td>DENSTAT</td>
<td>Have natural and/or dentures</td>
</tr>
<tr>
<td>USEDEN A</td>
<td>partial denture provision</td>
</tr>
<tr>
<td>USEDEN B</td>
<td>partial denture provision</td>
</tr>
<tr>
<td>WORMU</td>
<td>Problems with upper denture</td>
</tr>
<tr>
<td>WORNL</td>
<td>Problems with lower denture</td>
</tr>
<tr>
<td>DENTPROB</td>
<td>Problems with dentures</td>
</tr>
<tr>
<td>DENATT</td>
<td>Past and current dental attendance</td>
</tr>
<tr>
<td>DENYE A</td>
<td>Visited dentist in the last 12 months</td>
</tr>
<tr>
<td>NEEDDENT</td>
<td>need dentures in future</td>
</tr>
<tr>
<td>FILLED</td>
<td>had fillings - all</td>
</tr>
<tr>
<td>FINJA</td>
<td>had injection (arm) for filling - all</td>
</tr>
<tr>
<td>FINJG</td>
<td>had injection (gum) for filling - all</td>
</tr>
<tr>
<td>EINJA</td>
<td>had injection (arm) for extraction - all</td>
</tr>
<tr>
<td>EINJG</td>
<td>had injection (gum) for extraction - all</td>
</tr>
<tr>
<td>EGAS</td>
<td>had gas for extraction - all</td>
</tr>
<tr>
<td>FILLEX T</td>
<td>treatment at last dental visit</td>
</tr>
<tr>
<td>TEETHGUM</td>
<td>given demo. on toothbrushing or advice on gum care</td>
</tr>
<tr>
<td>FIRSTATT</td>
<td>how long been visiting dentist</td>
</tr>
<tr>
<td>TIMEVIS</td>
<td>time taken off work to visit dentist</td>
</tr>
<tr>
<td>NEWORNOT</td>
<td>Whether was new patient at last dental practice visited or n</td>
</tr>
<tr>
<td>TIMEOFF</td>
<td>usual time off work to visit dentist</td>
</tr>
<tr>
<td>COSTS</td>
<td>costs of last treatment</td>
</tr>
<tr>
<td>PAYTREAT</td>
<td>paid for treatment costs</td>
</tr>
<tr>
<td>COSTSUM</td>
<td>costs of dental treatment</td>
</tr>
</tbody>
</table>

#### Classification derived variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKAGE</td>
<td>In employment (ILO def) - people of working age only</td>
</tr>
<tr>
<td>IEMPSTAT</td>
<td>imputed employment status</td>
</tr>
<tr>
<td>SEG</td>
<td>Socio-Economic Group</td>
</tr>
<tr>
<td>SC</td>
<td>Social Class</td>
</tr>
<tr>
<td>HOHSC</td>
<td>social class of HOH</td>
</tr>
<tr>
<td>SCGRP</td>
<td>Grouped social class - individual</td>
</tr>
<tr>
<td>HOHSCG</td>
<td>Grouped social class of HOH</td>
</tr>
<tr>
<td>MANUAL</td>
<td>social class</td>
</tr>
<tr>
<td>ECONACT</td>
<td>economic activity</td>
</tr>
<tr>
<td>ECONACTG</td>
<td>economic activity</td>
</tr>
<tr>
<td>HIQUAL1</td>
<td>highest qualification</td>
</tr>
<tr>
<td>HIQUAL2</td>
<td>highest qualification</td>
</tr>
<tr>
<td>HIQUAL3</td>
<td>qualifications</td>
</tr>
<tr>
<td>HHLDCAR</td>
<td>Household has car or van</td>
</tr>
<tr>
<td>WJNTINC</td>
<td>joint household income</td>
</tr>
<tr>
<td>JNTINCG</td>
<td>joint household income</td>
</tr>
<tr>
<td>WHLDINC</td>
<td>Weekly household income</td>
</tr>
<tr>
<td>HHLDINCG</td>
<td>weekly household income</td>
</tr>
</tbody>
</table>

29/09/00 13:05
DVHSIZE  Household size
NUMADULT  No. of adults in hhld
NUMCHILD  No. of children in hhld
NUMSSEX  No. of same-sex partners in hhld
NUMCPART  No. of co-habiting partners in hhld
NUMMPART  No. of married partners in hhld
NUMNAT  No. of adults with natural teeth
NUMNONAT  No. of adults with no natural teeth
HOHNUM  Person number of HOH
HOHPRTNR  Person number of HOH's partner/spouse
AGEGRP1  10 yr age bands (upto 74)
AGEGRP2  10 yr age bands (upto 64)
AGEGRP3  10 yr age bands (upto 54)
AGEGRP4  5yr age bands (upto 79)
AGEGRP5  20 yr age bands (upto 54)
AGE88  Age in 1988
AGEGRP88  Age in 1988 (grouped)
COUNTRY  Country
EWFILTER  Filter for England and Wales
ADHREG  ADH regions
DEPCAT  DEPCAT grouping (Scotland only)
QJARMAN  Jarman quintile (England only)
PAIR  Variable for sampling errors
PSU  Variable for sampling errors

Outcome and weighting variables
HOUT  Household outcome
EXOUT  Exam outcomes
INDOUT  Individual outcomes
IWEIGHT  Interview weight
EXWT  Examination weighting category
EXFACTOR  Multiplying factor for exam weight
EWEIGHT  Examination weight

Examination variables
CONSENT  Signed consent form
CLEANT  Cleaned teeth before examination
BOTHAR  Teeth in both arches
UPPAR  Teeth in upper arch only
BOTAR  Teeth in bottom arch only
ARCHES  arches with natural teeth
OKAY  Clear medical check for perio exam

Coronal surfaces (tooth variables)
For each tooth variable the last three characters of the variable names refer to position of tooth:
UL - Upper Left, UR - Upper right, LL - Lower Left, LR - Lower right
1, 2 - incisors; 3 - canine; 4, 5 - Premolars; 6, 7, 8 - Molars
PLUL1 etc  Plaque
DLUL1 etc  (Distal) surface code
OIUL1 etc  (Occlusal/Incisal) surface code
MUL1 etc  (Mesial) surface code
BUL1 etc  (Buccal) surface code
PUL1 etc  (Palatal) surface code
TCONDUL1 etc  Tooth condition (coronal surfaces)

Coronal surfaces (variables for whole mouth)
### Annex 1: Variable list

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMMISS</td>
<td>no. of missing teeth</td>
</tr>
<tr>
<td>NUMTOOTH</td>
<td>no. of teeth</td>
</tr>
<tr>
<td>NUMSUT88</td>
<td>no. of sound &amp; untreated teeth (88)</td>
</tr>
<tr>
<td>NUMROS88</td>
<td>no. of restored otherwise sound teeth (88 def.)</td>
</tr>
<tr>
<td>NUMDU88</td>
<td>no. of decayed or unsound teeth (88 def.)</td>
</tr>
<tr>
<td>NUMSUT98</td>
<td>no. of sound &amp; untreated teeth (98)</td>
</tr>
<tr>
<td>NUMROS98</td>
<td>no. of restored otherwise sound teeth (98 def.)</td>
</tr>
<tr>
<td>NUMDU98</td>
<td>no. of decayed or unsound teeth (98 def.)</td>
</tr>
<tr>
<td>NUMREST</td>
<td>total no. of restored teeth</td>
</tr>
<tr>
<td>NUMIL</td>
<td>total no. of filled teeth</td>
</tr>
<tr>
<td>NUMAMF</td>
<td>total no. of teeth filled with amalgam</td>
</tr>
<tr>
<td>NUMNAF</td>
<td>no. of teeth with non-amalgam fillings</td>
</tr>
<tr>
<td>NUMSEAL</td>
<td>no. of teeth with sealants</td>
</tr>
<tr>
<td>NUMSHIM</td>
<td>no. of teeth with shims/veneers</td>
</tr>
<tr>
<td>NUMSF98</td>
<td>total no. of teeth with sound fillings (98)</td>
</tr>
<tr>
<td>NUMSF98</td>
<td>no. of teeth with sound fillings + other decay (98)</td>
</tr>
<tr>
<td>NUMFD98</td>
<td>total no. of teeth with fractured fillings (98)</td>
</tr>
<tr>
<td>NUMFD98</td>
<td>no. of teeth with fractured fillings + decay (98)</td>
</tr>
<tr>
<td>NUMDFS98</td>
<td>no. of teeth with fractured fillings + no other decay (98)</td>
</tr>
<tr>
<td>NUMDF98</td>
<td>total no. of teeth with decayed fillings (98)</td>
</tr>
<tr>
<td>NUMDFS98</td>
<td>no. of teeth with decayed fillings + decay (98)</td>
</tr>
<tr>
<td>NUMFND98</td>
<td>no. of filled not decayed teeth (98)</td>
</tr>
<tr>
<td>NUMDEC98</td>
<td>total no. of teeth with primary decay (98)</td>
</tr>
<tr>
<td>NUMDNR88</td>
<td>no. of teeth with decay with no other fillings/s/v (98)</td>
</tr>
<tr>
<td>NUMDWR98</td>
<td>no. of teeth with decay and other fillings/s/v (98)</td>
</tr>
<tr>
<td>NUMNRSF</td>
<td>no. of unrestorable teeth</td>
</tr>
<tr>
<td>NUMCAV</td>
<td>total no. of teeth with cavitated caries</td>
</tr>
<tr>
<td>NUMVIS</td>
<td>total no. of teeth with visual caries</td>
</tr>
<tr>
<td>NUMPRIM</td>
<td>total number of teeth with primary decay (98)</td>
</tr>
<tr>
<td>NUMPCAV</td>
<td>number of teeth with primary cavitated caries</td>
</tr>
<tr>
<td>NUMPRVIS</td>
<td>number of teeth with primary visual caries</td>
</tr>
<tr>
<td>NUMTREC</td>
<td>total number of teeth with recurrent caries (98)</td>
</tr>
<tr>
<td>NUMRCAV</td>
<td>number of teeth with recurrent cavitated caries</td>
</tr>
<tr>
<td>NUMRVIS</td>
<td>number of teeth with recurrent visual caries</td>
</tr>
<tr>
<td>NUMPARE</td>
<td>number of teeth with primary &amp; recurrent caries</td>
</tr>
<tr>
<td>NUMUSF88</td>
<td>no. of teeth with unsound fillings (88)</td>
</tr>
<tr>
<td>NUMFD88</td>
<td>no. of filled &amp; decayed teeth (88)</td>
</tr>
<tr>
<td>NUMDNT88</td>
<td>no. of decayed teeth with no treatment (88)</td>
</tr>
<tr>
<td>NUMCROWN</td>
<td>Number of crowns</td>
</tr>
<tr>
<td>UNSCORE</td>
<td>Number of unscorable teeth</td>
</tr>
</tbody>
</table>

### Coronal surfaces (mouth variables - grouped answers categories)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRPMISS1</td>
<td>no. of missing teeth</td>
</tr>
<tr>
<td>GRPMISS2</td>
<td>no. of missing teeth</td>
</tr>
<tr>
<td>GRPSUT88</td>
<td>no. of sound, untreated teeth - 88</td>
</tr>
<tr>
<td>GRPROS88</td>
<td>no. of restored otherwise sound teeth (88 def.)</td>
</tr>
<tr>
<td>GRPDU88</td>
<td>no. of decayed or unsound teeth (88 def.)</td>
</tr>
<tr>
<td>GRPSUT98</td>
<td>no. of sound, untreated teeth - 98</td>
</tr>
<tr>
<td>GRPROS98</td>
<td>no. of restored otherwise sound teeth (98 def.)</td>
</tr>
<tr>
<td>GRPDU98</td>
<td>no. of decayed or unsound teeth (98 def.)</td>
</tr>
<tr>
<td>GRPCROWN</td>
<td>No. of crowns - grouped</td>
</tr>
</tbody>
</table>

### Coronal surfaces (mouth variables - dichotomous)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HASTOOTH</td>
<td>has 21 or more natural teeth</td>
</tr>
<tr>
<td>HASSUT88</td>
<td>has 18 or more sound, untreated teeth - 88</td>
</tr>
</tbody>
</table>
HASROS88 has 12 or more restored otherwise sound teeth (88 def.)
HASDU88 has 1 or more decayed or unsound teeth (88 def.)
HASSUT98 has 18 or more sound, untreated teeth - 98
HASROS98 has 12 or more restored otherwise sound teeth (98 def.)
HASD98 has 1 or more decayed or unsound teeth (98 def.)
HASTDEC Has some decayed teeth (98)
HASTPRIM Has some teeth with primary decay (98)
HASPCAV Has some teeth with primary cavitated caries
HASPVIS Has some teeth with primary visual caries
HASTREC Has some teeth with recurrent caries (98)
HASRCAV Has some teeth with recurrent cav. caries
HASRVIS Has some teeth with recurrent vis. caries
HASPRRE Has some teeth with both primary & recurrent caries
HASUNRST Has some unrestorable teeth

Coronal surfaces (counts of surfaces)
NUMSPAM number of surfaces filled in post. teeth - amalgam
NUMSALL number of filled surfaces in post. teeth - all
NUMSPOF number of surfaces filled in post. teeth - other
NUMDEC number of decayed roots
GRPSALL number of filled surfaces - all
GRPSAMA number of surfaces filled - amalgam
GRPSAMS number of sound surfaces - amalgam (1988 criteria)
GRPSOFA number of surfaces filled - other
GRPSOFS number of sound surfaces - other (1988 criteria)

Condition of roots surfaces
ROOTUL1 etc Condition of individual root
NUMRS number of sound roots
NUMRE number of exposed roots
NUMRW number of worn roots
NUMRD total no. of decayed or unsound roots
NUMRF number of filled roots (no other decay)
NUMRU number of unscored roots
NUMRFILL total no. of filled roots
NUMREWFD total no. of exposed, worn, filled & decayed roots
NUMRURS number of unrestorable roots
NUMRPD number of roots with active decay
NUMRAD number of roots with arrested decay
NUMRFD number of filled roots with recurrent decay
GRPREWFD total no. of exposed, worn, filled & decayed roots
GRPRDEC number of decayed and unsound roots
NUMRSTCR number of coronal and root restorations
GRPRSTCR number of coronal and root restorations

Toothwear
UR3-UL3, LR3-LL3 only
WEARBUR3 etc Tooth wear on buccal surface
WEARIUR3 etc Tooth wear on incisal surface
WEARLUR3 etc Tooth wear on lingual surface
WEARUR3 etc Tooth wear
NUMWEAR no. of anterior teeth with wear
NUMMOD no. of anterior teeth with moderate wear
NUMSEV no. of anterior teeth with severe wear
NUMMDSV no. of anterior teeth with moderate or severe wear
NUMFR no. of fractured anterior teeth
Annex 1: Variable list

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HASWEAR</td>
<td>has anterior teeth with wear</td>
</tr>
<tr>
<td>HASMOD</td>
<td>has anterior teeth with moderate wear</td>
</tr>
<tr>
<td>HASSEV</td>
<td>has anterior teeth with severe wear</td>
</tr>
<tr>
<td>HASMDSV</td>
<td>has anterior teeth with moderate or severe wear</td>
</tr>
<tr>
<td>HASFRACT</td>
<td>has fractured anterior teeth</td>
</tr>
<tr>
<td>CRTWRUR3etc</td>
<td>coronal and root wear on individual teeth</td>
</tr>
<tr>
<td>URI-UL5, LR5-LL5</td>
<td>Variables refer to where teeth should be (therefore may not correspond with whether teeth are present or not)</td>
</tr>
<tr>
<td>SPACEUR1etc</td>
<td>Spaces</td>
</tr>
<tr>
<td>NUMUSP</td>
<td>number of upper anterior/premolar spaces</td>
</tr>
<tr>
<td>NUMUSPU</td>
<td>number of unfilled upper spaces</td>
</tr>
<tr>
<td>NUMUSPD</td>
<td>number of upper spaces filled with denture</td>
</tr>
<tr>
<td>NUMUSPB</td>
<td>number of upper spaces filled with bridge</td>
</tr>
<tr>
<td>NUMLSP</td>
<td>number of lower anterior/premolar spaces</td>
</tr>
<tr>
<td>NUMLSPU</td>
<td>number of unfilled lower spaces</td>
</tr>
<tr>
<td>NUMLSPD</td>
<td>number of lower spaces filled with denture</td>
</tr>
<tr>
<td>NUMLSPB</td>
<td>number of lower spaces filled with bridge</td>
</tr>
<tr>
<td>HASUSP</td>
<td>has upper anterior/premolar spaces</td>
</tr>
<tr>
<td>HASUSPU</td>
<td>has unfilled upper spaces</td>
</tr>
<tr>
<td>HASUSPD</td>
<td>has upper spaces filled with denture</td>
</tr>
<tr>
<td>HASUSPB</td>
<td>has upper spaces filled with bridge</td>
</tr>
<tr>
<td>HASLSP</td>
<td>has lower anterior/premolar spaces</td>
</tr>
<tr>
<td>HASLSPU</td>
<td>has unfilled lower spaces</td>
</tr>
<tr>
<td>HASLSPD</td>
<td>has lower spaces filled with denture</td>
</tr>
<tr>
<td>HASLSPB</td>
<td>has lower spaces filled with bridge</td>
</tr>
<tr>
<td>CONTLR1</td>
<td>Contact - right side</td>
</tr>
<tr>
<td>CONTLR2</td>
<td>Contact - right side</td>
</tr>
<tr>
<td>CONTLR3</td>
<td>Contact - right side</td>
</tr>
<tr>
<td>CONTLR4</td>
<td>Contact - right side</td>
</tr>
<tr>
<td>CONTLR5</td>
<td>Contact - right side</td>
</tr>
<tr>
<td>CONTLR6</td>
<td>Contact - right side</td>
</tr>
<tr>
<td>CONTLR7</td>
<td>Contact - right side</td>
</tr>
<tr>
<td>CONTLR8</td>
<td>Contact - right side</td>
</tr>
<tr>
<td>CONTLL1</td>
<td>Contact - left side</td>
</tr>
<tr>
<td>CONTLL2</td>
<td>Contact - left side</td>
</tr>
<tr>
<td>CONTLL3</td>
<td>Contact - left side</td>
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<tr>
<td>CONTLL4</td>
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<tr>
<td>CONTLL5</td>
<td>Contact - left side</td>
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<tr>
<td>CONTLL6</td>
<td>Contact - left side</td>
</tr>
<tr>
<td>CONTLL7</td>
<td>Contact - left side</td>
</tr>
<tr>
<td>CONTLL8</td>
<td>Contact - left side</td>
</tr>
<tr>
<td>ANTOC</td>
<td>Number of anterior contacts</td>
</tr>
<tr>
<td>PLAQUE</td>
<td>Visible plaque present</td>
</tr>
<tr>
<td>NUMPLQ</td>
<td>no. of teeth with visible plaque</td>
</tr>
<tr>
<td>NUMNOPLQ</td>
<td>no. of teeth without visible plaque</td>
</tr>
<tr>
<td>PERIO</td>
<td>Took part in periodontal examination</td>
</tr>
</tbody>
</table>
Periodontal condition of individual teeth

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBDPUL1 etc</td>
<td>Distal pocket depth</td>
</tr>
<tr>
<td>DATTUL1 etc</td>
<td>Distal loss of attachment</td>
</tr>
<tr>
<td>MBDPUL1 etc</td>
<td>Mesial pocket depth</td>
</tr>
<tr>
<td>MATTUL1 etc</td>
<td>Mesial loss of attachment</td>
</tr>
<tr>
<td>CALCUL1 etc</td>
<td>Calculus</td>
</tr>
<tr>
<td>PCDUL1 etc</td>
<td>Overall pocket depth</td>
</tr>
<tr>
<td>LOAUL1 etc</td>
<td>Overall loss of attachment</td>
</tr>
</tbody>
</table>

Periodontal condition (mouth variables)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALC</td>
<td>Calculus present</td>
</tr>
<tr>
<td>NUMCAL</td>
<td>no. of teeth with calculus</td>
</tr>
<tr>
<td>NUMNOCAL</td>
<td>no. of teeth without calculus</td>
</tr>
<tr>
<td>NUMCLCU</td>
<td>no. of teeth calculus unscorable</td>
</tr>
<tr>
<td>NUMPCDA</td>
<td>number of teeth with no pocketing above 3.5mm</td>
</tr>
<tr>
<td>NUMPCDB</td>
<td>number of teeth with pocketing btwn 4-5.5mm</td>
</tr>
<tr>
<td>NUMPCDC</td>
<td>number of teeth with pocketing btwn 6-8.5mm</td>
</tr>
<tr>
<td>NUMPCDD</td>
<td>number of teeth with pocketing 9 mm or greater</td>
</tr>
<tr>
<td>NUMPCDE</td>
<td>number of teeth with pocketing 4mm or greater</td>
</tr>
<tr>
<td>NUMPCDF</td>
<td>number of teeth with pocketing 6mm or greater</td>
</tr>
<tr>
<td>NUMLOAA</td>
<td>number of teeth with no LOA above 3.5mm</td>
</tr>
<tr>
<td>NUMLOAB</td>
<td>number of teeth with LOA btwn 4-5.5mm</td>
</tr>
<tr>
<td>NUMLOAC</td>
<td>number of teeth with LOA btwn 6-8.5mm</td>
</tr>
<tr>
<td>NUMLOAD</td>
<td>number of teeth with LOA 9 mm or greater</td>
</tr>
<tr>
<td>NUMLOAE</td>
<td>number of teeth with LOA 4mm or greater</td>
</tr>
<tr>
<td>NUMLOAF</td>
<td>number of teeth with LOA 6mm or greater</td>
</tr>
<tr>
<td>PCDALL</td>
<td>Pocket depth - whole mouth</td>
</tr>
<tr>
<td>PCD4</td>
<td>Any pocketing 4mm or deeper</td>
</tr>
<tr>
<td>PCD6</td>
<td>Any pocketing 6mm or deeper</td>
</tr>
<tr>
<td>LOAALL</td>
<td>Loss of attachment - whole mouth</td>
</tr>
<tr>
<td>LOA4</td>
<td>Any LOA 4mm or deeper</td>
</tr>
<tr>
<td>LOA6</td>
<td>Any LOA 6mm or deeper</td>
</tr>
</tbody>
</table>

Periodontal condition - sextants

The mouth is split into 6 sections (sextants):
- Upper Left (UL) - UL8-UL4
- Upper Central (UC) - UL3-UR3
- Upper Right (UR) - UR4-UR8
- Lower Left (LL) - LL6-UL4
- Lower Central (LC) - LL3-LR3
- Lower Right (LR) - LR4-LR8

For each sextant:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMSXUL etc</td>
<td>number of teeth in sextant</td>
</tr>
<tr>
<td>ULSEXA etc</td>
<td>UL sextant - no pocketing or LOA above 3.5mm</td>
</tr>
<tr>
<td>ULSEXB etc</td>
<td>UL sextant - LOA 4mm or greater</td>
</tr>
<tr>
<td>ULSEXC etc</td>
<td>UL sextant - LOA 6mm or greater</td>
</tr>
<tr>
<td>ULSEXD etc</td>
<td>UL sextant - pocketing 4mm or greater</td>
</tr>
<tr>
<td>ULSEXE etc</td>
<td>UL sextant - pocketing 6mm or greater</td>
</tr>
<tr>
<td>CALC SXUL etc</td>
<td>number of teeth with calculus in sextant</td>
</tr>
</tbody>
</table>

For mouth:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMSEXA</td>
<td>no. of sextants with no pocketing or LOA above 3.5mm</td>
</tr>
<tr>
<td>NUMSEXB</td>
<td>no. of sextants with LOA of 4mm or greater</td>
</tr>
<tr>
<td>NUMSEXC</td>
<td>no. of sextants with LOA of 6mm or greater</td>
</tr>
<tr>
<td>NUMSEXD</td>
<td>no. of sextants with pocketing of 4mm or greater</td>
</tr>
<tr>
<td>NUMSEXE</td>
<td>no. of sextants with pocketing of 6mm or greater</td>
</tr>
<tr>
<td>NUMSEXF</td>
<td>no. of missing sextants</td>
</tr>
</tbody>
</table>

Examination of partial dentures
<table>
<thead>
<tr>
<th>WEARDENT</th>
<th>Wear dentures</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHERE</td>
<td>Upper or lower dentures</td>
</tr>
<tr>
<td>UTYPE</td>
<td>Type of upper denture</td>
</tr>
<tr>
<td>UDENMAT</td>
<td>Material of upper denture base</td>
</tr>
<tr>
<td>UDENSUP</td>
<td>Upper denture support</td>
</tr>
<tr>
<td>LTYPE</td>
<td>Type of lower denture</td>
</tr>
<tr>
<td>LDENMAT</td>
<td>Material of lower denture base</td>
</tr>
<tr>
<td>LDENSUP</td>
<td>Lower denture support</td>
</tr>
<tr>
<td>LDENSTAT</td>
<td>Status of lower denture</td>
</tr>
</tbody>
</table>
Sex
(1) Male
(2) Female

Birth
What is your date of birth?
FOR DAY NOT GIVEN...ENTER 15 FOR DAY
FOR MONTH NOT GIVEN...ENTER 6 FOR MONTH

Ask if: (Birth = DON'T KNOW) OR (Birth = REFUSAL)

AgeIf
What was your age last birthday?
98 or more = CODE 97
0..97

Age
Age for whole sample, from Birth and AgeIf
0..120

Ask if: Age >= 16

MarStat
ASK OR RECORD CODE FIRST THAT APPLIES
Are you
(1) single, that is, never married
(2) married and living with your husband/wife
(3) married and separated from your husband/wife
(4) divorced
(5) or widowed?
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

**LiveWith**

May I just check, are you living with someone in the household as a couple?

1. Yes
2. No
3. SPONTANEOUS ONLY - same sex couple

**Hhldr**

In whose name is the accommodation owned or rented?

1. This person alone
3. This person jointly
5. NOT owner/renter

**Natural**

(May I just check) Have you still got some of your natural teeth or have you lost them all?

1. Got some
2. Lost them all

**DVMarDF**

De facto marital status

1. Married
2. Cohabiting
3. Single
4. Widowed
5. Divorced
6. Separated
7. Same sex couple
HoHnum
ENTER PERSON NUMBER OF HOH.
1..10

Ask if: HoHnum = RESPONSE
AND: (QTHComp.QHComp[HoHnum].MarStat = MarrLiv) OR (QTHComp.QHComp[HoHnum].LiveWith = Yes)  {HOH is married or cohabiting}

HoHprtnr
THE HoH IS (DMNAMES[HoHnum])
ENTER THE PERSON NUMBER OF DMNAMES[HoHnum]'s SPOUSE/PARTNER
NO SPOUSE/PARTNER = 11
1..11
ISwitch
THIS IS WHERE YOU START RECORDING ANSWERS FOR INDIVIDUALS. DO YOU WANT TO RECORD ANSWERS FOR NOW OR LATER?

(1) Yes, now
(2) Later
(3) or is there no interview with this person?

Ask if: ISwitch = YesNow

PersProx
INTERVIEWER: IS THE INTERVIEW ABOUT BEING GIVEN:

(1) In person
(2) or by someone else?

Ask if: PersProx = ByProxy

ProxyNum
ENTER PERSON NUMBER OF PERSON GIVING THE INFORMATION

1..10
NatNum
Adults can have up to 32 natural teeth but over time some people lose some of them.

How many natural teeth have you got, is it...
RUNNING PROMPT

(1) fewer than 10
(2) between 10 and 19
(3) or do you have 20 or more natural teeth?

Denture
Do you have (require) a denture, even if you don't wear it?

(1) Yes
(2) No

Filling
Do you have any fillings?

(1) Yes
(2) No

ASK IF: Filling = Yes

NumFill
How many filled teeth have you got (now) is it...
RUNNING PROMPT

(1) fewer than 10
(2) between 10 and 19
(3) or do you have 20 or more fillings?
RespSC

Just for the next few questions, if you are willing, I would like you to take the computer and put in your answers by yourself. The computer will show you how to tell it what your answers are. I can also help if necessary.

CODE HOW SELF-COMPLETION QUESTIONS ARE ANSWERED, COMING BACK HERE AND RECODING IF NECESSARY

(1) Self-completion accepted and completed
(2) Self-completion started, but interviewer was asked to take over
(3) All questions completed by interviewer
(4) All self-completion questions refused

Ask if: RespSC = SCAccept

Practice

This is the first time I have used a computer.

(1) Yes
(2) No
(3) Don't want to answer

Ask if: (RespSC = SCAccept) OR (RespSC = SCstart) OR (RespSC = SChelp)

Words

In the last 12 months, that is, since {DATE} ...

have you had trouble PRONOUNCING ANY WORDS because of problems with your teeth, mouth or dentures?

(1) ....never
(2) ....hardly ever
(3) ....occasionally
(4) ....fairly often
(5) ....very often

Ask if: (RespSC = SCAccept) OR (RespSC = SCstart) OR (RespSC = SChelp)

Taste

In the last 12 months, that is, since {DATE} ...

have you felt that your SENSE OF TASTE has worsened because of problems with your teeth, mouth or dentures?

(1) ....never
(2) ....hardly ever
(3) ....occasionally
(4) ....fairly often
(5) ....very often
ASK IF: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Aching
In the last 12 months, that is, since \( \text{DATE} \) ...

have you had PAINFUL ACHING in your mouth?

1. never
2. hardly ever
3. occasionally
4. fairly often
5. very often

ASK IF: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Foods
In the last 12 months, that is, since \( \text{DATE} \) ...

have you found it UNCOMFORTABLE TO EAT ANY FOODS because of problems with your teeth, mouth or dentures?

1. never
2. hardly ever
3. occasionally
4. fairly often
5. very often

ASK IF: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Self
In the last 12 months, that is, since \( \text{DATE} \) ...

have you been SELF-CONSCIOUS because of your teeth, mouth or dentures?

1. never
2. hardly ever
3. occasionally
4. fairly often
5. very often

ASK IF: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Tense
In the last 12 months, that is, since \( \text{DATE} \) ...

have you FELT TENSE because of problems with your teeth, mouth or dentures?

1. never
2. hardly ever
3. occasionally
4. fairly often
5. very often
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

Ask if: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Diet
In the last 12 months, that is, since {DATE} ...

has your DIET BEEN UNSATISFACTORY because of problems with your teeth, mouth or dentures?

(1) never
(2) hardly ever
(3) occasionally
(4) fairly often
(5) very often

Ask if: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Meals
In the last 12 months, that is, since {DATE} ...

have you had to INTERRUPT MEALS because of problems with your teeth, mouth or dentures?

(1) never
(2) hardly ever
(3) occasionally
(4) fairly often
(5) very often

Ask if: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Relax
In the last 12 months, that is, since {DATE} ...

have you found it DIFFICULT TO RELAX because of problems with your teeth, mouth or dentures?

(1) never
(2) hardly ever
(3) occasionally
(4) fairly often
(5) very often

Ask if: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Embaraass
In the last 12 months, that is, since {DATE} ...

have you been a bit EMBARRASSED because of problems with your teeth, mouth or dentures?

(1) never
(2) hardly ever
(3) occasionally
(4) fairly often
(5) very often
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

Ask if: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Irritable

In the last 12 months, that is, since {DATE} ...

have you been a bit IRRITABLE WITH OTHER PEOPLE because of problems with your teeth, mouth or dentures?

(1) ....never
(2) ....hardly ever
(3) ....occasionally
(4) ....fairly often
(5) ....very often

Ask if: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Jobs

In the last 12 months, that is, since {DATE} ...

have you had DIFFICULTY DOING YOUR USUAL JOBS because of problems with your teeth, mouth or dentures?

(1) ....never
(2) ....hardly ever
(3) ....occasionally
(4) ....fairly often
(5) ....very often

Ask if: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Less

In the last 12 months, that is, since {DATE} ...

have you felt that life in general was LESS SATISFYING because of problems with your teeth, mouth or dentures?

(1) ....never
(2) ....hardly ever
(3) ....occasionally
(4) ....fairly often
(5) ....very often

Ask if: ((RespSC = SCAccept) OR (RespSC = SCstart)) OR (RespSC = SCHelp)

Function

In the last 12 months, that is, since {DATE} ...

have you been TOTALLY UNABLE TO FUNCTION because of problems with your teeth, mouth or dentures?

(1) ....never
(2) ....hardly ever
(3) ....occasionally
(4) ....fairly often
(5) ....very often
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

Present state of teeth
Adults with natural teeth

Treat

If you went to the dentist tomorrow do you think you would need any treatment or not?

(1) Need treatment
(2) Not
(3) Don't know
### Dentures

Adults with no natural teeth or adults with natural teeth and dentures

(Natural = No) OR (Denture = Yes)

---

**Ask if: Natural = Yes**

#### Upper

Do you have a denture in your upper jaw?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Yes</td>
</tr>
<tr>
<td>(2)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Ask if: Upper = Yes**

#### UFull

Is the denture in your upper jaw full or partial?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Full</td>
</tr>
<tr>
<td>(2)</td>
<td>Partial</td>
</tr>
</tbody>
</table>

#### ULong

(You said earlier that you have no natural teeth. May I just check)

How long ago did you get your present top plate?

**PROMPT AS NECESSARY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Less than a year</td>
</tr>
<tr>
<td>(2)</td>
<td>1 year less than 2 years</td>
</tr>
<tr>
<td>(3)</td>
<td>2 years less than 5 years</td>
</tr>
<tr>
<td>(4)</td>
<td>5 years less than 10 years</td>
</tr>
<tr>
<td>(5)</td>
<td>10 years less than 20 years</td>
</tr>
<tr>
<td>(6)</td>
<td>20 yrs or more</td>
</tr>
<tr>
<td>(7)</td>
<td>Can't remember/don't know</td>
</tr>
</tbody>
</table>

**Ask if: Natural = No**

#### UNHSPriv

Did you get your top plate through the National Health Service or did you get it privately?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>N.H.S.</td>
</tr>
<tr>
<td>(2)</td>
<td>Privately</td>
</tr>
<tr>
<td>(3)</td>
<td>Before N.H.S.</td>
</tr>
<tr>
<td>(4)</td>
<td>Can't remember, don't know</td>
</tr>
</tbody>
</table>

**Ask if: Natural = Yes**

#### Lower

Do you have a denture in your lower jaw?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Yes</td>
</tr>
<tr>
<td>(2)</td>
<td>No</td>
</tr>
</tbody>
</table>
AsKIF: Lower = Yes

LFull
Is the denture in your lower jaw full or partial?

(1) Full
(2) Partial

Ask If: (Natural = No) OR (Lower = Yes)

LLong
How long ago did you get your present bottom plate?

PROMPT AS NECESSARY

(1) Less than a year
(2) 1 year less than 2 years
(3) 2 years less than 5 years
(4) 5 years less than 10 years
(5) 10 years less than 20 years
(6) 20 yrs or more
(7) Can't remember/don't know

Ask If: Natural = No

LNHSPriv
Did you get your bottom plate through the National Health Service or did you get it privately?

(1) N.H.S.
(2) Privately
(3) Before N.H.S.
(4) Can't remember, don't know

Ask If: (Upper = No) OR (Lower = Yes)) OR (Natural = No)

LWorn
Have you worn your bottom plate at all in the last 4 weeks?

(1) Worn
(2) Not worn

Ask If: LWorn = Yes

LNight
Do you usually keep your bottom plate in at night?

(1) In at night
(2) Not
ATTITUDE TO DENTURES

Do you wear your bottom plate from the time you get up to when you go to bed?

(1) All daytime
(2) Not

ASK IF: LDay = No

LOut

Do you usually wear your bottom plate when you go out?

(1) Yes
(2) No

ASK IF: LDay = No

LEat

Do you usually wear your bottom plate when you are eating?

(1) Yes
(2) No

ASK IF: LDay = No

LHouse

Do you usually wear your bottom plate when you are about the house?

(1) Yes
(2) No

ASK IF: (Upper = Yes) OR (Natural = No)

UWorn

Have you worn your top plate at all in the last 4 weeks?

(1) Worn
(2) Not worn

ASK IF: UWorn = Yes

UNight

Do you usually keep your top plate in at night?

(1) In at night
(2) Not
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

**ASK IF: UWom = Yes**

**UDay**
Do you wear your top plate from the time you get up to when you go to bed?

(1) All daytime
(2) Not

**ASK IF: UDay = No**

**UOut**
Do you usually wear your top plate when you go out?

(1) Yes
(2) No

**ASK IF: UDay = No**

**UEat**
Do you usually wear your top plate when you are eating?

(1) Yes
(2) No

**ASK IF: AND: UDay = No**

**UHouse**
Do you usually wear your top plate when you are about the house?

(1) Yes
(2) No

**SpTroub**
Do (would) you have any trouble speaking clearly with your dentures?

(1) Yes
(2) No

**ASK IF: SpTroub = Yes**

**WSpTroub**
["What kind of trouble do (would) you have with speaking?

SET [4] OF
(1) Slurs/alters speech
(2) Loose/slips while talking
(3) Teeth rattle
(4) Teeth whistle
(5) Some other kind of trouble
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

Ask if: Oth IN WSpTroub

WSpTroub
INTERVIEWER - RECORD OTHER KINDS OF TROUBLE
STRING[100]

EaTTroub
Do (would) you have any discomfort or trouble with your dentures when you are eating or drinking?

(1) Yes
(2) No

Ask if: EaTTroub = Yes

WEITroub
[*] What other kind of discomfort or trouble do (would) you have with eating or drinking?

SET [4] OF
(1) Food gets stuck underneath plate
(2) Slips/loose while eating
(3) Uncomfortable/sore gums/plate rubs
(4) Get ulcers
(5) Can't chew/bite well
(6) Denture worn down
(7) Problems because of medical disorder
(8) Some other kind of trouble

Ask if: Oth in WEITroub

WEITroub
INTERVIEWER - RECORD OTHER KINDS OF TROUBLE
STRING[100]

Probs
Do (would) you have any other problems with your dentures?

(1) Yes
(2) No
Ask if: Probs = Yes

WProbs

[*] What other problems do (would) you have?

CODE ALL THAT APPLY

SET [4] OF
(1) Dentures move, are loose, don't meet, don't fit properly
(2) uncomfortable/sore gums/plate rubs
(3) get ulcers
(4) can't chew/bite well
(5) denture is worn down
(6) get food under plate
(7) individual has a medical disorder which causes problems with dentures
(8) other

Ask if: Other IN WProbs

WWprobs

INTERVIEWER - RECORD OTHER PROBLEMS.

STRING[100]

Ask if: DVDProb = 1

Dentist

Are you planning to visit the dentist to see about your dentures?

(1) Planning to visit
(2) Not
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire
Appearance of teeth
All adults

Appear
(Thinking about both your natural teeth and your dentures) In general, how do you feel about the appearance of your teeth (and/or dentures), are you satisfied or not satisfied with the way they look?

(1) Satisfied
(2) Not satisfied

ASK IF: Natural = Yes
AND: Appear = unsatisfied

NSatis
[*] What is it about the way your teeth or dentures look that makes you not satisfied?
CODE ALL THAT APPLY

SET [4] OF
(1) Crooked/slanting/protruding/irregular teeth
(2) gaps/space between teeth/teeth missing
(3) size of teeth/shape of teeth
(4) broken/chipped teeth
(5) colour of teeth - stained teeth/need cleaning
(6) fillings/colour of fillings
(7) decayed teeth/bad teeth/teeth going black
(8) They need filling
(9) any other

ASK IF: Other IN NSatis

NNSatis
INTERVIEWER - RECORD OTHER REASONS
STRING[200]

ASK IF: Natural = Yes

BAche
If you went to the dentist with an aching back tooth would you prefer the dentist to take it out or fill it (supposing it could be filled)?

(1) Take it out
(2) Fill it

ASK IF: Natural = Yes

FCrown
If the dentist said a front tooth would have to be extracted (taken out) or crowned, what would you prefer?

(1) Extracted
(2) Crowned
ASK IF: Natural = Yes

BCrown
If the dentist said a back tooth would have to be extracted (taken out) or crowned, what would you prefer?

(1) Extracted
(2) Crowned

ASK IF: Natural = Yes

BMiss
If you had several missing teeth at the back would you prefer to have a partial denture or manage without?

(1) Back partial denture
(2) Manage without
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire
Tooth care and attending the dentist
Adults with natural teeth

Cleaner
Now I'd like to talk a little about cleaning your teeth.

How often do you clean your teeth nowadays?

(1) Never
(2) Less than once a day
(3) Once a day
(4) Twice a day
(5) More than twice a day
(6) other

Ask if: Cleaner = other

CleanerO
INTERVIEWER - RECORD HOW OFTEN RESPONDENT CLEANS THEIR TEETH

STRING[100]

Ask if: ((Cleaner = once) OR (Cleaner = less)) OR (Cleaner = twice)) OR (Cleaner = more)

TimDay
At what time of day do you clean your teeth?

IF 'MORNING & DOESNT HAVE BREAKFAST' CODE 8
CODE ALL THAT APPLY

SET [9] OF
(1) Before breakfast
(2) After breakfast
(3) Midday
(4) Tea time
(5) After evening meal
(6) When going out
(7) Last thing at night
(8) In morning (but no breakfast)
(9) Other times

Ask if: other IN TimDay

TimDayO
INTERVIEWER - RECORD OTHER TIMES

STRING[120]

Ask if: (((Cleaner = once) OR (Cleaner = less)) OR (Cleaner = twice)) OR (Cleaner = more)

TPaste
Nowadays there are more things available in chemist shops to help with dental hygiene. Do you use anything other than an ordinary toothbrush and toothpaste for dental hygiene purposes?

(1) Yes
(2) No
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

Ask if: And: TPaste = Yes

SpPaste
What do you use?
CODE ALL THAT APPLY

SET [9] OF
(1) Dental floss
(2) Interdental/toothpicks/woodsticks
(3) Mouthwash
(4) Interspace brush
(5) Electric toothbrush
(6) Dental disclosing tablets
(7) Dental chewing gum
(8) Sensodyne or smokers' toothpaste
(9) Something else

Ask if: other IN SpPaste

SpPasteO
INTERVIEWER
PLEASE SPECIFY OTHER THINGS USED

STRING[50]

Brush
Has a dentist or any of the dental staff demonstrated to you how to clean your teeth?
(1) Demonstrated
(2) not

Care
Has a dentist or any of the dental staff given you advice on caring for your gums?
(1) Given gum advice
(2) not
Work
Some people go to a dentist near to their work. Can I just check, are you working at the moment?

(1) Yes
(2) No

*Ask if: Work = Yes*

TOff
Do you usually take time off work when you go to the dentist?

(1) Yes
(2) No

*Ask if: TOff = Yes*

Time
How much work time does a dental visit usually take? (in hours)

(1) Under 1 hour
(2) 1 hour but less than 2
(3) 2 hours but less than 3
(4) 3 hours but less than 4
(5) or 4 hours or more?

*Ask if: Work = No*

Study
Are you studying at the moment?

(1) Yes
(2) No

*Ask if: (Work = Yes) OR (Study = Yes)*

Near
Is the dental practice (you went to last time) nearer to your home or to your work/college?

(1) Nearer to home
(2) Nearer to work or college
(3) The same
Far
How far is the dental practice from home/work/college? (whichever is nearest)

(1) Up to half a mile
(2) More than half up to 1 mile
(3) More than 1 up to 2 miles
(4) More than 2 up to 5 miles
(5) More than 5 up to 10 miles
(6) More than 10 up to 20 miles
(7) More than 20 up to 30 miles
(8) More than 30 miles
(9) Other

Ask if: DVHSIZE > 1

AllSame
Do all people in this household (that is ...[NAMES]... ) go to the same dental practice as you or not?

(1) All go to the same practice
(2) Do not

Regular
In general do you go to the dentist for...

(1) a regular check up
(2) an occasional check up
(3) or only when you’re having trouble with your teeth?

Attend
Would you say that nowadays you go to the dentist more often, about the same or less often than you did 5 years ago?

(1) more often
(2) about the same
(3) less often

Ask if: Attend = more

MOften
[*] What has made you go more often?
CODE ALL THAT APPLY

SET [4] OF
(1) Have (more) trouble with teeth(or gums)/neglected teeth so need more treatment
(2) more dentally aware/want to keep my teeth
(3) less frightened of dentist/treatment now
(4) have good dentist now
(5) more incentive to go
(6) Other
Ask #: Other IN MOften

MOften

INTERVIEWER - RECORD OTHER REASONS

STRING[200]

Ask #: Attend = Less

LOften

[*]What has made you go less often?
CODE ALL THAT APPLY

SET [9] OF
(1) Have no/less trouble with my teeth
(2) have fewer teeth left
(3) can't be bothered/got out of the habit/don't know/no reason
(4) scared/afraid of dentists/scared of injections
(5) lack of time/would go if surgery opened at different hours
(6) difficult to get to dentist/make the journey
(7) too expensive
(8) don't have a regular dentist/dentist retired
(9) other

Ask #: Other IN LOften

LLOften

INTERVIEWER - RECORD OTHER REASONS

STRING[200]
Opinions about visiting the dentist
Adults with natural teeth

INTROS

INTERVIEWER - Introduce
In the past we've talked to some people who don't like going to the dentist. We asked them what they didn't like and what changes they would suggest. Now I'd like to ask you whether you feel the same or not about the things they said.

INTERVIEWER - SHUFFLE CARDS AND LAY OUT BASE CARDS
Would you read these cards and then place them on the base card that is closest to your view, that is whether you definitely feel like that, feel like that to some extent or don't feel like that?

INTERVIEWER - PRESS <ENTER> TO CONTINUE

STRING[1]

DEFI

INTERVIEWER - PLEASE COLLECT ALL THE CARDS LAID ON TOP OF THE STATEMENT 'DEFINITELY FEEL LIKE THAT'
AND KEY IN THE NUMBERS ON THE BACKS OF THE CARDS.
THEN PRESS <ENTER>
REMEMBER TO KEEP THESE CARDS SEPERATE FOR LATER USE

(1) I always feel anxious about going to the dentist
(2) I'm nervous of some kinds of dental treatment
(3) I don't see any point in visiting the dentist unless I need to
(4) The worst part of going to the dentist is the waiting
(5) I'd like to be able to drop in at the dentist without an appointment
(6) I'd like to know more about what the dentist is going to do and why
(7) I find NHS dental treatment expensive
(8) I'd like to be able to pay my dental treatment by instalments
(9) I'd like to be given an estimate without commitment
(10) It will cost me less in the long run if I only go to the dentist when I have trouble with my teeth
(11) I don't want fancy (intricate) dental treatment
(12) No Cards
### Xtent

**INTERVIEWER - PLEASE COLLECT ALL THE CARDS LAID ON TOP OF THE STATEMENT**

'**TO SOME EXTENT**'

**AND KEY IN THE NUMBERS ON THE BACK OF THE CARDS.**

**THEN PRESS <ENTER>**


1. I always feel anxious about going to the dentist
2. I'm nervous of some kinds of dental treatment
3. I don't see any point in visiting the dentist unless I need to
4. The worst part of going to the dentist is the waiting
5. I'd like to be able to drop in at the dentist without an appointment
6. I'd like to know more about what the dentist is going to do and why
7. I find NHS dental treatment expensive
8. I'd like to be able to pay my dental treatment by instalments
9. I'd like to be given an estimate without commitment
10. It will cost me less in the long run if I only go to the dentist when I have trouble with my teeth
11. I don't want fancy (intricate) dental treatment
12. No Cards

### NotFeel

**INTERVIEWER - PLEASE COLLECT ALL THE CARDS LAID ON TOP OF THE STATEMENT**

'DON'T FEEL LIKE THAT'

**AND KEY IN THE NUMBERS ON THE BACK OF THE CARDS.**

**THEN PRESS <ENTER>**


1. I always feel anxious about going to the dentist
2. I'm nervous of some kinds of dental treatment
3. I don't see any point in visiting the dentist unless I need to
4. The worst part of going to the dentist is the waiting
5. I'd like to be able to drop in at the dentist without an appointment
6. I'd like to know more about what the dentist is going to do and why
7. I find NHS dental treatment expensive
8. I'd like to be able to pay my dental treatment by instalments
9. I'd like to be given an estimate without commitment
10. It will cost me less in the long run if I only go to the dentist when I have trouble with my teeth
11. I don't want fancy (intricate) dental treatment
12. No Cards
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

DKnow

INTERVIEWER - PLEASE COLLECT ALL THE CARDS LAID ON TOP OF THE STATEMENT
'DON'T KNOW'
AND KEY IN THE NUMBERS ON THE BACK OF THE CARDS.
THEN PRESS <ENTER>


(1) I always feel anxious about going to the dentist
(2) I'm nervous of some kinds of dental treatment
(3) I don't see any point in visiting the dentist unless I need to
(4) The worst part of going to the dentist is the waiting
(5) I'd like to be able to drop in at the dentist without an appointment
(6) I'd like to know more about what the dentist is going to do and why
(7) I find NHS dental treatment expensive
(8) I'd like to be able to pay my dental treatment by instalments
(9) I'd like to be given an estimate without commitment
(10) It will cost me less in the long run if I only go to the dentist when I have trouble with my
    teeth
(11) I don't want fancy (intricate) dental treatment
(12) No Cards

Rank

INTERVIEWER - PLEASE COLLECT ALL THE CARDS FROM THE STATEMENT
'DEFINITELY FEEL LIKE THAT'
AND KEY IN THE NUMBERS ON THE BACK OF THE CARDS IN THE RESPONDENT'S RANKING
ORDER - STARTING WITH THE MOST IMPORTANT
THEN PRESS <ENTER>

SET [8] OF

(1) I always feel anxious about going to the dentist
(2) I'm nervous of some kinds of dental treatment
(3) I don't see any point in visiting the dentist unless I need to
(4) The worst part of going to the dentist is the waiting
(5) I'd like to be able to drop in at the dentist without an appointment
(6) I'd like to know more about what the dentist is going to do and why
(7) I find NHS dental treatment expensive
(8) I'd like to be able to pay my dental treatment by instalments
(9) I'd like to be given an estimate without commitment
(10) It will cost me less in the long run if I only go to the dentist when I have trouble with my
    teeth
(11) I don't want fancy (intricate) dental treatment
(12) No Cards
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire
History of tooth loss
Adults with no natural teeth

Loss
I'd like to talk to you about when you lost the last of your natural teeth.

How many years ago did you lose the last of your natural teeth?

PROMPT AS NECESSARY

(1) Up to 5 years ago
(2) Over 5 up to 10 years ago
(3) Over 10 up to 15 years ago
(4) Over 15 up to 20 years ago
(5) Over 20 up to 30 years ago
(6) Over 30 years ago
(7) Can't remember/Don't know

Age loss
How old were you when you lost the last of your natural teeth?

ENTER YEARS

1..97

Num loss
When you lost the last of your own teeth how many teeth were there to come out altogether?

IN WHOLE COURSE OF TREATMENT

PROMPT AS NECESSARY

(1) 1 to 11
(2) 12 to 20
(3) 21 or more

Why loss
[*] Why did you lose the last of your natural teeth, was it because...

CODE ALL THAT APPLY
RUNNING PROMPT

SET [3] OF
(1) the teeth were decayed
(2) the gums were bad
(3) or was it for some other reason?
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

**ASK IF: other IN WhyLoss**

WhyLossO

INTERVIEWER - RECORD OTHER REASONS

SET [4] OF

(4) Decided (dentist advised) to remove last few good teeth
(5) Partial dentures caused problems
(6) Illness/accident
(7) Teeth could not be filled/restored
(8) Toothache (all other mentions)
(9) Other reasons

**ASK IF: Oth IN WhyLossO**

WhyLosOO

INTERVIEWER RECORD OTHER REASONS

STRING[50]

**Upset**

[*]Did you find losing the last of your natural teeth and having full dentures...

RUNNING PROMPT

(1) very upsetting
(2) a little upsetting
(3) or not at all upsetting?
(4) never had full dentures

**ASK IF: ((Upset = very) OR (Upset = little)) OR (Upset = omot)**

Suggest

Did you suggest to the dentist that the last of your natural teeth should come out or did the dentist suggest it to you?

(1) Respondent suggested it
(2) Dentist suggested it
(3) Teeth fell out of own accord
(4) Doctor/nurse/other medical person suggested it
(5) Hospital suggested it
(6) Other

**ASK IF: Suggest = other**

SuggestO

INTERVIEWER - RECORD OTHER REASONS

STRING[50]
Regular2
When you had your own (natural) teeth did you go to the dentist for...

RUNNING PROMPT

(1) a regular check-up
(2) an occasional check-up
(3) or only when you were having trouble with your teeth?

Denbef
Some people have some false teeth (partial dentures) before they lose all of their own teeth. When you lost the last of your own teeth did you previously have any dentures?

(1) Previously had dentures
(2) Did not

Ask if: Denbef = prev

Agefalse
How old were you when you first had some false teeth?

ENTER YEARS

IF NEVER HAD FALSE TEETH, CODE 1

1..97

Ask if:: Denbef = prev

Whereden
Just before you lost the last of your own teeth did you have a denture in your upper jaw?

(1) Yes
(2) No

Ask if: Denbef = prev

Lower2
Did you have a denture in your lower jaw?

(1) Yes
(2) No

Ask if: Whereden = Yes

UFull2
Was the denture in your upper jaw full or partial?

(1) Full
(2) Partial
Ask IF: LowerZ = Yes

LFull2
Was the denture in your lower jaw full or partial?
(1) Full
(2) Partial

Ask IF: (Loss = nto5) OR (Loss = n5to10n)

Prbs
What kind of dental problems did you have in the five years before you lost the last of your natural teeth?

Set [4] OF
(1) Gum decay/teeth loose
(2) Toothache/abcess
(3) Broken/decaying teeth
(4) No real problems (incl cosmetic)
(5) Other

Ask IF: (Loss = nto5) OR (Loss = n5to10n)

Expectls
[ ] Did you expect to lose your teeth around then or were you surprised to lose them at that age?
(1) Expected to lose
(2) Surprised at that age
(3) Other

Ask IF: Expectls = other

ExpectLO
INTERVIEWER - RECORD OTHER REASONS

STRING[200]

Ask IF: (Loss = nto5) OR (Loss = n5to10n)

Used
When you first had full dentures about how long did it take you to get used to having them?
(1) No time at all
(2) Up to a week
(3) Over a week, up to a month
(4) Over a month, up to 3 months
(5) Never had FULL dentures
(6) Never got used to them
(7) Other

Ask IF: Used = other

UsedO
INTERVIEWER - RECORD HOW LONG IT TOOK TO GET USED TO THE DENTURES

STRING[200]
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

Ask if: And: Used <> NevFull

Food
Since you've had full dentures have you had to change the kind of food you eat?

(1) Had to change
(2) Not

Ask if: Food = Had

Caneat
What can you eat now that you couldn't eat before?

(1) Nothing
(2) Other answers

Ask if: Caneat = Oth

CanteatO
INTERVIEWER - RECORD ANSWERS TO PREVIOUS QUESTION (What can you eat now that you couldn't eat before?)
STRING[200]

Ask if: Food = Had

Canteat
What could you eat before that you can't eat now?

(1) Nothing
(2) Other answers

Ask if: Canteat = Oth

CanteatO
INTERVIEWER - RECORD ANSWERS TO PREVIOUS QUESTION (What could you eat before that you can't eat now?)
STRING[200]

Ask if: Used <> NevFull

Advice
[*] If you knew someone who thought that they might soon have the rest of their teeth out and full dentures fitted what advice would you give them?

Set [4] of
(1) If they are bad (don't hesitate) have them out
(2) Keep natural teeth as long as possible/Dentures should only be a last resort
(3) See/get advice from a good dentist
(4) Wait a while between having natural teeth out and the dentures put in
(5) Should have new dentures put in as soon as possible after having natural teeth out
(6) After dentures are fitted: keep them in/persevere with them
(7) It's nothing to worry about
(8) Wouldn't presume to give advice/not qualified to give advice
(9) Other
Ask IF: Other IN Advice

AdviceO

INTERVIEWER - RECORD OTHER ADVICE

STRING[200]
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire
Treatment History
All adults

Xray
I'd like to talk next about the kind of dental treatment you've had over the whole of your lifetime right from the first time you went to the dentist, including when you were a child.

Have you ever had an x-ray of your teeth?

(1) Yes
(2) No
(3) Don't know

Ask if: (Natural = No) OR (Filling = No)

EverFil
Have you ever had any fillings?

(1) Yes
(2) No
(3) Don't know

Ask if: (Filling = Yes) OR (EverFil = Yes)

InjGum
Have you ever had an injection in the gum for a filling?

(1) Yes
(2) No
(3) Don't know

Ask if: (Filling = Yes) OR (EverFil = Yes)

InjArm
Have you ever had an injection in the arm for a filling?

(1) Yes
(2) No
(3) Don't know

Wisdom
Have you ever had any wisdom teeth removed?

(1) Yes
(2) No
(3) Don't know
Adult Dental Health 1998: Data documentation  
Annex 2: Questionnaire

**Ask if:** Wisdom = Yes

**Remove**
Were your wisdom teeth removed in hospital or at the dentist's?

(1) Hospital
(2) Dentist
(3) Both

**Ask if:** Wisdom = Yes

**Where**
Were the wisdom teeth that were removed...
CODE ALL THAT APPLY
RUNNING PROMPT

SET [4] OF
(1) fully through the gums
(2) part way through the gum
(3) or still underneath the gum?
(4) Don't know

**Extract**
Have you ever had any other teeth extracted (taken out)?

(1) Yes
(2) No
(3) Don't know

**Ask if:** Extract = Yes

**ExArm**
Have you ever had an injection in the arm for an extraction?

(1) Yes
(2) No
(3) Don't know

**Ask if:** Extract = Yes

**ExGum**
Have you ever had an injection in the gum for an extraction?

(1) Yes
(2) No
(3) Don't know

**Ask if:** Extract = Yes

**ExGas**
Have you ever had gas for extractions?

(1) Yes
(2) No
(3) Don't know
## Fluoride

Have you ever had fluoride treatment or fissure sealants?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

## Brace

Have you ever had a brace to straighten your teeth?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

## AbTreat

Have you ever had an abcess treated?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

## Nerve

Have you ever had a nerve removed?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
TCrown
Have you ever had a tooth crowned?
(1) Yes
(2) No
(3) Don’t know

Bridge
Have you ever had a dental bridge?
(1) Yes
(2) No
(3) Don’t know

Polish
Have you ever had a scale and polish by the dentist?
(1) Yes
(2) No
(3) Don’t know

Hygiene
Have you ever had treatment from a dental hygienist?
(1) Yes
(2) No
(3) Don’t know

Ask if: Natural = No

Part
Have you ever had a partial denture fitted?
(1) Yes
(2) No

Ask if: Part = Yes

Rep
Have you ever had a partial denture repaired?
(1) Yes
(2) No
Annex 2: Questionnaire

ASK IF: Natural = No

Full
Have you ever had a full denture fitted?

(1) Yes
(2) No

ASK IF: Full = Yes

FRep
Have you ever had a full denture repaired?

(1) Yes
(2) No

ASK IF: (Natural = Yes) AND (QNat.Denture = No)

Denfit
Have you ever had a denture fitted?

(1) Yes
(2) No
(3) Don't know

ASK IF: (Denfit = Yes) OR (QNat.Denture = Yes)

Denrep
Have you ever had a denture repaired?

(1) Yes
(2) No
(3) Don't know

ASK IF: (Denfit = Yes) OR (QNat.Denture = Yes)

Hlpeat
Was your first denture mainly for the sake of appearance or mainly to help you eat?

(1) For appearance
(2) For eating
(3) Both

ASK IF: QNat.Denture = No
AND: Denfit = No

Partup
[*] You said you have never had a denture, but when people lose some of their natural teeth they may need a denture.

Do you find the thought of having a partial denture to replace some of your teeth...

RUNNING PROMPT

(1) very upsetting
(2) a little upsetting
(3) or not at all upsetting?
Annex 2: Questionnaire

Partfive
[*] During the next five years some people will have a partial denture for the first time. Do you think you are likely or unlikely to have a partial denture within the next five years?

(1) Likely to
(2) Unlikely to
(3) Don't know

Ask if: QNat.Denture = No

Fullfiv
[*] Many people eventually have all their natural teeth out and have full dentures. Do you find the thought of losing all your own teeth and having full dentures...

RUNNING PROMPT

(1) very upsetting
(2) a little upsetting
(3) or not at all upsetting?

Ask if: QNat.Dentum = No

Fullfive
[*] During the next five years some people will have full dentures for the first time. Do you think you are likely or unlikely to have full dentures within the next five years?

(1) Likely to
(2) Unlikely to
(3) Don't know

Ask if: Fullfive = Unlikely

Keepall
[*] Do you think that at sometime, you will have full dentures or do you think you will always keep some of your natural teeth?

(1) Full dentures sometime
(2) Always keep natural teeth
(3) Don't know

Othtreat
Have you ever had any other kind of dental treatment?

(1) Yes
(2) No
(3) Don't know
Ask IF: Othtreat = Yes

WOTHTr
What other treatment have you had?
CODE ALL THAT APPLY

SET [3] OF
(1) Gum treatment
(2) Root treatment
(3) Some other kind of treatment

Ask IF: Oth IN WOTHTr

OthtreatO
INTERVIEWER - RECORD OTHER TREATMENT

STRING[100]


Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

History of tooth loss
Have natural teeth and wear dentures or have worn dentures in the past
(Denture = Yes) OR (Denfit = Yes)

---

DenAge
How old were you when you first had a denture?

1..97

---

DenFirst
Was your first denture for the upper jaw, the lower jaw or for both jaws?

(1) For the upper jaw
(2) For the lower jaw
(3) For both jaws

---

NatLoss
Since you had your first denture how many more of your natural teeth have you lost (had out)?

0..30
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire
Attendance at dentist
All adults

ASK IF: (Natural = Yes) AND (QPract.Regular = reg)

YReg

Has there ever been a time in your life when you have not been for a regular dental check up?

(1) Has not always been regularly
(2) Always been regularly

ASK IF: YReg = No

Why

[*] Why did you not go regularly at that time?
CODE ALL THAT APPLY

SET [4] OF
(1) Scared/afraid of dentist/don't like the thought of going to the dentist
(2) have no trouble with teeth
(3) lack of time/would go if surgery opened at different hours
(4) apathy/laziness/don't bother/don't think about it/no reason
(5) afraid the dentist will find trouble or will cause damage
(6) not worth it now
(7) difficult to get an appointment/can't get an appointment for even a check-up
(8) difficult to get to the dentist/make the journey
(9) Too expensive
(10) other

ASK IF: Other IN Why

WHy

INTERVIEWER - RECORD OTHER REASONS
STRING[120]

ASK IF: ((Natural = Yes) AND (QPract.Regular = occ)) OR ((Natural = Yes) AND (QPract.Regular = only))

NReg

Has there ever been any time in your life when you have been for regular dental checks?

(1) Used to go for regular checks
(2) Never been for regular checks
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

Ask if: NReg = Yes

WhyYes

[*] Why did you go regularly at that time?
CODE ALL THAT APPLY

SET [4] OF
(1) Had no choice
(2) wanted to look after my teeth
(3) dentist sent reminder card
(4) had more time/fewer commitments
(5) needed/wanted/was receiving treatment
(6) treatment was free
(7) was taking the family
(8) other

Ask if: AND: Other IN WhyYes

WhyYes

INTERVIEWER - RECORD OTHER REASONS
STRING[200]

Ask if: AND: NReg = No

WhyNev

[*] Why is it that you have never been for regular checks?
STRING[200]

---

NumCheck

How many times have you been to the dentist in the last five years purely for a check up?
FIVE YEARS AGO = DMD5YR
0..97

NumTroub

How many times have you been to the dentist in the last five years because you've had trouble?
FIVE YEARS AGO = DMD5YR
0..97

Ask if: (NumCheck > 0) OR (NumTroub > 0)

YearDen

Have you been to the dentist in the last 12 months, that is since (DATE)?

(1) Yes
(2) No
Ask if: YearDen = Yes

Treat
(Can I just check) are you in the middle of a course of treatment or not?

(1) In the middle of treatment
(2) Not

Ask if: Treat = mid

This one

INTERVIEWER - IN THE FOLLOWING QUESTIONS REFER TO THIS COURSE OF TREATMENT.

PRESS <ENTER> TO CONTINUE

STRING[1]

Ask if: YearDen = Yes

LastDen
Have you been to the dentist in the last 6 months, that is since last DMDL6MTH?

(1) Yes
(2) No

Ask if: (YearDen = No) OR ((NumCheck = 0) AND (NumTroub = 0))

HowDen
About how long ago was your last visit to the dentist?
PROMPT AS NECESSARY

(1) More than 1 up to 2 years ago
(2) More than 2 up to 3 years ago
(3) More than 3 up to 5 years ago
(4) More than 5 up to 10 years ago
(5) More than 10 up to 20 years ago
(6) More than 20 years ago
(7) Never

Ask if: (LastDen = Yes) OR (HowDen < never)

Checkup

The last time you went to the dentist what made you go? Was it because you were having some trouble with your teeth or for a check-up or for some other reason?

(1) Trouble with teeth
(2) For a check-up
(3) Other
Adult Dental Health 1998: Data documentation

Annex 2: Questionnaire

Ask if: Checkup = other

Checkup O

INTERVIEWER - RECORD OTHER REASONS

SET [4] OF

(1) To have tooth out
(2) New dentures/plate fitted
(3) Dentures/plate repaired
(4) Dentures/plate adjusted
(5) To have root/tooth stump removed
(6) Other trouble with dentures
(7) Other trouble with natural teeth
(8) Check-up for dentures

Ask if: (LastDen = Yes) OR (HowDen < never)

DVisits

When people go to the dentist they sometimes have to make more than one visit (for a course of treatment)
When you last went to the dentist how many visits did you make?

PROMPT AS NECESSARY

(1) One visit
(2) Two visits
(3) Three visits
(4) Four visits
(5) Five visits or more

Ask if: (LastDen = Yes) OR (HowDen < never)

DentDone  {introductory question - not on data file}

(Can I just check) in the visit(s) you made to the dentist what did you have done? Did you have...

Ask if: (LastDen = Yes) OR (HowDen < never)

CheckUp

...a check-up (examination)?

(1) Yes
(2) No

Ask if: (LastDen = Yes) OR (HowDen < never)

TeethOut

...teeth taken out?

(1) Yes
(2) No
ASK IF: (LastDen = Yes) OR (HowDen < never)

XRays
...X-rays taken?

(1) Yes
(2) No

ASK IF: (LastDen = Yes) OR (HowDen < never)

Impress
...impressions taken?

(1) Yes
(2) No

ASK IF: (LastDen = Yes) OR (HowDen < never)

DenRepr
...dentures repaired

(1) Yes
(2) No

ASK IF: (LastDen = Yes) OR (HowDen < never)

DenFitt
...new dentures fitted?

(1) Yes
(2) No

ASK IF: (LastDen = Yes) OR (HowDen < never)

Abcess
...treatment for an abscess?

(1) Yes
(2) No

ASK IF: (LastDen = Yes) OR (HowDen < never) AND: Natural = Yes

TeethFil
...teeth filled?

(1) Yes
(2) No

ASK IF: (LastDen = Yes) OR (HowDen < never) AND: Natural = Yes

CrownFit
...crowns (re)fitted?

(1) Yes
(2) No
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

**TeethSca**
...teeth scaled (scraped, cleaned) and polished?

(1) Yes
(2) No

**DenDoneO**
...some other treatment?

(1) Yes
(2) No

**DenDonO**
INTERVIEWER - RECORD ANYOTHER TREATMENT.

SET [3] OF
(2) Dentures removed and mouth checked
(3) Gum treatment
(4) Some other treatment

**NHS**
Was your treatment under the NHS, was it private or was it something else?
DO NOT PROMPT

(1) National Health Service
(2) Private
(3) N.H.S. and private
(4) School/Community dental service
(5) Armed forces
(6) Dental hospital (hospital)
(7) Dentist at your workplace
(8) Through insurance
(9) With a dental plan
(10) Something else?

**NHSO**
INTERVIEWER - RECORD OTHER SOURCE OF TREATMENT.

STRING[120]
Cost
How much did the treatment cost you?

PENCE GO AFTER THE DECIMAL PLACE  eg 25.45

0.00..997.00

Ask if: Cost > 0

Install
Did you pay through installments, either monthly or annually?

(1) Yes, monthly
(2) Yes, annually
(3) Yes, at other intervals
(4) No

Ask if: Cost > 0

CExpect
Did the treatment cost more than you expected, about what you expected or less than you expected?

(1) More than expected
(2) About what expected
(3) Less than expected
(4) Other expectation
(5) Did not know what to expect

Ask if: CExpect = other

CExpectO
INTERVIEWER RECORD OTHER EXPECTATIONS

STRING[100]

Ask if: (LastDen = Yes) OR (HowDen < never)
 AND: Natural = Yes

Free
If you had dental treatment under the NHS in the next 4 weeks do you think you would be entitled to free treatment or would you have to pay something towards the cost?

(1) Free
(2) Have to pay
(3) Don't know
Adult Dental Health 1998: Data documentation  
Annex 2: Questionnaire

**ASK IF:** (LastDen = Yes) OR (HowDen < never)  
**AND:** Natural = Yes

**First**

Thinking about the dental practice you went to last time had you been there before or was that your first time at that practice?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Been before</td>
</tr>
<tr>
<td>(2)</td>
<td>First time</td>
</tr>
</tbody>
</table>

**ASK IF:** **AND:** First = bef

**NumAtend**

For about how many years have you been going to that dental practice?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Less than a year</td>
</tr>
<tr>
<td>(2)</td>
<td>One year less than two</td>
</tr>
<tr>
<td>(3)</td>
<td>Two years less than five</td>
</tr>
<tr>
<td>(4)</td>
<td>5 years or more</td>
</tr>
<tr>
<td>(5)</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**ASK IF:** (LastDen = Yes) OR (HowDen < never)  
**AND:** Natural = Yes

**HChoose**

How did you choose that particular dental practice?  
**DO NOT PROMPT**  
**CODE ALL THAT APPLY**

**SET [4] OF**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Family dentist</td>
</tr>
<tr>
<td>(2)</td>
<td>Recommended</td>
</tr>
<tr>
<td>(3)</td>
<td>Nearest</td>
</tr>
<tr>
<td>(4)</td>
<td>Can't remember</td>
</tr>
<tr>
<td>(6)</td>
<td>No choice</td>
</tr>
<tr>
<td>(7)</td>
<td>Emergency dentist</td>
</tr>
<tr>
<td>(8)</td>
<td>By chance</td>
</tr>
<tr>
<td>(9)</td>
<td>Lady dentist</td>
</tr>
<tr>
<td>(10)</td>
<td>Other</td>
</tr>
</tbody>
</table>

**ASK IF:** **AND:** other IN HChoose

**HChooseO**

**INTERVIEWER - RECORD OTHER REASONS**

**STRING[120]**

**ASK IF:** (LastDen = Yes) OR (HowDen < never)  
**AND:** Natural = Yes

**Next**

Will you go to the practice again next time?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Yes</td>
</tr>
<tr>
<td>(2)</td>
<td>No</td>
</tr>
</tbody>
</table>
**Adult Dental Health 1998: Data documentation**

**Annex 2: Questionnaire**

**WChange**

[*] Why will you change your dental practice next time?

**CODE ALL THAT APPLY**

**SET [4] OF**

1. No longer convenient
2. Dentist retired/moved/died
3. Informant not satisfied with dental treatment
4. It's difficult to get an appointment
5. Informant never goes regularly to the dentist
6. Last visit was extraordinary, not the informant's usual dentist
7. Heard of better dentist
8. No longer in system
9. Other

**Ask IF: AND: Other IN WChange**

**WWChange**

INTERVIEWER - RECORD OTHER REASONS

STRING[200]

**Comment**

We have asked you a lot about dental health and dentistry. Is there anything you would like to say that we haven't asked you about?

1. Yes
2. No

**Ask IF: Comment = Yes**

**CommentO**

[*] What would you like to add?

**CODE ALL THAT APPLY**

**SET [10] OF**

1. No NHS dentist available
2. Dislike drift from NHS
3. Treatment should be free
4. Costs too much (no mention of NHS/free)
5. Can't get appointment
6. Dentist over-loaded
7. Satisfied
8. Better than in past
9. Frightened of dentist
10. Other
ASK IF: Other IN Comment

Comments

INTERVIEWER

RECORD OTHER REASONS

STRING[200]
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire
ILO Employment status
All adults

Wrking

Did you do any paid work in the 7 days ending Sunday the [DATE], either as an employee or as self-employed?

(1) Yes
(2) No

Ask if: (Age < 63) OR ((Age < 65) AND (Sex = Male))

SchemeET

Were you on a government scheme for employment training?

(1) Yes
(2) No

Ask if: Wrking = No
   AND: (LILLO1 = 1) OR (SchemeET = No)

JbAway

Did you have a job or business that you were away from?.....

(1) Yes
(2) No
(3) Waiting to take up a new job/business already obtained

Ask if: JbAway = No OR JbAway = Waiting

OwnBus

Did you do any unpaid work in that week for any business that you own?

(1) Yes
(2) No

Ask if: OwnBus = No

RelBus

...or that a relative owns?....

(1) Yes
(2) No
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

**ASK IF: And: RelBus = No**

**Looked**

Thinking of the 4 weeks ending Sunday the [DATE], were you looking for any kind of paid work or government training scheme at any time in those 4 weeks?

(1) **Yes**
(2) **No**
(3) Waiting to take up a new job or business already obtained

**ASK IF: And: ((Looked = Y) OR (Looked = Wait)) OR (JbAway = Waiting)**

**StartJ**

If a job or a place on a government scheme had been available in the week ending Sunday the [DATE], would you have been able to start within 2 weeks?

(1) **Yes**
(2) **No**

**ASK IF: And: (Looked = N) OR (StartJ = No)**

**YlnAct**

What was the main reason you did not seek any work in the last 4 weeks/would not be able to start in the next 2 weeks?

(1) Student
(2) Looking after the family/home
(3) Temporarily sick or injured
(4) Long-term sick or disabled
(5) Retired from paid work
(6) None of these
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

Last job
If economically inactive or unemployed
(DVIL03a = EcInAct) OR (DVIL03a = Unemp)

<table>
<thead>
<tr>
<th>Everwk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had a paid job, apart from casual or holiday work?</td>
</tr>
<tr>
<td>(1) Yes</td>
</tr>
<tr>
<td>(2) No</td>
</tr>
</tbody>
</table>

Ask if: Everwk = Yes

<table>
<thead>
<tr>
<th>DtJbL</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did you leave your last PAID job?</td>
</tr>
<tr>
<td>FOR DAY NOT GIVEN...ENTER 15 FOR DAY</td>
</tr>
<tr>
<td>FOR MONTH NOT GIVEN...ENTER 6 FOR MONTH</td>
</tr>
</tbody>
</table>

DATE

<table>
<thead>
<tr>
<th>DVJb12ML</th>
</tr>
</thead>
<tbody>
<tr>
<td>DV for unemployed/inactive but has worked in last 12 months</td>
</tr>
<tr>
<td>(1) Worked in last 12 months</td>
</tr>
<tr>
<td>(2) NOT worked in last 12 months</td>
</tr>
</tbody>
</table>
Job Details

Adults currently working or have worked in the past
(DVIlO3 = lnEmp) OR (EverWk = Yes)

IndD (not on data file)

CURRENT OR LAST JOB
What did the firm/organisation you worked for mainly make or do (at the place where you worked)?

DESCRIBE FULLY - PROBE MANUFACTURING or PROCESSING or DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE or RETAIL ETC.
STRING[80]

OccT (not on data file)

JOBTITLE CURRENT OR LAST JOB
What was your (main) job (LMainJb3 [DATE])?
STRING[30]

OccD (not on data file)

CURRENT OR LAST JOB
What did you mainly do in your job?
CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB
STRING[80]

Stat

Were you working as an employee or were you self-employed?

(1) Employee
(2) Self-employed

Ask if: Stat = Emp

Manage

Did you have any managerial duties, or were you supervising any other employees?
ASK OR RECORD

(1) Manager
(2) Foreman/supervisor
(3) Not manager/supervisor
ASK IF: Stat = Emp

EmpNo

How many employees were there at the place where you worked?

(1) 1-24  
(2) 25 or more

ASK IF: Stat = SelfEmp

Solo

Were you working on your own or did you have employees?

(1) on own/with partner(s) but no employees  
(2) with employees

ASK IF: Solo = WithEmp

SENo

How many people did you employ at the place where you worked?

(1) 1-24  
(2) 25 or more

OEmpstat

Observed employment status

1..8

FtPtWk

In your (main) job were you working:

(1) full time  
(2) or part time?
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire
Educational Attainment
All adults

---

**EdAttn1**

Do you have any educational qualifications for which you received a certificate? .......

(1) Yes
(2) No

**EdAttn2**

Do you have any professional, vocational or other work-related qualifications for which you received a certificate? .......

(1) Yes
(2) No

Ask if: (EdAttn1 = Yes) OR (EdAttn2 = Yes)

**EdAttn3**

Was your highest qualification:

(1) at degree-level or above
(2) or another kind of qualification?

**EdYears**

ASK OR RECORD
How old were you when you finished your continuous full-time education

STILL IN = 96
NEVER HAD = 97

5..97
Car

A lot of people own cars these days.

(Can I just Check) is there a car or van normally available for use by you or any members of your household?

(1) Yes
(2) No

longlive

How long have you lived in this part of the country, that is within 50 miles of here....

RUNNING PROMPT

(1) ...all your life...
(2) 10 years or more...
(3) or less than 10 years?
Check for income questions

Head of household or partner

Asklnc

THE NEXT SET OF QUESTIONS ARE ON HOUSEHOLD INCOME. THE INFORMATION SHOULD BE COLLECTED FROM EITHER THE HEAD OF HOUSEHOLD OR THEIR PARTNER. At least one person in the household should be coded Yes at THIS question (and stay coded Yes here, even if you have to record REFUSED at the income questions themselves).

IS THE PERSON YOU WANT TO COLLECT THE HOUSEHOLD'S INCOME FROM?

(1) Yes
(2) No
Income
Head of household or partner

((DVHSIZE = 1) OR ((LDM1 = QHoH.HoHnum) AND (QHoH.HoHprtnr = 11))) OR (AskInc = Yes)

SrcInc

SHOW CARD T
This card shows various possible sources of income. Can you please tell me which kinds of income
you (HoH) (and spouse/partner) receive?

CODE ALL THAT APPLY

SET [9] OF
(1) Earnings from employment or self-employment
(2) Pension from former employer
(3) State Pension
(4) Child Benefit
(5) Income Support
(6) Other state benefits
(7) Interest from savings etc.
(8) Other kinds of regular allowance from outside the household
(9) Other sources e.g. rent
(10) No source of income

ASK IF: AND: (((((Earn IN SrcInc) OR (Pens IN SrcInc)) OR (ChildBn IN SrcInc)) OR (Mob IN SrcInc)) OR (IS IN
SrcInc)) OR (Ben IN SrcInc)) OR (Instr IN SrcInc)) OR (OthReg IN SrcInc)) OR (Other IN SrcInc)

Gross

(I've just been asking you about where you both get your income from but can I first ask about HOH's
income). Will you please look at this card and tell me which group represents HOH's total income from
all these sources before deductions for income tax, National Insurance etc. SHOW CARD U AND
EXPLAIN
ENTER BAND NUMBER

1.32

ASK IF: Gross = 32

Gross3

Could you please look at the next card and give me DMNAMES[QHoH.HoHnum]'s total income as an
annual amount from this card?
SHOW CARD V
ENTER BAND NUMBER

1.60

ASK IF: HoHprtnr < 11
AND: Gross <> REFUSAL

Spinc

Does [HOH's partner] have any separate income of her own?

(1) Yes
(2) No
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

ASK IF: Spinc = Yes

SGross

Which group represents [HOH partner]'s total income from all these sources before deductions for income tax, National Insurance etc.
SHOW CARD U AND EXPLAIN
ENTER BAND NUMBER

1..32

ASK IF: SGross = 32

SGross3

Could you please look at the next card and give me DMNAMES[QHoH.HoHprtnr]'s total income as an annual amount from this card?
SHOW CARD V
ENTER BAND NUMBER

1..60

ASK IF: QHoH.HoHprtnr < 11
AND: (Gross = DONTKNOW) OR (SGross = DONTKNOW)

Jntinc

Would it be possible for you to tell me which group represents the total income of [HOH] and [HOH's partner] taken together - before any deductions?
SHOW CARD U
ENTER BAND NUMBER

1..32

ASK IF: AND: Jntinc = 32

Gross5

Could you please look at the next card and give me that total income taken together as an annual amount from this card?
SHOW CARD V
ENTER BAND NUMBER

1..60
Adult Dental Health 1998: Data documentation
Annex 2: Questionnaire

JWeekGr
THIS IS CALCULATED BY THE COMPUTER. YOU DO NOT NEED TO ENTER ANYTHING HERE.
PRESS ENTER TO CONTINUE.
(IF YOU WANT TO CHANGE IT USE THE UP ARROWS TO GO BACK AND CHANGE THE
INCOME CODE(S)).
0.999999

Ask if: ((NSrc IN SrcInc) OR (JWeekGr = RESPONSE)) AND ((QTHComp.NumAdult > 2) OR
((QTHComp.NumAdult = 2) AND (QHoH.HoHprtnr = 11)))

lfHSrc
Can I just check, does anyone else in the household have a source of income?
(1) Yes
(2) No

Ask if: And: lfHSrc = Yes

HGross
(And now) thinking of the income of the household as a Whole, Which of the groups on this card
represents the total income of the Whole household before deductions for income tax, National
Insurance etc.
SHOW CARD U
ENTER BAND NUMBER
1.32

Ask if: HGross = 32

HGross2
Could you please look at the next card and give me that as an annual amount from this card?
SHOW CARD V
ENTER BAND NUMBER
1.60

HWeekGr
THIS IS CALCULATED BY THE COMPUTER. YOU DO NOT NEED TO ENTER ANYTHING HERE.
PRESS ENTER TO CONTINUE.
(IF YOU WANT TO CHANGE IT USE THE UP ARROWS TO GO BACK AND CHANGE
HGROSS/HGROSS2)
0.99999
### Annex 3: Recoding surface codes

1. Examination criteria and corresponding values for surface code variables

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>sound</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>Visual caries</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>cavitated caries</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>broken down/pupal involvement</td>
<td>3</td>
</tr>
<tr>
<td>4Z</td>
<td>Sealant - sound</td>
<td>40</td>
</tr>
<tr>
<td>4V</td>
<td>Sealant with visual caries</td>
<td>41</td>
</tr>
<tr>
<td>4X</td>
<td>Sealant with cavitated caries</td>
<td>42</td>
</tr>
<tr>
<td>4Y</td>
<td>Sealant - failed restoration</td>
<td>43</td>
</tr>
<tr>
<td>5Z</td>
<td>Amalgam filling - sound</td>
<td>50</td>
</tr>
<tr>
<td>5V</td>
<td>Amalgam filling with visual caries</td>
<td>51</td>
</tr>
<tr>
<td>5X</td>
<td>Amalgam filling with cavitated caries</td>
<td>52</td>
</tr>
<tr>
<td>5Y</td>
<td>Amalgam filling - failed restoration</td>
<td>53</td>
</tr>
<tr>
<td>6Z</td>
<td>Restoration - sound</td>
<td>60</td>
</tr>
<tr>
<td>6V</td>
<td>Restoration with visual caries</td>
<td>61</td>
</tr>
<tr>
<td>6X</td>
<td>Restoration with cavitated caries</td>
<td>62</td>
</tr>
<tr>
<td>6Y</td>
<td>Restoration - failed restoration</td>
<td>63</td>
</tr>
<tr>
<td>7Z</td>
<td>Shim/veneer - sound</td>
<td>70</td>
</tr>
<tr>
<td>7V</td>
<td>Shim/veneer with visual caries</td>
<td>71</td>
</tr>
<tr>
<td>7X</td>
<td>Shim/veneer with cavitated caries</td>
<td>72</td>
</tr>
<tr>
<td>7Y</td>
<td>Shim/veneer - failed restoration</td>
<td>73</td>
</tr>
<tr>
<td>8Z</td>
<td>Artificial crown - sound</td>
<td>80</td>
</tr>
<tr>
<td>8V</td>
<td>Artificial crown with visual caries</td>
<td>81</td>
</tr>
<tr>
<td>8X</td>
<td>Artificial crown with cavitated caries</td>
<td>82</td>
</tr>
<tr>
<td>8Y</td>
<td>Artificial crown - failed restoration</td>
<td>83</td>
</tr>
<tr>
<td>M</td>
<td>Missing</td>
<td>90</td>
</tr>
<tr>
<td>A</td>
<td>missing-replaced by conventional bridge</td>
<td>97</td>
</tr>
<tr>
<td>B</td>
<td>missing-replaced by adhesive bridge</td>
<td>98</td>
</tr>
<tr>
<td>9</td>
<td>unscored</td>
<td>99</td>
</tr>
</tbody>
</table>
2. Coding surface codes into tooth (coronal) variables

This shows how the tooth variables were coded from the five different surface variables. As each tooth could have surfaces of different types, rules were determined to which types of surface should have priority over others:

- Surfaces which were broken down/ had pulpal involvement
- Surfaces with decay
- Surfaces with amalgam fillings
- Surfaces with other restorations
- Surfaces with shims/veneers
- Surfaces with sealants
- Sound surfaces

(Artificial crowns covered all five surfaces therefore were not affected by the priority rules)

For example, if one surface was broken down and all others were sound, the tooth was coded as broken down and a tooth was only recorded as sound if all surfaces were sound. Teeth with decay and restorations on different surfaces were recorded as such, for example, cavitated decay with sound amalgam filling. However, if a tooth had two different types of restorations then the tooth was coded according to the priority rules. For example, if a tooth had a sound amalgam filling on one surface and sound sealant on another, it was coded as having a sound amalgam filling.

The table shows all the whole tooth codes with the corresponding surface codes. It also shows how it which of the three main analysis variables it was subsequently coded to: sound and untreated (SUT); restored otherwise sound (ROS); or decayed or unsound (DU), according to both the 1988 and 1998 criteria. Categories which change according to the criteria used (i.e. those relating to visual caries) are in italics.

<table>
<thead>
<tr>
<th>Description</th>
<th>Surface Codes</th>
<th>1988 criteria</th>
<th>1998 criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Sound</td>
<td>0</td>
<td>SUT</td>
<td>SUT</td>
</tr>
<tr>
<td>2 Visual caries</td>
<td>1</td>
<td>SUT</td>
<td>DU</td>
</tr>
<tr>
<td>3 cavitated caries</td>
<td>2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>4 unrestorable</td>
<td>3</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>5 sealant – sound</td>
<td>40</td>
<td>SUT</td>
<td>SUT</td>
</tr>
<tr>
<td>6 sealant with vis. caries on surface</td>
<td>41</td>
<td>SUT</td>
<td>DU</td>
</tr>
<tr>
<td>7 sealant with cav. caries on surface</td>
<td>42</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>8 fractured sealant</td>
<td>43</td>
<td>SUT</td>
<td>SUT</td>
</tr>
<tr>
<td>9 sealant with vis. caries + vis. caries on other surfaces</td>
<td>41+1</td>
<td>SUT</td>
<td>DU</td>
</tr>
<tr>
<td>10 sealant with vis. caries + cav. caries on other surfaces</td>
<td>41+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>11 sealant with cav. caries + vis. caries on other surfaces</td>
<td>42+1</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>12 sealant with cav. caries + cav. caries on other surfaces</td>
<td>42+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>13 fractured sealant + vis. caries on other surfaces</td>
<td>43+1</td>
<td>SUT</td>
<td>DU</td>
</tr>
<tr>
<td>14 fractured sealant + cav. caries on other surfaces</td>
<td>43+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>Description</td>
<td>Surface Codes</td>
<td>1988 criteria</td>
<td>1998 criteria</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>15   sound sealant + vis. caries</td>
<td>40+1</td>
<td>SUT</td>
<td>DU</td>
</tr>
<tr>
<td>16   sound sealant + cav. caries</td>
<td>40+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>17   sound amalgam filling</td>
<td>50</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>18   am. filling with vis. caries on surface</td>
<td>51</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>19   am filling with cav. caries on surface</td>
<td>52</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>20   fractured am filling</td>
<td>53</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>21   am filling with vis caries + vis caries</td>
<td>51+1</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>22   am filling with vis caries + cav caries</td>
<td>51+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>23   am filling with cav caries + vis caries</td>
<td>52+1</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>24   am filling with cav caries + cav caries</td>
<td>52+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>25   fractured am filling + vis caries</td>
<td>53+1</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>26   fractured am filling + cav caries</td>
<td>53+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>27   sound am filling + vis caries</td>
<td>50+1</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>28   sound am filling + cav caries</td>
<td>50+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>29   sound am filling + shim/veneer</td>
<td>50+70+73</td>
<td>ROS</td>
<td>ROS</td>
</tr>
<tr>
<td>30   sound restoration</td>
<td>60</td>
<td>ROS</td>
<td>ROS</td>
</tr>
<tr>
<td>31   rest. with vis. caries on surface</td>
<td>61</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>32   rest. with cav. caries on surface</td>
<td>62</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>33   fractured rest.</td>
<td>63</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>34   rest. with vis caries + vis caries</td>
<td>61+1</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>35   rest. with vis caries + cav caries</td>
<td>61+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>36   rest. with cav caries + vis caries</td>
<td>62+1</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>37   rest. with cav caries + cav caries</td>
<td>62+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>38   fractured rest. + vis caries</td>
<td>63+1</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>39   fractured rest. + cav caries</td>
<td>63+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>40   sound rest. + vis caries</td>
<td>60+1</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>41   sound rest. + cav caries</td>
<td>60+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>42   sound rest. + shim/veneer</td>
<td>60+70+73</td>
<td>ROS</td>
<td>ROS</td>
</tr>
<tr>
<td>43   sound shim/veneer</td>
<td>70</td>
<td>ROS</td>
<td>ROS</td>
</tr>
<tr>
<td>44   s/v with vis. caries on surface</td>
<td>71</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>45   s/v with cav. caries on surface</td>
<td>72</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>46   fractured s/v</td>
<td>73</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>47   s/v with vis caries + vis caries</td>
<td>71+1</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>48   s/v with vis caries + cav caries</td>
<td>71+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>49   s/v with cav caries + vis caries</td>
<td>72+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>50   s/v with cav caries + cav caries</td>
<td>72+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>51   fractured s/v + vis caries</td>
<td>73+1</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>52   fractured s/v + cav caries</td>
<td>73+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>53   sound s/v + vis caries</td>
<td>70+1</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>54   sound s/v + cav caries</td>
<td>70+2</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>55   sound crown</td>
<td>80</td>
<td>ROS</td>
<td>ROS</td>
</tr>
<tr>
<td>56   crown with vis. caries</td>
<td>81</td>
<td>ROS</td>
<td>DU</td>
</tr>
<tr>
<td>57   crown with cav. caries</td>
<td>82</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>58   fractured crown</td>
<td>83</td>
<td>DU</td>
<td>DU</td>
</tr>
<tr>
<td>90   Missing</td>
<td>90</td>
<td>Missing</td>
<td>Missing</td>
</tr>
<tr>
<td>97   Missing replaced by adhesive bridge</td>
<td>97</td>
<td>Missing</td>
<td>Missing</td>
</tr>
<tr>
<td>98   Missing replaced by conventional bridge</td>
<td>98</td>
<td>Missing</td>
<td>Missing</td>
</tr>
<tr>
<td>99   Unscorable</td>
<td>99</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Annex 4: Derivation of mouth variables

This shows how the individual tooth types (see Annex 3) were combined to get counts of different types of teeth in the mouth.

NUMMISS  no. of missing teeth  
90, 97, 98

NUMTOOTH  no. of teeth  
1 - 58, 99

NUMSUT88  no. of sound & untreated teeth (88)  
1,2,5,6,8,9,13,15

NUMROS88  no. of restored otherwise sound teeth (88 def.)  
17,18, 21, 27, 29, 30, 31, 34, 40, 42, 43, 44, 47, 53, 55, 56

NUMDU88  no. of decayed or unsound teeth (88 def.)  
3,4,7,10,11,12,14,16,19,20, 22-26, 28, 32, 33 35-39, 41, 45, 46, 48-52, 54, 57, 58

NUMSUT98  no. of sound & untreated teeth (98)  
1,5,8

NUMROS98  no. of restored otherwise sound teeth (98 def.)  
17,29, 30, 42, 43, 55

NUMDU98  no. of decayed or unsound teeth (98 def.)  
2,3,4,6,7, 9-16, 18-28, 31-41, 44-54, 56-58

NUMREST  total no. of restored teeth (inc. shims/veneers)  
17-58

NUMFIL  total no. of filled teeth (amalgam and other types)  
17 - 42

NUMAMF  total no. of teeth filled with amalgam  
17 - 29

NUMNAF  no of teeth with non-amalgam fillings  
30-42

NUMSEAL  no. of teeth with sealants  
5 - 16

NUMSHIM  no. of teeth with shims/veneers  
29, 42 - 54

NUMSF98  total no. of teeth with sound fillings (98)  
17, 27 - 30, 40, 41, 42

NUMSFD98  no. of teeth with sound fillings + other decay (98)  
27,28,40,41

NUMFF98  total no. of teeth with fractured fillings (98)  
20, 25, 26, 33, 38, 39

NUMFFD98  no. of teeth with fractured fillings + decay (98)  
25, 26,38,39
Annex 4: Derivation of mouth variables

NUMFF98  no. of teeth with fractured fillings + no other decay (98)
          20, 33

NUMDF98  total no. of teeth with decayed fillings (98)
          18, 19, 21 - 24, 31, 32, 34 - 37

NUMDFD98 no. of teeth with decayed fillings + decay (98)
          21 - 24, 34 - 37

NUMDFS98 no. of teeth with decayed fillings + no other decay (98)
          18, 19, 31, 32

NUMFND98 no. of filled not decayed teeth (98)
          17, 20, 29, 30, 33, 42

NUMDE98  total no. of teeth with primary decay (98)
          2, 3, 4, 6, 7, 9 - 16, 21 - 28, 34 - 41, 47 - 54

NUMDNR98 no. of teeth with decay with no other fillings/s/v (98)
          2, 3, 4, 6, 7, 9 - 16

NUMDWR98 no. of teeth with decay and other fillings/s/v (98)
          21 - 28, 34 - 41, 47 - 54

NUMUNRST no. of unrestorable teeth
          4

NUMCAV   total no. of teeth with cavitated caries
          3, 7, 10, 11, 12, 14, 16, 22, 24, 26, 28, 35, 37, 39, 41, 45, 48, 50, 52, 54

NUMVIS   total no. of teeth with visual caries
          2, 6, 9, 13, 15, 21, 23, 25, 27, 34, 36, 38, 40, 44, 47, 49, 51, 53

NUMTDEC  total number of teeth with decay (98)
          2, 3, 4, 6, 7, 9 - 16, 18, 19, 21 - 28, 31, 32, 34 - 41, 44, 45, 47 - 54, 56, 57

NUMTPRIM total number of teeth with primary decay (98)
          2, 3, 6, 7, 9 - 16, 21 - 28, 34 - 41, 47 - 54

NUMPCAV  number of teeth with primary cavitated caries
          3, 7, 10, 11, 12, 14, 16, 22, 24, 26, 28, 35, 37, 39, 41, 48, 50, 52, 54

NUMPVIS  number of teeth with primary visual caries
          2, 6, 9, 13, 15, 21, 23, 25, 27, 34, 36, 38, 40, 44, 47, 49, 51, 53

NUMTREC  total number of teeth with recurrent caries (98)
          18, 19, 21 - 24, 31, 32, 34 - 37, 44, 45, 47 - 50, 56, 57

NUMRCAV  number of teeth with recurrent cavitated caries
          19, 23, 24, 32, 36, 37, 45, 49, 50, 57

NUMRVIS  number of teeth with recurrent visual caries
          18, 21, 22, 31, 34, 35, 44, 47, 48, 56

NUMPRRE  number of teeth with primary & recurrent caries
          21 - 24, 34 - 37, 47 - 50
### Annex 4: Derivation of mouth variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Teeth Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMUSF88</td>
<td>no. of teeth with unsound fillings (88)</td>
<td>20, 25, 33, 38, 46, 51</td>
</tr>
<tr>
<td>NUMFD88</td>
<td>no. of filled &amp; decayed teeth (88)</td>
<td>19, 22, 23, 24, 26, 28, 32, 35, 36, 37, 39, 41, 45, 48, 49, 50, 52, 54</td>
</tr>
<tr>
<td>NUMDNT88</td>
<td>no. of decayed teeth with no treatment (88)</td>
<td>3, 7, 10, 11, 12, 14, 16</td>
</tr>
<tr>
<td>NUMCROWN</td>
<td>Number of crowns</td>
<td>55-58</td>
</tr>
<tr>
<td>UNSCORED</td>
<td>Number of unscorable teeth</td>
<td>99</td>
</tr>
</tbody>
</table>
Appendix C.1 The conduct of the examination and clinical criteria used for the assessments

Introduction
These criteria are written for the use of the dental examiners prior to and during training and for consultation purposes during the fieldwork.

The aim in setting these criteria has been to maintain comparability with the 1978/1988 surveys of adult dental health in the UK, whilst incorporating new conventions based on research findings and current epidemiological practice. In addition, criteria to assess clinical conditions that have emerged as significant in the last decade have also been introduced.

For the first time in one of the national Adult Dental Health Surveys, data will be entered directly onto a computer by the interviewer. For the purpose of early training, paper recording on printouts of the screen display will be used, but in the final stages of training and in the field all data will be recorded on a portable computer.

The criteria which follow should be studied in conjunction with the reproduction of the examination forms supplied. Each page of the forms shows several of the grids which the interviewer will complete on screen. The general and personal details will be entered by the interviewer before going into the household.

PROCEDURE BEFORE THE EXAMINATION

Medical Screening
Before the examination the dentist must ask the person some set questions about their medical history, specifically relating to any risk that the examination may pose. They will be asked about a history of rheumatic fever, endocarditis and valvular heart disease. They will also be asked about the presence of any artificial joints (usually hip or knee). Despite the extremely low risk of the examination, no risk is seen as acceptable in a survey of this sort, and those who respond positively to these questions will not undergo the periodontal examination. There is no reason at all why the rest of the examination should be a problem, as the gingivae will not be probed.

The precise wording of the questions is on a card which the interviewer will carry, but it is the examiner's responsibility to ask, and to pursue if necessary. A single code will be entered to record whether or not the periodontal component was omitted, and another to record whether or not the rest of the examination was completed in full. This will be at the end of the examination.

Equipment set-up and seating the participant
The participant should be seated in a comfortable chair which has good head support, and to which the examiner can get access. Individual examiner's preferences vary. Kitchens are sometimes difficult as the seats often have no head support. A comfortable chair in the sitting room is usually fine, but access and lighting can be a problem. Consideration needs to be given to the positioning of the 'Daray' lamp, the availability of power points, and the convenience to the participants. The lamp can be clamped to an ironing board if necessary.

The instruments should be laid out on a clean tissue out of sight of the participant if possible, but allowing easy access. The light should be set up and adjusted. The Daray lamp should be set at the high power setting (II) and dark protective glasses placed on the subject.

Cross infection control
Each examiner will carry sufficient sets of sterile instruments to ensure that there are sterile instruments for every examination. Following the examination these will be placed in a sealed container for transport back to the examiners home clinic where the instruments will be autoclaved. Examiners will wear a clean pair of rubber gloves for the examination
Appendix C.1: Conduct of the examination and clinical criteria used for the assessments

of each participant. These will be disposed of into a standard yellow bag with any tissues or wipes after the exam. This will be disposed of on return to the clinic along with normal clinical waste.

DIAGNOSTIC CRITERIA

Before the participant removes their dentures, the examiner may wish to look briefly in the mouth to assess the overall distribution of natural teeth and dentures. This may serve to put the participant at their ease before removing their prosthesis, but it is essential that the dentures are then removed for the rest of the examination. There is an initial box in the form which records the dental status (dentate in both arches, dentate in one arch, or edentate). This must be done with the dentures removed. This is completed at this stage.

The convention throughout is:
If in doubt - score low (i.e. “least disease”).

1. **Existence and state of coronal surfaces, and debris score**

   The first stage of the examination is to record the condition of the crowns of the teeth. As data are entered, the computer will automatically block out all missing teeth for the remaining relevant parts of the examination (namely the grids for roots, wear and periodontal condition), consequently there is no need to record which teeth are present or absent before starting. All the examiner has to decide is which tooth is being examined, data on spaces and replacement teeth will be recorded at a later stage.

   **Procedure**

   Using mirror and CPI probe the permanent teeth will be examined in the following order:
   - Upper right, upper left, lower left, lower right (i.e. clockwise as you look at the subject from in front).

   The interviewer will probably prompt you with the tooth number as you move around the mouth. Before calling out the five surface codes, we would like you to call out a code to indicate whether or not there is any plaque (or supragingival calculus) on the tooth surface. The code to call is either “P” where there is plaque, or “C” (clean) where there is not.

   Having called out the debris code for the tooth, and cleaned the surfaces of gross debris (if necessary), the surfaces should then be examined one at a time, distal first, then occlusal, mesial, buccal, lingual, and the codes called out clearly and unequivocally for each site. Each tooth, even the anterior teeth, has five surfaces because on the anterior teeth, the incisal is considered a tooth surface equivalent to the occlusal surface on molars and premolars.

   Most codes will be single codes, but multicoading (or sub-coding), where a second code is entered to qualify the first, is possible for some conditions. A tooth may be “5 sub-code X” or “5X”. Clarity of calling is of the first importance if the examination is to be completed efficiently and accurately.

   For this part of the examination the CPI type C probe is used. Being a ball-ended instrument, this means that it should not damage any incipient lesions. It should not be used for probing into fissures or early lesions, but it may be used for the following:
   - removing debris from around key areas if necessary.
   - detecting and examining sealants
   - placing into open crown margins or defects at the margin of restorations to estimate their dimension, but this should not be done with force.

   **Codes and criteria**

   **Debris**
   - P = Any VISIBLE plaque (to naked eye, without running probe around)
   - C = Clean, no plaque visible to the naked eye

   This is called out first, and then you should call the five surface codes for coronal condition below.

   **Coronal condition**
   - M = Missing (and not a bridge pontic)
   - A = Adhesive bridge pontic
   - B = Conventional bridge pontic

   Once these codes are entered for a single surface these teeth will be blocked through as missing for the remainder of the examination (except for contacts and spacing).

   **O = Sound**

   For this survey, the diagnostic threshold for caries follows the convention for dental epidemiology, only caries into dentine or thought to be into dentine is recorded as diseased, caries restricted to enamel is recorded as a sound surface. Note that there are three codes for caries (1, 2 and 3) but that all of these represent caries into dentine. Where all surfaces are sound you may call “Q” and all 5 surfaces will be marked with zero.

   **1 = Visual caries**

   The surface has decay present which is visible to the observer, but which is NOT obviously cavitated. This will usually manifest as shadowing under an occlusal surface or marginal ridge.
Appendix C.1: Conduct of the examination and clinical criteria used for the assessments

2 = Caries (cavitated)
   The surface has decay present which has caused the lesion to cavitate. Record ‘2’ only if there is a cavity (but not ‘3’, see below). In line with previous surveys, this also includes temporary dressings placed for the treatment of caries.

3 = Broken down/pulpal involvement evident or unequivocal
   Code 3 is for teeth which are so broken down that it is inconceivable that there is no pulp involvement and where restoration of the tooth would be very involved or impossible. This would usually be used for carious stumps or teeth so broken down that whole surfaces have been eliminated through caries and where more than two thirds of the marginal ridge has been destroyed. It should not be used for little bits of retained root left after extraction (which should be ignored at this stage), or for overdenture abutments (code 9). There must be active soft carious dentine. Although it is possible that on occasions pieces of restoration may be present on such a surface, by definition this is unlikely. In such cases, where a code 3 is to be used you should ignore them.

   Where a code 3 is entered it applies to all 5 surfaces of the tooth, even if there are pieces of restoration. This will be entered automatically for all 5 surfaces.

9 = Not possible to code
   Code 9 is used throughout the examination for occasions where you cannot make a reasonable judgement. It should be used VERY sparingly. In the case of coronal surfaces it represents circumstances where an entire surface is actually missing because it has fractured off or worn away, such that there is nothing that you can code. This is rare, if there is anything there you should score it. The most likely use for code 9 is for overdenture abutments. If a surface is missing because it has broken down through caries then 2 or 3 should be used. Code 9 should also be used for teeth which are partially erupted and where large parts of surfaces are obscured by flaps of mucosa. This is most likely to occur on lower third molars. Code 9 is used only for surfaces where more than half of the surface is covered.

The following codes indicate the presence of a restoration or sealant. All of the codes below must always be qualified by a second code which indicates the condition of the restoration or sealant.

5 = Amalgam filling
6 = Intracoronal restoration, but not amalgam
   This will usually be composite or glass ionomer, but also includes inlays or onlays.
7 = Veneers, shims
   These are adhesive restorations. They are used simply to change the shape of a tooth or as adhesive retainers for resin bonded bridges. A shim is a thin metal restoration cemented onto a functional surface (such as the palatal surface of an upper anterior or a molar occlusal surface) to change it’s shape. These are rare. A veneer is usually placed buccally to improve colour or shape, these are fairly common. The difference between them is not important, but neither is placed to treat caries. The key difference between code 7 and code 6 is that the restorations for code 6 are placed to treat caries, whilst those for 7 are stuck on to the surface to fulfill an aesthetic or occlusal need. Restorations placed on incisal edges of anterior teeth to repair fractures should also be coded 7, assuming that there is no question of them being placed to treat caries.

8 = Full crown
   This may be either permanent or temporary, and including full coverage bridge abutments for conventional bridges. It does not include 3/4 crowns, these are coded ‘6’ on the relevant surface. Temporary crowns are coded 8, but must be multicodeed “Y” see below.

F = Sealants
   It is often impossible to be sure whether or not a sealant is a sealant alone or whether there is a restoration underneath. Where there is clear evidence of a sealant restoration (but only where there is clear evidence) this should be coded as 6 instead.

For codes 5,6,7,8 and F the computer will always need a second code to indicate the status of the restoration. The interviewer will not be able to move on unless you call a second code. The restoration may have visible caries but no cavitation associated with the restoration (similar to code 1 above), or there may be cavitation associated with caries at the margin (see code 2 above), it may have broken or been damaged but not carious, or it may be a perfectly sound restoration. There is a code to represent each of these and you must always use ONE of them with codes 5,6,7 and 8.

V = Recurrent caries (visual, no cavitation)
X = Recurrent caries (cavitation at the margin)
Y = Failed restoration, but not carious
   This may be a restoration which is chipped cracked or which has a margin into which a ball-ended probe tip will fit. Temporary crowns are included here.

Z = Sound

Priority
   Data are collected on a surface by surface basis so the possibilities of having more than one code on a surface are limited. On rare occasions though there may be a restoration and completely unrelated caries. In these situations the caries code will ALWAYS take precedence, so if codes 2 and 5 or even 5X are possible, then code 2 should be entered. This is
to ensure that new caries is never left unrecorded. Similarly if there is a filling which is fractured and carious, the caries code (X or V) is the one recorded as the multicode, not code Y, so that recurrent caries is always recorded unless there is new caries on the same surface.

Where there are two materials present on a surface, amalgam will take precedence.

Summary - coronal surfaces
- move clockwise around the mouth
- the presence or absence of any plaque is called out first
- then five surface codes are called out (for D,M,O,B,L surfaces in that order)
- for each surface there will be a single code where there is no restoration or sealant
- where there is a restoration or sealant there are two codes, one to describe the restoration (e.g. amalgam, other material, crown, sealant etc) and a second code to indicate the condition
- on rare occasions where there is both new decay and separate restoration on the same surface, caries will always take priority. These situations will arise only rarely

2. Condition of root surfaces

Procedure
Having completed the coronal surfaces the examiner should return to examine the roots in the same order as was used for those surfaces. There is no need for the recorder to mark out missing teeth, this will have been done automatically, but it is important that you keep the recorder orientated. You should call out which teeth you are on as you progress or at the very minimum you should indicate when the midline is reached. On no account should you try to do the roots at the same time as the crowns.

Diagnosis of root caries is different from that for coronal caries, and requires the use of a sharpened probe, because textural changes are at the heart of diagnosis. The examiner will now need to pick up the root probe. Note that this instrument is used for no other surface. The probe should be used on the surface of the roots to determine texture or detect cavitated defects. Do not try to push the tip hard into dentine. You will get some indication of the texture by dragging it across the surface, and gently feeling for any softness. Do this if there is any question of decay.

Anything exposed apical to the cemento-enamel junction is regarded as root surface. Each root may have four surfaces, but in reality often only one or two will be exposed and in younger participants the number of exposed teeth will be rather low. However all four surfaces must be examined, to ensure complete coverage of the root surface.

Codes and criteria
Each root surface of every tooth should be examined and a single code for each tooth called using the codes below. Remember, if in doubt, score low (i.e. least disease)
N = No exposed root surface
0 = Exposed root surface present but no evidence of current or past disease
   Exposed root surface is any exposure of the root coronal to the gingival margin
2 = Caries on the root surface
   This is any caries which is believed to be active on the basis of texture. An active root lesion can be almost any colour from yellow or tan through to almost black. In some circumstances it can even be very difficult to tell caries from extrinsic staining. The texture is very important and the probe must be used to try to determine this. Anything which shows evidence of softening or frank cavitation should be coded as carious. Shiny dark areas are much less likely to be actively carious and more likely to be arrested, such areas should be coded as "4". Usually stained calculus and extrinsic staining will be fairly obvious, but if there is any doubt the texture is critical.
3 = Broken down tooth such that roots cannot be scored
   Code 3 is the same as 3 for coronal surfaces, it indicates that the root is present but is grossly carious and broken down.
4 = Hard, arrested decay
   The surface should be glossy and hard, despite being discoloured. There has been decay, but it is now arrested. See above for "2".
9 = Unscorable
   Code 9 should be used sparingly, and only if it is not clear whether or not there is any root exposure. This is most likely where there are very large deposits of calculus around lower incisors. If there is any visible root it should be coded with the appropriate letter. If there is no root surface exposed then a code 0 should be used. Only if the examiner suspects an exposed root surface, but cannot examine it should a code 9 be entered.
W = Worn to a depth of 2mm or more, but with no caries or restoration

The codes above are always used alone, the codes below are restoration codes and must always be used with a second code using exactly the same convention as for coronal surfaces. One of the codes V, X, Y, Z must be used to describe the condition of the root restorations. Situations where the
Appendix C.1: Conduct of the examination and clinical criteria used for the assessments

"V" code is required are expected to be very rare indeed.

5 = Amalgam restoration (see note below)

6 = Filling or restoration, not amalgam (see note below)

Note:
Most restorations are either clearly crown or root restorations, but some restorations and lesions straddle the CEJ and these are difficult to call. Here the 3mm rule will apply. This goes as follows:

- If the restoration is clearly a coronal restoration which encroaches on to the root, it should ONLY be coded as a root restoration as well as a coronal restoration if it extends 3mm or more beyond the CEJ (or the estimated CEJ) and onto the root surface. The distal section of the CPI probe (above the ball end) can be used to measure this if necessary.
- If there is frank caries at the margin of the filling extending from the coronal onto the root surface then this will count as caries on the root, even where the restoration does not extend 3mm. In this case the condition of the coronal portion of the filling will be coded independently according to the condition of this part of the tooth.
- If a root restoration extends onto the crown, the same 3mm rule applies in reverse (i.e. there must be 3mm beyond the CEJ on to the crown to count as a coronal restoration), but any caries occurring on the coronal portion of a root restoration is recorded as coronal caries, whilst the root restoration is scored according to its condition.
- Some lesions and some fillings are smaller, they straddle the CEJ and it is difficult to be sure whether they are primarily on the root or the crown and do not extend 3mm onto either. In this case they should be recorded as root as this is the more vulnerable surface if it is exposed.
- Artificial crowns cause a particular problem because it is often impossible to identify the CEJ. Where there is a crown and the CEJ is covered, the margin of the crown should be considered the same as the CEJ, unless the contour of the crown indicates where the CEJ lies in which case the extension of the crown beyond this can be measured. On the rare occasion where this extends 3mm or more on to the root surface, the surface should be recorded as filled.

Summary - root surfaces

- root surfaces are examined in a separate single sweep of the mouth, examining the teeth in the same order as for crowns
- only a single code is entered for the whole root surface
- the codes are similar to those for crowns
- you must use the sharp probe to assess texture
- in younger patients the examination will usually be very easy and quick

Tooth wear

Procedure
The assessment of tooth wear is a part-mouth examination.

The teeth should be inspected in good light, from the upper right canine to the upper left canine, and then left canine to right canine in the lower arch, just as for the previous parts of the examination. Each tooth should be assessed looking at each coronal surface (root surfaces have been recorded during the examination for roots). In order to provide comparable data with younger age groups from previous children's surveys, scores are recorded on three surfaces per tooth for the six upper teeth, the buccal, incisal and palatal. For the lower teeth, the worst surface score is the one recorded and this will almost always be the incisal score, but if buccal or lingual surfaces are worse, then this is recorded. In many cases there will be very heavily restored teeth or crowns, these cannot be scored, but are not missing and should be coded as unscorable. The computer programme will automatically mark off all missing teeth.

Remember the convention: If in doubt - score low.

Codes and criteria

<table>
<thead>
<tr>
<th>Score</th>
<th>Surface</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>All</td>
<td>Sound, Any wear is restricted to the enamel and does not extend into dentine</td>
</tr>
<tr>
<td>1</td>
<td>All</td>
<td>Loss of enamel just exposing dentine</td>
</tr>
<tr>
<td>2</td>
<td>B,L</td>
<td>Loss of enamel exposing dentine for more than an estimated one third of the individual surface area (B,L).</td>
</tr>
<tr>
<td>3</td>
<td>B,L</td>
<td>Complete loss of enamel on a surface, pulp exposure, or exposure of secondary dentine where the pulp used to be. Frank pulp exposure is most unlikely.</td>
</tr>
<tr>
<td>8</td>
<td>All</td>
<td>Fractured tooth - clear evidence of traumatic loss of tooth substance rather than wear.</td>
</tr>
<tr>
<td>9</td>
<td>All</td>
<td>Unscorable. &gt;75% of surface obscured and no remaining incisal edge tip which can be coded. If any incisal edge tip is present and a score may be given, this should be done. All crowns and bridge abutments are given this code.</td>
</tr>
</tbody>
</table>

Notes:
1. Bridge pontics are coded as missing and will already be blocked out.
Appendix C.1: Conduct of the examination and clinical criteria used for the assessments

2. Code 2 is the most difficult one to judge. Use the CPI probe (shaded band) to measure the diameter of any exposed dentine facet if necessary.

3. Where wear is severe, it can often be contiguous from palatal onto incisal, such that it is difficult to distinguish the surfaces. In these instances, code both the same.

4. Frank pulpal exposure is very rare, but exposure of secondary dentine (where the pulp used to be), usually appearing as a small translucent area in the centre of a wide area of dentine exposure, is not uncommon in older people.

Summary - Tooth wear
- only upper and lower anterior teeth are examined
- three upper surfaces and the worst lower surface of each of the teeth is recorded
- many teeth may be unscorable because of restorations

Figure 1
The illustration below shows the measurement of a worn facet on a lower incisor. The CPI probe can be used to measure the buccolingual width of the dentine facet by using the shaded area on the instrument as a ruler. This part of the probe measures 2mm. In this case the exposed dentine is just less than 2mm so would be coded as 1.

Occlusion - functional occlusal contacts

The assessment of occlusal contacts refers to occlusal contacts between natural teeth and the pontics of fixed bridges only. There are two parts to this short examination, first an assessment of the posterior (premolar and molar) regions, and then a simple count of the number of anterior tooth contacts.

Procedure
A contact is the same as an occlusal stop. For the purposes of this examination you should get the subject to close together normally on the back teeth (sometimes the phrase “clench your back teeth together” is the most effective) and then using a mirror to hold back the cheek, look at the lower arch from the side and record the distribution of contacts. In a complete quadrant there will be 8 possible zones of contact in the posterior region (see diagram). Each of the premolars is a single zone, and each of the molars is about twice as wide, so we split them into two zones each.

We are interested in which zones the contacts are in, not the tooth involved - teeth can drift. You need not try to identify which tooth is doing what, just look at each zone in turn and work out whether or not there is a contact. For example, if a first premolar has been lost and the second premolar has moved forward, the mesial cusp of the first molar may have taken up the second premolar position, and the second premolar may have taken the first premolar position. However, although it is the 5 and 6 which are making the contacts, the contacts will be scored as being in the first and second premolar zone.

The scoring is quite easy if you start at the front (distal to the canine) and work distally, on the right first, then the left. Call out code 1 for contact present and 0 (zero) for no contact. Note that contact between a fixed bridge and a natural tooth, or even between two fixed bridge pontics, is considered as a contact. Obviously if there is NO lower tooth or bridge pontic in the zone you are looking at there cannot possibly be a contact.

Codes and criteria
Posterior functional contacts
0 = No posterior functional contact
1 = Posterior functional contact present
Notes:
- A posterior functional contact is classified as present where the contact forms a vertical occlusal stop. This is recorded according to the lower tooth (i.e. does the natural lower or bridge pontic contact with any natural upper or pontic), and is coded as a “1” even if the area of contact is small. In rare cases where there is contact but no occlusal stop (e.g. a scissors bite) a zero is recorded. Clearly there can be no contact if there is no lower tooth in the zone you are looking at
- In some cases it may be difficult to tell whether the teeth actually touch or not, you should assume that they do if you are in doubt.
- Where there are small spaces in the lower arch and you cannot decide whether you should consider it as a whole zone, count the space as a full “zone” if it is wider than a half a tooth, otherwise ignore it.

Anterior contacts
Anterior contacts are also recorded. To do this look at the six lower anterior teeth and count how many of them are in contact with natural uppers or fixed bridge pontics.
Appendix C.1: Conduct of the examination and clinical criteria used for the assessments

recorder can enter any score in the range from 0 to 6. Most people have an overbite and it can be difficult to see whether there is contact, but in these cases assume there is. Where there is an anterior open bite, or where lower teeth are missing there clearly cannot be a contact.

**Summary - contacts**
- it is the position of the contact which is critical, the tooth which makes it is irrelevant
- missing teeth are not marked out
- get the participant to close (or 'clench') together onto their back teeth

- start at the front (the position where the first premolar would be) and work back
- do the right first, then the left
- think of each side of the mouth as being split into 8 "zones" in the premolar and molar region. representing where each premolar or half molar tooth would normally be
- there are only two codes, ‘1’ if there is a contact in that position, ‘0’ if there is not (make sure to get them the right way around!)

**Figure 2: Examples of scoring contacts**

**Right side:** there are a couple of lower teeth present which do not make contact, and the two molars have drifted one “zone” forward into the distal half of the space where the first molar was. Remember the contacts are examined and called out starting at the front and working back (irrespective of the side concerned – follow the arrow), so the codes here would be......

0, 1, 0, 1, 1, 0, 0, 0

now check it and see if you agree

**Left side:** There has been wholesale loss of upper teeth, but one upper molar has drifted and tipped forward and makes a contact in about the fifth zone back (roughly where the mesial half of the second molar would be). Sometimes this position can be difficult to judge accurately. Whether the contact is actually in that position or one zone either side is not critical, what is important is that it is in the middle of the molar region. The codes are...

0, 0, 0, 1, 0, 0, 0

**Left side:** there has been a fair amount of drifting, which is not really relevant. Codes are called from front to back. The codes are......

0, 0, 1, 1, 0, 0, 0

**Right side:** there are posterior teeth but they all miss each other. The upper 4 has slipped down into the lower premolar space, and although there may be contact between the lower molar and the upper premolar it is on the side of the tooth and does not constitute an occlusal "stop". These are called out as......

0, 0, 0, 0, 0, 0, 0
Appendix C. I: Conduct of the examination and clinical criteria used for the assessments

Figure 1: (continued)
Right side: This is a common situation where single upper and lower premolars have been removed and everything else has moved up one. Once again it does not matter that there are no second premolars, what matters is that there is a contact in that position. The codes are...

1, 1, 1, 1, 1, 1, 0

Spaces, aesthetics and dentures

The subject will have removed any dentures, but you may now need to look at them to help you decide on the correct codes. This examination is much easier to carry out from in front of the participant.

In this part of the examination you are looking for space in the anterior region, as far back as the second premolar zone to give some indication of aesthetics and the need for dentures and bridges. As with contacts, you are not recording which teeth are missing, that has been done already. For this reason it is again much easier if you start at the midline and work backwards but examine the quadrants in the same order as the rest of the exam (upper right, upper left, lower left and lower right). This way it is much more straightforward to assess the position of spaces as you can use the midline as a reference. As you look around you should look for spaces of half the width of the expected tooth at each zone. If there is a space present then call it out, the code depends on whether or not it is filled by an artificial tooth. If there is a natural tooth call it as "no space". Note that because teeth drift you may have a space at (for example) the upper second molar position even when that tooth is present (it may have drifted to a different position). What is important is that there is a space at that position, the teeth present are irrelevant. Your job is to map the spaces, you can completely ignore the tooth type. (see diagram)

Codes and criteria: spaces
Record for each tooth position the following codes:
N = No space (tooth present or space closed)
S = Space equal to, or more than, ½ the size of the tooth you would normally expect to be in that space
D = Space restored by a removable prosthesis
B = Space restored by a fixed bridge

Summary - spaces
- once again, start in the midline and work out
- record the position of any spaces as far back as the second premolar space
- there are different codes for filled and unfilled spaces.

Figure 3
A single example where there is one space in the first premolar position, but the first molar has come forward to the second premolar position eliminating the space.

Codes and criteria: dentures
You will now have to hand any dentures the participant may have. The dentures, including full dentures opposed by natural teeth or partial dentures should be examined separately, upper and lower, for the following features.

Denture type
(recorded separately for upper and lower arches)
1 = Partial
2 = Full
3 = Complete overdenture
4 = Implant retained

Denture base material
1 = Metal, those dentures where the major connector is metal but not including those whose only metal component is clasps.
2 = Plastic, dentures whose major component is plastic.

Adult Dental Health Survey, 1998
Appendix C.1: Conduct of the examination and clinical criteria used for the assessments

Note:
Some people wear a lower free-end saddle denture with a small wrought metal bar linking the two saddles. If it does not have meshwork to retain the saddles and is not highly polished it is probably not cast. This kind of bar is about 2mm by 3mm and oval. This should not be recorded as a metal base. The denture in this case is really a plastic one with a small metal component. They are probably rare, but code as plastic.

Denture support
1 = Tooth borne, dentures with bounded saddles and rests
2 = Tissue borne, dentures without occlusal rests
3 = Tooth and tissue borne, dentures with rests and free-end saddles.

Denture status
0 = The denture is intact, not damaged
1 = The denture is in need of repair, for example, fractured, tooth missing or self-mended.

Summary - dentures
- all dentures are examined
- the examination is self-explanatory

Periodontal condition

Remember to check that you have asked the screening ‘medical’ question at the outset before using the CPI ‘C’ periodontal probe in this section. Where there is a medical contra-indication, the periodontal examination will automatically be completely blocked out by the computer. Please also make sure that the probe you have is the “type C” probe which has marks at 8.5mm and 11.5mm as well as at 3.5mm and 5.5mm.

There are three parts to this examination, recording of pocket depths, loss of attachment and calculus.

Pocket depths and loss of attachment (LoA) will be recorded at two sites (mesial and distal) on each tooth, these two sites will be buccally on upper teeth and lingually on lower teeth. Gently insert the CPI probe into the sulcus distally on the tooth and observe the pocket depth and loss of attachment at which resistance is felt. This manoeuvre should not cause pain or blanching of the tissue, if it does, you are using too much pressure (as an indication of the force required when probing, place the probe below your fingernail, this should not be painful if the appropriate pressure is used). Reinsert the probe mesially on the tooth to obtain the readings for that surface. At each surface you need to record both the pocket depth and loss of attachment in that order. Having called out the two distal codes, then call out the two mesial codes, then call out the single calculus score.

Start in the upper right and then work each site in sequence (distal then mesial), when you get to the midline call out “midline” and carry on in sequence, but now you are moving away from the midline, working distally. You will now be recording mesial then distal, the chart is set up to expect that. At each tooth call out pocket and LoA for the first site, pocket and LoA for the second and then the calculus score. The presence of calculus is called if it is visible or if it can be detected with the probe. You will thus be calling five codes for each tooth: probing depth, LoA, probing depth, LoA and finally calculus.

Codes and criteria: pocket depth and loss of attachment
The codes are the same for the two measures.
0 = Up to 3.5mm (first probe band)
1 = 4-5.5 mm (dark band)
2 = 6-8.5 mm (first area above the dark band)
3 = 9+ mm (second area above the dark band)
9 = Uncordable

Notes:
1. Pocketing is recorded from the gingival crest to the base of the pocket.
2. Loss of attachment is recorded from the base of the pocket to the cemento-enamel junction (CEJ). If this is damaged by a filling or restoration and there is no indication of where it should be then you should use the margin of the restoration. In most cases you can get an indication of where the CEJ should be, even where there are calculus deposits.
3. Code 9 should only be used if you cannot probe a pocket, either because of discomfort or because there is a physical barrier (e.g. a large shelf of calculus). In a few cases it may be necessary to use a code 9 where it is impossible to judge the position of the CEJ because of calculus.

Codes and criteria: calculus
Each surface, buccal on upper teeth, lingual on lowers should be examined for the presence of supra- or sub-gingival calculus, and a single code for each tooth is entered, using the following codes:
0 = No visible or detectable supra- or sub-gingival calculus
1 = Any supra- or sub-gingival calculus detectable with the probe or visible with the naked eye.
9 = Uncordable.

Summary - periodontal examination
- the examination is only done if the medical history is clear according to the set questions
- the order of the examination is the same as for crowns (i.e. clockwise)
Appendix C.1: Conduct of the examination and clinical criteria used for the assessments

- there are 5 codes for each tooth, pocket then attachment loss for the distal, the same for the mesial and a score recording the presence of any calculus at the site
- the sites are mesial and distal, examining the buccal surfaces of upper teeth and the lingual surfaces of lowers

**Asterisks/comments**
Examiners will be asked for any comments that they wish to remove your gloves and type it in yourself. Note that these data are most unlikely to be analysed and any other findings. The examiner should not dictate this. If you wish to enter something into the record, you should remove your gloves and type it in yourself.

If you are asked to comment on specific aspects of past treatment, you need to say:

> 'The best way of getting information about any treatment you might need is by seeking advice from your dentist.'

If the participant does not have a dentist, you will have available a local contact telephone number in order for them to find a dentist.

If you are asked to comment on specific aspects of oral hygiene, we would suggest that you respond, if appropriate, by identifying areas for improvement but say that they will need more specific advice from a dentist or dental hygienist since there are many ways of achieving this. It is very important that you are not too prescriptive and that you adhere to general principles as there should be no scope for oral hygiene advice being given which conflicts with previous hygiene advice. You could preface this by saying:

> 'What I generally tell people is............'

If you are asked to comment on specific aspects of past treatment, you need to say:

> 'This survey is limited and you need to see your (or a) dentist for specific advice and/or treatment'.

The only exception to this protocol is if the examining dentist notices a lesion which he/she considers may be serious and potentially life threatening (such as a suspected malignancy). Examiners are very unlikely to encounter such potentially serious pathology, the incidence of these lesions is very low, the examination is not a screening exercise and does not involve examination of the oral soft tissues (except the periodontium). However, it is possible that such a lesion may be noticed and, as the implications are serious, a protocol to deal with this eventuality is in place.

**Protocol: reporting serious pathology**
In the extremely unlikely event that such a lesion is noted, the examiner is obliged to follow a set protocol, which is designed to make sure that the participant's general medical practitioner is informed, whilst not causing the participant unnecessary worry.

The examiner should inform the participant using an appropriate form of words. As experienced clinicians, the examiners may wish to vary the approach or the tone they use to ensure good communication, but the basis of the wording should be the same in all cases. The dentist will usually want to introduce the subject, usually by asking whether or not the lesion causes any discomfort, and then state that "it is survey policy that a brief report of any ulcers or inflamed areas is passed to participant's family doctor. Would you have any objection to us doing that for you?" If they agree we ask them to sign a standard form agreeing to this, which records their doctor's name and details. If the

**HANDLING PROFESSIONAL QUESTIONS AND REPORTING PATHOLOGY**
In most circumstances the dental examiners do not make any comment about what they see during the examination. If the participant asks about their dental treatment need, or if questions related to the standard of previous dental care arise, the response will be that the survey is not designed to collect the sort of information on which a treatment can be planned, and that visiting a general dental practitioner is the best way of ensuring a thorough dental check-up. This is not only a way of deflecting potentially difficult questions, it is also absolutely true.

However, the interviewer is permitted to say, when recruiting participants, that as a dentist, you may be able to offer them some advice on the best way of looking after their mouth or teeth. If after the examination the subject wishes to know about their mouth you can give an indication of whether there is room for improvement in terms of the general oral hygiene/cleanliness and/or a general statement along the lines of:

> 'The best way of getting information about any treatment you might need is by seeking advice from your dentist.'
Appendix C.1: Conduct of the examination and clinical criteria used for the assessments

participant says that they will arrange to see their doctor themselves then they should be encouraged to do this and it is left at that point. If the participant asks what the dentist thinks the lesion is, the dentist should answer honestly that they do not know, before re-iterating standard survey policy as above.

Once this is completed the dentist will leave the house before filling out a pro-forma recording the site and nature of the suspect lesion. This is sent immediately, along with the signed consent form, to one of the named survey contact consultants. The consultant will contact the doctor by letter with a copy of both the consent form and the dentist's record form as well as details of the nearest specialist unit where appropriate investigations can be undertaken.

It is most unlikely that any such lesions will be found, and it is also unlikely that, even those which are reported, will turn out to be serious. **It is the responsibility of the examiner not to alarm the participant unduly.**
Appendix C.2 Medical screening check

All questions below were answered before proceeding with the examination

1. Have you ever had Rheumatic fever or St Vitus Dance?
2. Do you have any artificial heart valves or a heart murmur?
3. Have you ever had any heart surgery?
4. Do you have any artificial joints, such as artificial hip or knee joints?
5. Have you ever had hepatitis or jaundice?
6. Do you have, or have you ever had any medical condition which has caused you a problem with dental treatment in the past?

Note: the responses to 5 and 6 are for the information of the examiner and a positive answer should not usually prevent the examination from proceeding. This is entirely at the discretion of the examiner.
### Appendix C.3 The examination chart

**Dentist**.................................**Subject number**..............................

**ADULT DENTAL HEALTH 1998**

**PAPER FORM FOR DENTAL EXAMINATION**

Area........Address........Household........Name........................................Person number..............

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Medical history for periodontal examination?</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Natural teeth in both arches?</td>
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<td>2</td>
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</table>

**IF NO:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Natural teeth in upper arch only?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Natural teeth in lower arch only?</td>
<td>1</td>
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### TOOTH CONDITION:

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What is the anterior occlusion total? 0 1 2 3 4 5 6

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*Complete  Implant  BothBorne  
Complete Overdenture  Implant Retained  Both Tooth and Tissue Borne
### Appendix C.3: The examination chart

**Dentist: .......................................................... Subject number: .........................

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