Office for
National Statistics

Adult Dental Health Survey

Mainstage Questionnaire

ADH0910a

Contents

Household Composition

(QTHComp)

All household members

NAME

Record the names (or unique a identifier) for each member of the household

STRING(12)

SEX

CODE FIRST THAT APPLIES

(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 = DONTKNOW) OR (Birth = REFUSAL)

AGEIF

What was your age last birthday?

98 or more = CODE 97

0..97

Computed

DVAGE

Age for whole sample, from Birth and AgeIf

0..120

HALLRES

Is this person living in halls of residence or at a boarding school? Student nurses living in NHS accommodation elsewhere in Great Britain should not be included in this household.

(1)   Yes

(2)   No

xMarSta

ASK OR RECORD

CODE FIRST THAT APPLIES

Are you currently…

(1)   single, that is never married,

(2)   married and living with your husband/wife,

(3)   a civil partner in a legally-recognised Civil Partnership,

(3)   married and separated from your husband/wife,

(4)   divorced,

(5)   or widowed?

(6)   Spontaneous only - In a legally-recognised Civil Partnership and separated from his/her civil partner

(7)   Spontaneous only - Formerly a civil partner, the Civil Partnership now legally dissolved

(8)   Spontaneous only - A surviving civil partner: his/her partner having since died

MarChk

ASK OR RECORD

Is your spouse/partner a member of the household?

(1)   Yes

(2)   No

LivWth

ASK OR RECORD

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 (but not in a formal registered Civil Partnership)

AND: DVHSIZE = 1

HRPI_D

Record if NAME is the person in whose name this accommodation is owned or rented

(1)   Yes

(2)   No

ASK IF: *Age >= 16*

AND: NOT (DVHSIZE = 1)

H_{HLDR}

In whose name is the accommodation owned or rented?

ASK OR RECORD

(1)   This person alone

(3)   This person jointly

(5)   NOT owner/renter

Definition of Household Reference Person (and Partner)

(QHRP)

ASK IF: *There are two or more joint householders (hhldr = 3)*

HɪHNᴜᴍ

You have told me that…jointly own or rent the accommodation. Which of them/who has the highest income from earnings, benefits, pensions, and any other sources?

Enter person number - if two or more joint householders have the same income, enter 17.

: 1..17

ASK IF: *Two or more joint householders have same income (HiHNum=17)*

JɴᴛEʟᴅA

Ask or record

Enter person number of the eldest joint householder from those with the same highest income.

: 1..16

ASK IF: *Don't know or refused at HiHNum*

JɴᴛEʟᴅB

Ask or record

Enter person number of the eldest joint householder.

: 1..16

Relationship Grid

(QTAskRel, sub-block of QRelGrid)

All household members

ASK IF: More than one person in the household

I would now like to ask how the people in your household are related to each other

R01 Relationship of this person to person 1

R02 Relationship of this person to person 2

R03 Relationship of this person to person 3

R04 Relationship of this person to person 4

R05 Relationship of this person to person 5

R06 Relationship of this person to person 6

R07 Relationship of this person to person 7

R08 Relationship of this person to person 8

R09 Relationship of this person to person 9

R10 Relationship of this person to person 10

R11 Relationship of this person to person 11

R12 Relationship of this person to person 12

R13 Relationship of this person to person 13

R14 Relationship of this person to person 14

R15 Relationship of this person to person 15

R16 Relationship of this person to person 16

Code relationship -… is …'s…

(1) Spouse,

(2) Cohabiting partner,

(3) Son/daughter (incl. adopted),

(4) Step-son/daughter,

(5) Foster child,

(6) Son-in-law/daughter-in-law,

(7) Parent / Guardian,

(8) Step-parent,

(9) Foster parent,

(10) Parent-in-law,

(11) Brother/sister (incl. adopted),

(12) Step-brother/sister,

(13) Foster brother/sister,

(14) Brother-in-law/sister-in-law,

(15) Grand-child,

(16) Grand-parent,

(17) Other relative,

(18) Other non-relative,

(20) Civil Partner,

(99) Office use only

Question about Natural Teeth

(for non-response information)

(QTAnyTth)

All adults

ASK IF: DVAGE > 15

ANYTTH

(Can I just ask) have you still got some of your natural teeth, or have you lost them all?

(1)   Got some

(2)   Lost them all

Interview Start

(QTIStart)

All adults

ISWITCH

Please press <F2> to save the interview so far

This is where you start recording answers for individuals.

Do you want to record answers for NAME now or later?

(1)   Yes, now

(2)   Later

(3)   Done

(4)   or is there no interview with this person

ASK IF: ISwitch = YesNow

PERSPROX

Is the interview about ^DMNAMES[i] being given:

(1)   In person

(2)   or by someone else?

IF PersProx = 2 THEN CHECK:

Proxy interviews are not allowed on ADH. Please revise code at ISwitch.

If you may be able to get an interview with this person in the future, code ISwitch as 'Done'

If you think you will be unable to get an interview with this person, code ISwitch as 'There is no interview with this person'

AskIf: ISwitch = YesNow

ICHKCON

Does NAME agree/consent to proceed with the interview?

(1)   Yes

(2)   No

IF IChkCon = No THEN CHECK:

"If the respondent has not consented to continue with the interview, then you must code ISwitch as 'No interview with this person'"

General / Oral Health

(QTHealth.ADH)

All adults (DVAge > 15)

INTHLT

I am going to start by asking you some questions about your health and lifestyle.

Press <1> to continue

QHEALTH1

How is your health in general; would you say it was…

Running prompt

(1)		very good,

(1)		good,

(2)		fair,

(3)		bad,

(4)		or very bad?

DENHEAL

(And) would you say your dental health (mouth, teeth and/or dentures) is...

Running prompt

(1)		very good,

(2)		good,

(3)		fair,

(4)		bad,

(5)		or very bad?

LSILL

(And) do you have any long standing illness, disability or infirmity – by long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

(1)		Yes

(2)		No

LIMABI

Does this illness or disability (Do any of these illnesses or disabilities) limit your ability to attend the dentist for routine dental checkups or treatment in any way?

(1)   Yes

(2)   No

Smoking

(QTSmoking.ADH)

All adults

Ask if: DVAge = 16 OR 17

SMKCARD

SHOWCARD 1

Please hand Showcard 1 to NAME

Which of the statements on this card best matches your experience of smoking?

Please just read out the number next to the appropriate statement

(15)   I have smoked a cigarette, a cigar, or a pipe at least once, and I also smoke nowadays

(28)   I have smoked a cigarette, a cigar, or a pipe at least once, but I do not smoke nowadays.

(6)   I have never smoked a cigarette, a cigar, or a pipe.

Ask if: DVAge > 17 OR Selfcom = 3

SMOKEVER

Have you ever smoked a cigarette, a cigar, or a pipe?

(1)   Yes

(2)   No

ASK IF: SMOKEVER = Yes

CIGNOW

And do you smoke cigarettes at all nowadays?

(1)   Yes

(2)   No

Diet

All adults

NCAKES

How often, on average, do you eat a serving of cakes, biscuits, puddings or pastries?

SHOWCARD 2

(1)   6 or more times a week

(2)   3-5 times a week

(3)   1-2 times a week

(4)   Less than once a week

(5)   Rarely or never

SWEETS

How often, on average, do you eat sweets or chocolate?

SHOWCARD 2

(1)   6 or more times a week

(2)   3-5 times a week

(3)   1-2 times a week

(4)   Less than once a week

(5)   Rarely or never

SOFDRNK

How often, on average do you have fizzy drinks, fruit juice, or soft drinks like squash, excluding diet or sugar-free drinks?

SHOWCARD 2

(1)   6 or more times a week

(2)   3-5 times a week

(3)   1-2 times a week

(4)   Less than once a week

(5)   Rarely or never

HOTSUG

Do you usually have sugar in hot drinks like tea and coffee?

INTERVIEWER: If the respondent uses artificial sweetener, code No

(1)   Yes

(2)   No

(3)   Does not drink hot drinks

Natural Teeth

(QTNatural)

INTNAT

I am now going to ask you some questions about your natural teeth, and your experiences of attending the dentist.

Press <1> to continue.

NATURAL

How many natural teeth have you got? Is it…

Running prompt

INTERVIEWER - Include wisdom teeth - adults usually have up to 32 teeth, including the 4 wisdom teeth.

INTERVIEWER - Exclude implants to replace missing teeth

(1)   none at all,

(2)   at least 1 but less than 10,

(3)   between 10 and 19,

(4)   or do you have 20 or more natural teeth?

(5)   Have some natural teeth but don't know how many (SPONTANEOUS ONLY)

DENTURE

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

(1)   Yes

(2)   No

ASK IF: *NATURAL = 2, 3, 4, or 5 (has at least 1 natural tooth)*

FILLING

Do you have any fillings?

INTERVIEWER - Question refers to fillings that the respondent *currently* has in their natural teeth.

(1)   Yes

(2)   No

Oral Health Impact Profile (OHIP)

(QTOHIP, sub-block of QSelfCom)

All adults

INTOHIP

I would now like to ask you some questions about how often you experience problems with your teeth, mouth or dentures

Press <1> to continue

WORDS

SHOWCARD 3

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

TASTE

SHOWCARD 3

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

ACHING

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

have you had PAINFUL ACHING in your mouth?

(1)   never

(2)   hardly ever

(3)   occasionally

(4)   fairly often

(5)   very often

FOODS

In the last 12 months, that is, since *{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

SELF

In the last 12 months, that is, since *{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

Tense

SHOWCARD 3

In the last 12 months, that is, since *{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

Diet

SHOWCARD 3

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

Meals

SHOWCARD 3

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

RELAX

SHOWCARD 3

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

EMBARRASS

SHOWCARD 3

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

IRRITABL

SHOWCARD 3

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

JOBS

SHOWCARD 3

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

LESS

SHOWCARD 3

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

FUNCTIN

SHOWCARD 3

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

Current Oral Health Behaviour

(QTCurrOral)

All adults

TREAT

If you went to the dentist tomorrow, do you think you would need any treatment?

(1)   Yes

(2)   No

INTCUR

I would now like to ask you some questions about cleaning your teeth/dentures, and also about going to the dentist.

Press <1> to continue.

ASK IF: Natural = 2, 3, 4 or 5 (has natural teeth)

CLNTTH

SHOWCARD 4

How often do you clean your teeth nowadays?

INTERVIEWER - Question refers to brushing only

(1)   More than twice a day

(2)   Twice a day

(3)   Once a day

(4)   Less than once a day

(5)   Never

ASK IF: ClnTth = 5 (less regularly)

CLNTTHO

RECORD HOW OFTEN RESPONDENT CLEANS THEIR TEETH

STRING[200]

CLNDEN

SHOWCARD 4

(And) how often do you clean your dentures nowadays?

INTERVIEWER - Question refers to all types of cleaning

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

CLNDENO

RECORD HOW OFTEN RESPONDENT CLEANS THEIR DENTURES

STRING[200]

TPASTE

Do you use anything other than an ordinary (manual) toothbrush and toothpaste for dental hygiene purposes?

INTERVIEWER - If electronic toothbrush, code yes.

(1)	Yes
(2)	No
(3)	I don't use a toothbrush and/or toothpaste - SPONTANEOUS ONLY

SPPASTE

What do you use?

INTERVIEWER - CODE ALL THAT APPLY

SET [8] OF

(1)   Dental floss

(2)   Interdens/toothpicks/woodsticks

(3)   Mouthwash

(4)   Interspace brush

(5)   Electric toothbrush

(6)   Denture cleaning solution

(7)   Sugar-free chewing gum

(8)   Something else

SPPASTEO

PLEASE SPECIFY OTHER THINGS USED FOR DENTAL HYGIENE PURPOSES.

: STRING[200]

BRDPST

Which brand of toothpaste do you currently use (most often)?

INTERVIEWER - Enter description of toothpaste brand.

STRING[150]

BRDCODE

Press <space bar> to enter the coding frame.

Press enter to select the code and enter again to continue.

INTERVIEWER - If code does not exist for the brand of toothpaste stated by the respondent, use the code 'None of these brands'

STRING[100]

Pattern of Dental Attendance

(QTPattern)

All adults

REGULAR

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

RUNNING PROMPT

If not been to the dentist for a long time, probe if code 2 or 3 applies

(1)   a regular check up,

(2)   an occasional check up,

(3)   or only when you're having trouble with your teeth/dentures?

(4)   Never been to the dentist - SPONTANEOUS ONLY

IF Regular = 4 THEN CHECK

This is an important routing question - please ensure you have coded the correct answer. If respondent has not been since childhood, probe to see if code 2 or 3 applies

FREQDEN

How often do you go to the dentist? Is it…

RUNNING PROMPT

(1)   at least once every six months,

(2)   at least once every year,

(3)   at least once every two years,

(4)   or less frequently than every two years?

(5)   or only when having trouble with your teeth and/or dentures? - SPONTANEOUS
           ONLY

HowLong

About how long ago was your last visit to the dentist?

This is the last visit at which the respondent visited a dentist – it does not include a visit to the dental hygienist

SHOWCARD 5

(1)   Within the last 6 months

(2)   Within the last 7-12 months

(3)   More than 1, but less than 2 years ago

(4)   More than 2, but less than 3 years ago

(5)   More than 3, but less than 5 years ago

(6)   More than 5, but less than 10 years ago

(7)   More than 10 years ago

Ask if: HowLong > 3 OR Regular = Never

ReaNotF

SHOWCARD 6

Which of these, if any, are the reasons why you have not been to the dentist in the last two years?

CODE ALL THAT APPLY

SET [6] OF

(1)   No need to go to the dentist / nothing wrong with my teeth

(2)   I can't find an NHS dentist / dentist changed to private

(3)   I can't afford the NHS charges

(4)   I haven't got the time to go

(5)   I am afraid of going to the dentists

(6)   Keep forgetting / Haven't got round to it

(7)   None of these reasons

REANOTS

SHOWCARD 7

…and which of these, if any, are also reasons why you have not been to the dentist in the last two years?

CODE ALL THAT APPLY

SET [5] OF

(1)   It's difficult to get to / from the dentist

(2)   I've had a bad experience with a dentist

(3)   I'm too embarrassed to go to the dentist

(4)   I don't see the point in going to the dentist

(5)   None of these reasons

(6)   Other reason (please specify)

REANOTO

What was the other reason?

STRING[200]

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?

FIVE YEARS AGO = [RefDte – 5 Years]

(1)   more often

(2)   about the same

(3)   less often

NUMCHECK

How many times have you been to the dentist in the last five years purely for a check up?

FIVE YEARS AGO = [RefDte – 5 Years]

0..97

NUMTROUB

How many times have you been to the dentist in the last five years because you have had trouble with your teeth and/or dentures?

FIVE YEARS AGO = RefDte – 5 Years

: 0..97

Service Received During Last Completed Course of Treatment

(QTService)

All adults, excluding those who have never attended the dentist

(If Regular <> 4)

TREATMID

Can I just check, are you currently in the middle of a course of dental treatment or not?

(1)   In the middle of treatment

(2)   Not

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?
(extra text if in the middle of a course of treatment) Please refer to the last completed course of treatment or care before your current course of treatment. A check-up with no follow-up treatment is considered to be a completed course of treatment.

(1)   One visit

(2)   Two visits

(3)   Three visits

(4)   Four visits

(5)   Five visits or more

TREATUK

And can I just check, was this treatment carried out in the UK, or abroad?

(1)   In the UK

(2)   Abroad

INTLST

I am going to ask you a series of questions about your last visit to the dentist.

Extra text:

(If TreatMid = Yes AND ((DVisits = One) OR (DVisits = DK) OR (DVisits = RF)) THEN

Please refer to the last visit or complete course of treatment/care before your current course of treatment/care

(If TreatMid = No AND ((DVisits = One) OR (DVisits = DK) OR (DVisits = RF)) THEN

Please refer to the last visit or complete course of treatment/care you experienced at the dentist ELSE

Please answer them in relation to the two/three/four/five* visits you made during that course of treatment/care

* Dependent upon answer to DVisits

Press <1> to continue.

CHECKUP

The last time you visited the dentist, what was the purpose of your visit? Was it…

Running prompt

(1)   for a routine check-up,

(2)   for emergency or urgent treatment,

(3)   or for other treatment (non-emergency, non-urgent)?

(4)   Some other reason (please specify) - SPONTANEOUS ONLY

(5)   Don't know / can't remember - SPONTANEOUS ONLY

ASK IF: CheckUp = 5

CHECKUPO

What was the other reason?

STRING[200]

SERTYP

SHOWCARD 8

In the United Kingdom, dental care is provided by the NHS or privately.

Thinking about the last time you visited a dentist, which of these options best describes the type of care you think you received?

INTERVIEWER - Code a clinic at a dental hospital as 'some other type of care'

(1)   Private dental care,

(2)   NHS dental care that you paid for,

(3)   NHS dental care that was free,

(4)   NHS dental care followed by additional private dental care,

(5)   Some other type of care

(6)   or are you not sure what type of care you received?

Ask if: Other IN SerTyp

SERTYPO

What was the other service you received?

STRING[200]

***ASK IF:** SerTyp = 1 OR SerTyp = 3 (received NHS care)*

NHSCHO

What, if anything, would you say made you use NHS dental care?

CODE ALL THAT APPLY

SHOWCARD 9

SET [9] OF

(1)   Lack of availability of private dentists

(2)   Better quality of care (treatment/standards/expertise)

(3)   Location (more accessible / easier to get to)

(4)   Lower waiting times

(5)   Better reputation of surgery / recommendation from friends or family

(6)   More types of treatment available

(7)   Affordability

(8)   My dentist only sees NHS patients

(9)   Some other reason (please specify)

(10)   No reason

NHSCʜoO

RECORD OTHER REASONS

STRING[200]

PʀɪCʜo

What, if anything, would you say made you use private dental care?

CODE ALL THAT APPLY

SHOWCARD 10

SET [10] OF

(1)   I was unable to find a NHS dentist

(2)   Better quality of care (treatment/standards/expertise)

(3)   Location (more accessible / easier to get to)

(4)   Lower waiting times

(5)   Better reputation of the surgery / recommendation from friends or family

(6)   More types of treatment available

(7)   Affordability

(8)   Insurance provided by employer / job

(9)   My NHS dentist has gone private

(10)   Some other reason (please specify)

(11)   No reason

PʀɪCʜoO

RECORD OTHER REASONS

STRING[200]

NHSE_{NC}

What would encourage you to use NHS dental care?

INDIVIDUAL PROMPT – CODE ALL THAT APPLY

SET [7] OF

(1)   If you could afford NHS dental care and/or treatment?

(2)   If the location of the dentist was more convenient?

(3)   If the quality of care was better?

(4)   If the treatment range was widened (or increased)?

(5)   If there was an NHS dentist in my area?

(6)   Recommendation from friends or family?

(7)   Some other reason? (please specify)

(8)   Nothing

NHSE_{NC}O

RECORD OTHER REASON(S)

STRING[200]

Treatment at Last Visit

(QTLastTreat)

All adults, excluding those who have never attended the dentist

(If Regular <> 4)

INTLAST

I would now like to ask you about the dental treatment or care you received during your last completed course of dental treatment.

Press <1> to continue

CHEKUP

During your last completed course of dental treatment, what did you have done? Did you have….

….a check –up (examination)?

(1)   Yes

(2)   No

XRAYS

(During your last completed course of dental treatment did you have...)

…x-rays taken?

(1)   Yes

(2)   No

TEETHFIL

(During your last completed course of dental treatment did you have...)

…teeth filled?

(1)   Yes

(2)   No

TEETHOUT

(During your last completed course of dental treatment did you have...)

…teeth taken out (extracted)?

(1)   Yes

(2)   No

ROOTCAN

(And) during your last completed course of dental treatment did you have...

…root canal treatment?

(1)   Yes

(2)   No

CROWNFIT

(During your last completed course of dental treatment did you have...)

… crowns (re)fitted?

(1)   Yes

(2)   No

ABSCESS

(During your last completed course of dental treatment did you have...)

… treatment for an abscess?

(1)   Yes

(2)   No

IMPRESS

(And) during your last completed course of dental treatment did you have...

… impressions taken?

(1)   Yes

(2)   No

DENFITT

(During your last completed course of dental treatment did you have...)

… new dentures fitted?

(1)   Yes

(2)   No

DENREPR

(During your last completed course of dental treatment did you have...)

… dentures repaired?

(1)   Yes

(2)   No

IMPLANT

(During your last completed course of dental treatment did you have...)

… an implant to replace a missing tooth/teeth?

F9: An implant completely replaces a tooth and its root, and is screwed into the bone

(1)   Yes

(2)   No

ASK IF: Implant = Yes

IMPLOC

Did you have an implant in your upper jaw, your lower jaw, or in both jaws?

(1)   Upper jaw,

(2)   Lower jaw,

(3)   Both

BLEACH

(And) during your last completed course of dental treatment did you have...

… teeth whitened / bleached?

(1)   Yes

(2)   No

FLUOVAR

(During your last completed course of dental treatment did you have...)

… fluoride varnish?

(1)   Yes

(2)   No

TEETHSCA

(During your last completed course of dental treatment did you have...)

… teeth scaled or polished?

(1)   Yes

(2)   No

DENHYG

(During your last completed course of dental treatment did you have...)

… treatment from a dental hygienist or dental therapist?

(1)   Yes

(2)   No

SEDATE

(And) during your last completed course of dental treatment did you have...

… sedation, that is something that relaxes you but does not put you to sleep?

F9: Sedation can be in the form of gas, air or tablets. Local or general anaesthetic (for example, an injection into the gum or the arm) is to be coded as 'No'

(1)   Yes

(2)   No

DENDONEO

(During your last completed course of dental treatment did you have...)

… some other treatment?

(1)   Yes

(2)   No

DENADV

…and during your last completed course of dental treatment did you have advice provided to you by the dentist or a member of the dental team about how to look after your teeth (diet, brushing or other)?

(1)   Yes
(2)   No

ASK IF: DVAGE > 17

SMKADV

(What about) advice on giving up smoking provided by the dentist or a member of the dental team?

(1)   Yes
(2)   No

ASK IF: DVAGE = 16 OR 17

SMKADVSC

Please hand Showcard 11 to NAME

Please use this showcard to answer the following question:

During your last completed course of dental treatment, did you receive advice on giving up smoking provided by the dentist or a member of the dental team?

Please just read out the number next to the appropriate answer.

(61)   Yes
(29)   No
(86)   I have never smoked

COST

Thinking about the last complete course of dental treatment (whether NHS or private), how much did the treatment cost, to the nearest £?

F9: If respondent cannot remember the exact amount, please ask them to provide an estimate of the cost.

If the treatment was free, code '0'

If the respondent has their treatment paid by a Dental Plan (e.g. DenPlan), ask them how much their Dental Plan costs per month. An estimate is acceptable.

0..9999

DENPLAN

Was all, or at least part of, the cost of your dental treatment covered by a dental plan

(e.g.Denplan) or dental insurance?

F9: Other private health insurance' refers to health insurance provided by an employer e.g.

BUPA health insurance

(1)   Yes – dental plan

(2)   Yes – dental insurance

(3)   Yes – other private health insurance

(4)   No

(5)   Don't know

ASK IF: Cost > 1 (not free) or 0 but cost covered by insurance ((Cost = 1) and (DenPlan = 1, 2 or 3)

VALMON

Thinking about your last completed course of dental treatment, how did you rate your dental care and/or treatment for value for money?

Include routine check ups

RUNNING PROMPT

(1)   Very Good

(2)   Good

(3)   Fair

(4)   Poor

(5)   Very Poor

(6)   Don't know/can't remember

Rating the Dental Practice at the Last Visit

(QTRateDen)

All adults, excluding those who have never attended the dentist

(If Regular <> 4)

INTRATE

If TreatMid = Yes THEN

That is the end of the section about your last completed course of dental treatment.

For the following questions, please refer to the last visit you made to the dentist during your current course of dental treatment.

If TreatMid = No THEN

For the following questions, please refer to the very last visit you made to the dentist' during your last course of dental treatment.

ASK IF: TreatMid = Yes OR SerTyp = NHSPriv

SERMID

In the United Kingdom, dental care is provided by the NHS or privately.

Thinking about the last visit you made to the dentist during your current course of dental treatment/last course of dental treatment*what type of service do you think you received? Was it...

Running prompt

(1)   Code a clinic at a dental hospital as 'some other type of care'

(2)   Private dental care

(3)   NHS dental care

(4)   Some other type of care

(5)   or are you not sure what type of care you received?

*former if TreatMid = Yes, latter if SerTyp = NHSPriv

ASK IF: SerMid = Some other type of care

SERMIDO

What was the other service you received?

String[200]

PARTINT

This is the stage at which a partial interview is achieved for NAME

Press <1> to continue

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?

(1)   Been before

(2)   First time

ASK IF: First = 1 (been there before)

NUMATEND

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

(1)   Less than a year

(2)   One year less than two

(3)   Two years less than five

(4)   5 years or more

(5)   Don't know

(6)   not my usual dentist - last visit was an emergency - SPONTANEOUS ONLY

RTERAPT

SHOWCARD 11

Using this scale, how would you rate that dental practice in terms of each of the following…

…length of wait for a routine appointment?

(1)   Very Good

(2)   Good

(3)   Fair

(4)   Poor

(5)   Very poor

(6)   Not applicable / never had urgent appointment (SPONTANEOUS ONLY)

RᴛᴇUAᴘᴛ

SHOWCARD 11

(Using this scale, how would you rate your dental practice in terms of each of the following…)

…length of wait for an urgent appointment?

(1)   Very Good

(2)   Good

(3)   Fair

(4)   Poor

(5)   Very poor

(6)   Not applicable / never had urgent appointment (SPONTANEOUS ONLY)

RᴛᴇWAᴘᴛ

SHOWCARD 11

(Using this scale, how would you rate your dental practice in terms of each of the following…)

… availability of evening or weekend appointments?

(1)   Very Good

(2)   Good

(3)   Fair

(4)   Poor

(5)   Very poor

(6)   Not applicable / never had evening or weekend appointment (SPONTANEOUS ONLY)

RᴛᴇAᴄᴄs

SHOWCARD 11

(Using this scale, how would you rate your dental practice in terms of each of the following…)

… transport facilities and access?

(1) Very Good

(2) Good

(3) Fair

(4) Poor

(5) Very poor

RteConv

SHOWCARD 11

(Using this scale, how would you rate your dental practice in terms of each of the following…)

... Convenience of dental practice location??

(1)   Very Good

(2)   Good

(3)   Fair

(4)   Poor

(5)   Very poor

RteCre

SHOWCARD 11

(Using this scale, how would you rate your dental practice in terms of each of the following…)

… standard and quality of care?

(1)   Very Good

(2)   Good

(3)   Fair

(4)   Poor

(5)   Very poor

Ask If: SerTyp = NHS OR Mixed

RteChrg

SHOWCARD 11

(Using this scale, how would you rate your dental practice in terms of each of the following…)

… explanation of NHS charges?

(1)   Very Good

(2)   Good

(3)   Fair

(4)   Poor

(5)   Very poor

RteDen

SHOWCARD 11

(Using this scale, how would you rate your dental practice in terms of each of the following…)

… reputation of dentists?

(1)   Very Good

(2)   Good

(3)   Fair

(4)   Poor

(5)   Very poor

Next

Will you go to the practice again next time?

(1)   Yes

(2)   No

Communication with the Dentist at the Last Visit

(QTDenRelat)

All adults, excluding those who have never attended the dentist

(If Regular <> 4)

INTREL

I am now going to ask you some questions about how well you felt the dentist communicated with you at your last visit

Press <1> to continue

LISTEN

Thinking again about your last visit to the dentist, did the dentist listen carefully to what you had to say about your oral health?

If 'to some extent', code yes.

(1)   Yes
(2)   No

TIMDIS

Were you given enough time to discuss your oral health with the dentist?

If 'to some extent', code yes.

(1)   Yes
(2)   No
(3)   No problems discussed

INVDEC

Were you involved as much as you wanted to be in decisions about any dental care or treatment you may have needed?

If 'to some extent', code yes.

(1)   Yes
(2)   No
(3)   No decisions needed to be made

ANSUND

If you had questions to ask the dentist, did you get answers that you could understand?

If 'to some extent', code yes.

(1)   Yes

(2)   No

(3)   No questions were asked

RESTRE

Did the dentist explain the reasons for any dental care and/or treatment in a way that you could understand?

If 'to some extent', code yes.

(1)   Yes

(2)   No

RESPEC

Did the dentist treat you with respect and dignity?

If 'to some extent', code yes.

(1)   Yes

(2)   No

CONTRUS

Did you have confidence and trust in the dentist?

If 'to some extent', code yes.

(1)   Yes

(2)   No

Access to & Availability of NHS Dentists

(QTAccess)

All adults

Iɴᴛ**NHS**

That is the end of the questions about your last visit to the dentist. I would now like to ask you about your access to NHS dentists (and dental treatment).

Press <1> to continue

Tʀᴅ**NHS**

Now thinking specifically about NHS dentists, have you tried to make an NHS dental appointment for yourself in the last three years?

(1)   Yes

(2)   No

(3)   Never tried to make an NHS appointment – SPONTANEOUS ONLY

Ask IF: TrdNHS <> Never

Sᴄs**NHS**

Thinking about the last time you tried to make an NHS appointment for yourself, were you successful?

Prompt on 'yes' to code 1 or 2

(1)   Yes, and I went to the appointment

(2)   Yes, but I didn't go to the appointment

(3)   No

(4)   Never tried to make an NHS appointment – SPONTANEOUS ONLY

PURPNHS

Thinking about the last time you tried to make an NHS dental appointment for yourself,

what were you making the appointment for? Was it…

Running prompt

(1)   for a routine check-up,

(2)   for emergency or urgent treatment,

(3)   for some other treatment (non-emergency, non-urgent),

(4)   or for some other reason?

(5)   Don't know / can't remember (spontaneous only)

OTCMNHS

Thinking about the last time you tried to make an NHS dental appointment for yourself,

please choose the answer which best fits you?

Running prompt

(1)   I already had an NHS dentist, with whom I made the appointment,

(2)   The first new NHS dentist I tried gave me an appointment,

(3)   I had to make between two and four visits or phone calls to make an appointment,

(4)   I had to make five or more visits or phone calls to make an appointment?

LifetimeTreatment History

All adults, excluding those who have never attended the dentist

(If Regular <> 4)

INTLIFE

I would now like to ask you about types of dental care/treatment that you have received from dentists over the course of your whole life. This includes any care or treatment you may have had as a child

Press <1> to continue

Ask if: (Filling <> Yes) and (TeethFil <> Yes)

If (If Filling = Yes) or (TeethFil = Yes) compute EvrFlng = 1.

EVRFLNG

Have you ever had any fillings?

(1)   Yes

(2)   No

EVRWSDM

Have you ever had any wisdom teeth extracted (taken out)?

(1)   Yes

(2)   No

EVREXTR

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

(1)   Yes

(2)   No

Ask if: CrownFit <> Yes

If CrownFit = Yes, compute TCrown = 1

EVRCRWN

Have you ever had a tooth crowned?

(1)   Yes

(2)   No

EVRBRDG

Have you ever had a dental bridge?

(1)   Yes

(2)   No

Ask if: Implant <> Yes OR (Implant = Yes AND ImpLoc <> Upper)

If ImpLoc = Upper OR Both THEN EvrImpU := Yes

EVRIMPU

Have you ever had an implant in your upper jaw to replace a missing tooth?

F9: An implant completely replaces a tooth and its root, and is screwed into the bone

(1)   Yes

(2)   No

Ask if: Implant <> Yes OR (Implant = Yes AND ImpLoc <> Lower)

If ImpLoc =Lower OR Both THEN EvrImpL := Yes

EVRIMPL

Have you ever had an implant in your lower jaw to replace a missing tooth?

F9: An implant completely replaces a tooth and its root, and is screwed into the bone

(1)   Yes

(2)   No

EvrSdtn

Have you ever had sedation, that is something that relaxes you but does not put you to sleep, for dental treatment?

F9: Sedation can be in the form of gas, air or tablets. Local or general anaesthetic (for example, an injection into the gum or the arm) is to be coded as 'No'

(1)   Yes

(2)   No

Ask if: Bleach <> Yes

If Bleach = Yes compute EvrBlch = 1

EvrBlch

Have you ever had your teeth bleached (whitened) by a dentist?

(1)   Yes

(2)   No

EvrPlsh

Have you ever had a scale and polish?

(1)   Yes

(2)   No

Ask IF:DenHyg <> Yes

If DenHyg = Yes compute EvrHygn = 1

EvrHygn

Have you ever had treatment from a dental hygienist?

(1)   Yes

(2)   No

Ask if: FluoVar <> Yes

If FluoVar = Yes compute EvrFlrd = 1

EvrFlrd

Has a dentist or member of the dental team ever applied fluoride varnish to your teeth?

(1)   Yes

(2)   No

EvrSmke

Has a dentist or member of the dental team ever asked you whether you smoke?

(1)   Yes

(2)   No

ASK IF: DVAGE > 17

EvrAdSm

Have you ever been given advice or help from a dentist or a member of the dental team on giving up smoking?

(1)   Yes

(2)   No

ASK IF: DVAGE = 16 OR 17

EvrAdSC

Please hand Showcard 13 to NAME

Please use this showcard to answer the following question:

Have you ever been given advice or help from a dentist or a member of the dental team on giving up smoking?

Please just read out the number next to the appropriate answer.

(53)   Yes

(81)   No

(7)   I have never smoked

EvrBrsh

Have you ever been given advice from a dentist or any of the dental team on cleaning your teeth and/or gums?

(1)   Yes

(2)   No

EvrDiet

Has a dentist or member of the dental team ever asked you about the types of food and drink you consume?

(1)   Yes

(2)   No

EVRDNAD

Have you ever been given advice or help from a dentist or a member of the dental team about the food and drinks you should be consuming?

(1)   Yes
(2)   No

EVRFRQY

Have you ever been given advice from a dentist or a member of the dental team about how frequently you should visit a dentist?

(1)   Yes
(2)   No

Attitudes & Barriers

(QTBarriers)

All adults

BACHE

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

(1)   Take it out (extract it)

(2)   Fill it

BCROWN

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

(1)   Taken out (extracted)

(2)   Crowned

COSTTYP

Has the cost of dental care affected the type of dental care/treatment you have received in the past?

F9 - This is not the choice between NHS and private care but whether to, for example, have a tooth filled rather than taken out (extracted) or opting to go for a cheaper type of filling

(1)   Yes

(2)   No

COSTDLY

In the past, have you had to delay dental care or treatment because of the cost?

(1)   Yes

(2)   No

MDAS Anxiety Scale

(QTAnxiety)

All adults, excluding those who have never attended the dentist

(If Regular <> 4)

IntMDAS

Many people get anxious about visiting the dentist. I would like to ask you some questions about how anxious you get, if at all, with your dental visit.

Please tell us how anxious you get using the scale on this card. The more anxious you feel, the higher the number you select.

Press <1> and enter

MdTreat

SHOWCARD 12

If you went to your dentist for **treatment tomorrow**, how would you feel?

(1)   Not Anxious

(2)   Slightly Anxious

(3)   Fairly Anxious

(4)   Very Anxious

(5)   Extremely Anxious

MdWtRm

SHOWCARD 12

If you were sitting in the **waiting room** (waiting for treatment), how would you feel?

(1)   Not Anxious

(2)   Slightly Anxious

(3)   Fairly Anxious

(4)   Very Anxious

(5)   Extremely Anxious

MDTHDRL

SHOWCARD 12

If you were about to have a **tooth drilled**, how would you feel?

(1)   Not Anxious

(2)   Slightly Anxious

(3)   Fairly Anxious

(4)   Very Anxious

(5)   Extremely Anxious

MDSCLE

SHOWCARD 12

If you were about to have your teeth **scaled and polished**, how would you feel?

(1)   Not Anxious

(2)   Slightly Anxious

(3)   Fairly Anxious

(4)   Very Anxious

(5)   Extremely Anxious

MDINJT

SHOWCARD 12

If you were about to have a **local anaesthetic injection** in you gum, above an upper back tooth, how would you feel?

(1)   Not Anxious

(2)   Slightly Anxious

(3)   Fairly Anxious

(4)   Very Anxious

(5)   Extremely Anxious

Impact of Oral Health Problems

(QTImpact)

All adults

INTIMP

We would like to know about the severity of any difficulties or problems caused by your mouth, teeth or dentures.

Using the scale from 0 to 5 on this card, where 0 is no effect and 5 is a very severe effect, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?

Press <1> to continue

IPEAT

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Difficulty eating?
: 0..5

IPSPK

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Difficulty speaking?
: 0..5

IPCLN

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Difficulty cleaning your teeth or dentures?
: 0..5

IPOUT

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Difficulty going out, for example to the shops or visiting someone?

: 0..5

IPRLX

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Difficulty relaxing (including sleeping)?

: 0..5

IPSHW

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Problems smiling, laughing and showing teeth without embarrassment?

: 0..5

IPWRK

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Difficulty carrying out your major work or role?

: 0..5

IpEmt

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Problems with emotional instability, for example becoming more easily upset than usual?
: 0..5

IpCon

SHOWCARD 13

(Using the scale 0 to 5 on the card, can you tell us what effect the following difficulties and problems have had on your daily life in the past 12 months?)

Problems enjoying the contact of other people, such as relatives, friends or neighbours?
: 0..5

ASK IF: IpEat > 0 (had some difficulty eating)

IpEatR

SHOWCARD 14

And which of the following groups of oral conditions have caused difficulty eating?
CODE ALL THAT APPLY

(1)   Toothache, sensitive tooth, tooth decay (hole in tooth)

(2)   Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums
        (gum abscess)

(3)   Bad position of teeth (e.g. crooked or projecting, gap), space between teeth,
        deformity of the mouth or face

(4)   Broken or fractured tooth

(5)   Missing tooth/teeth

(6)   Colour, shape or size of teeth

(7)   loose or ill-fitting denture

(8)   Or any other reasons? (please specify)

(9)   None of these

IPEATRO

CODE OTHER CONDITION(S).

STRING[200]

IPSPKR

SHOWCARD 14

And which of the following groups of oral conditions have caused you difficulty speaking?

CODE ALL THAT APPLY

(1)   Toothache, sensitive tooth, tooth decay (hole in tooth)

(2)   Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums
            (gum abscess)

(3)   Bad position of teeth (e.g. crooked or projecting, gap), space between teeth,
            deformity of the mouth or face

(4)   Broken or fractured tooth

(5)   Missing tooth/teeth

(6)   Colour, shape or size of teeth

(7)   loose or ill-fitting denture

(8)   Or any other reasons? (please specify)

(9)   None of these

IPSPKRO

CODE OTHER CONDITION(S).

STRING[200]

IPCLNR

SHOWCARD 14

And which of the following groups of oral conditions have caused you difficulty cleaning teeth or dentures?

CODE ALL THAT APPLY

(1)		Toothache, sensitive tooth, tooth decay (hole in tooth)

(2)		Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums (gum abscess)

(3)		Bad position of teeth (e.g. crooked or projecting, gap), space between teeth, deformity of the mouth or face

(4)		Broken or fractured tooth

(5)		Missing tooth/teeth

(6)		Colour, shape or size of teeth

(7)		loose or ill-fitting denture

(8)		Or any other reasons? (please specify)

(9)		None of these

IPCLNRO

CODE OTHER CONDITION(S).

STRING[200]

IPOUTR

SHOWCARD 14

And which of the following groups of oral conditions have caused you difficulty going out, for example to the shops or visiting someone?

CODE ALL THAT APPLY

(1)   Toothache, sensitive tooth, tooth decay (hole in tooth)

(2)   Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums (gum abscess)

(3)   Bad position of teeth (e.g. crooked or projecting, gap), space between teeth, deformity of the mouth or face

(4)   Broken or fractured tooth

(5)   Missing tooth/teeth

(6)   Colour, shape or size of teeth

(7)   loose or ill-fitting denture

(8)   Or any other reasons? (please specify)

(9)   None of these

IPOUTRO

CODE OTHER CONDITION(S).

STRING[200]

IPRLXR

SHOWCARD 14

And which of the following groups of oral conditions have caused you with relaxing (including sleeping)?

CODE ALL THAT APPLY

(1)   Toothache, sensitive tooth, tooth decay (hole in tooth)

(2)   Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums
           (gum abscess)

(3)   Bad position of teeth (e.g. crooked or projecting, gap), space between teeth,
           deformity of the mouth or face

(4)   Broken or fractured tooth

(5)   Missing tooth/teeth

(6)   Colour, shape or size of teeth

(7)   loose or ill-fitting denture

(8)   Or any other reasons? (please specify)

(9)   None of these

IPRLXRO

CODE OTHER CONDITION(S).

STRING[200]

IPSHWR

SHOWCARD 14

And which of the following groups of oral conditions have caused you difficulty with smiling, laughing and showing teeth without embarrassment?

CODE ALL THAT APPLY

(1)	Toothache, sensitive tooth, tooth decay (hole in tooth)
(2)	Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums (gum abscess)
(3)	Bad position of teeth (e.g. crooked or projecting, gap), space between teeth, deformity of the mouth or face
(4)	Broken or fractured tooth
(5)	Missing tooth/teeth
(6)	Colour, shape or size of teeth
(7)	loose or ill-fitting denture
(8)	Or any other reasons? (please specify)
(9)	None of these

IPSHWRO

CODE OTHER CONDITION(S).

STRING[200]

IPWRKR

SHOWCARD 14

And which of the following groups of oral conditions have caused you difficulty with carrying out your major work (or role)?

CODE ALL THAT APPLY

(1)　　　　Toothache, sensitive tooth, tooth decay (hole in tooth)

(2)　　　　Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums (gum abscess)

(3)　　　　Bad position of teeth (e.g. crooked or projecting, gap), space between teeth, deformity of the mouth or face

(4)　　　　Broken or fractured tooth

(5)　　　　Missing tooth/teeth

(6)　　　　Colour, shape or size of teeth

(7)　　　　loose or ill-fitting denture

(8)　　　　Or any other reasons? (please specify)

(9)　　　　None of these

IPWRKRO

CODE OTHER CONDITION(S).

STRING[200]

IPEMTR

SHOWCARD 14

And which of the following groups of oral conditions have caused you problems with emotional instability?

CODE ALL THAT APPLY

(1)   Toothache, sensitive tooth, tooth decay (hole in tooth)

(2)   Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums (gum abscess)

(3)   Bad position of teeth (e.g. crooked or projecting, gap), space between teeth, deformity of the mouth or face

(4)   Broken or fractured tooth

(5)   Missing tooth/teeth

(6)   Colour, shape or size of teeth

(7)   loose or ill-fitting denture

(8)   Or any other reasons? (please specify)

(9)   None of these

IPEMTRO

CODE OTHER CONDITION(S).

STRING[200]

IPCONR

SHOWCARD 14

And which of the following groups of oral conditions have caused you problems enjoying the contact of other people?

CODE ALL THAT APPLY

(1)   Toothache, sensitive tooth, tooth decay (hole in tooth)

(2)   Loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums
          (gum abscess)

(3)   Bad position of teeth (e.g. crooked or projecting, gap), space between teeth,
          deformity of the mouth or face

(4)   Broken or fractured tooth

(5)   Missing tooth/teeth

(6)   Colour, shape or size of teeth

(7)   loose or ill-fitting denture

(8)   Or any other reasons? (please specify)

(9)   None of these

IPCONRO

CODE OTHER CONDITION(S).

STRING[200]

Ethnicity

(QTEthnic)

All adults

INTETH

I'd now like to ask you some more general questions about yourself

Press <1> to continue

ETH01 / ETH01NI

SHOWCARD 15-EW/15-NI

To which of these ethnic groups do you consider you belong?

(1)   White

(2)   Mixed

(3)   Asian or Asian British / *Asian (Eth01NI)*

(4)   Black or Black British / *Black (Eth01NI)*

(5)   Chinese

(6)   Other ethnic group

ASK IF: ETH01 = 1 (WHITE)

ETHWH / ETHWHNI

And to which of these ethnic groups do you consider you belong?

(1)   British *(Irish Traveller for EthWhNI),*

(2)   Another White Background?

ASK IF: ETH01 = 2 (MIXED)

ETHMX

And to which of these ethnic groups do you consider you belong?

(1)   White and Black Caribbean,

(2)   White and Black African,

(3)   White and Asian or,

(4)   Another Mixed background?

ETHAS

And to which of these ethnic groups do you consider you belong?

(1)   Indian,

(2)   Pakistani,

(3)   Bangladeshi or,

(4)   Another Asian background?

ETHBL

And to which of these ethnic groups do you consider you belong?

(1)   Caribbean,

(2)   African or,

(3)   Another Black background?

ETHOTH

Please can you describe your ethnic group?

Enter description of ethnic group

: STRING [150]

ETH02

Press <space bar> to enter the coding frame.

Press enter to select code and enter again to continue.

: STRING [45]

Work Schemes

(QTWrkSchm)

All adults

INTWRK

I'd now like to ask you some questions about your employment status

Press <1> to continue

Ask If: DVAge < 63 OR (DVAge < 65 AND Sex = Male)

SCHM08

Last week, that is in the seven days ending Sunday the DAY of MONTH, were you on any of the following schemes…

RUNNING PROMPT

(1)   Work-Based Learning for Young People, (IF DVAge < 26)

(2)   New Deal, (IF DVAge > 17)

(3)   Work-Based Learning for Adults/Training for Work, (IF DVAge > 17)

(10)   Job Skills, (IF QDatabag.GB = No)

(15)   Worktrack, (IF QDatabag.GB = No)

(21)   Entry to employment,

(50)   Any other training scheme,

(66)   or none of these?

(97)   Just 16 and non-response this time

ASK IF: SCHM08 = NEW DEAL

NDTYPE4

May I just ask…

(and) were you on the…

INDIVIDUAL PROMPT – CODE FIRST THAT APPLIES

(1)   New Deal for Disabled People?

(3)   (the) New Deal for Lone Parents? (IF SingPar = Yes)

(4)   New Deal for Young People? (IF DVAge < 25)

(5)   New Deal for 25+ (IF DVAge > 24)

(6)   New Deal for 50+? (IF DVAge > 49)

(7)   New Deal for Partners?

(8)   None of these?

(9)   Don't Know?

NEWDEA4

Can I ask, which of the following New Deal options you were on (in that week)…

RUNNING PROMPT

(1)   still on the Gateway or having advisory interviews,

(3)   working for an employer in the Public or Private Sector,

(4)   working for the voluntary sector, (IF DVAge > 17 AND DVAge < 25)

(5)   working for an environmental task force, (IF DVAge > 17 AND DVAge < 25)

(6)   In full-time study on an approved course,

(7)   receiving help setting up as self-employed, (IF DVAge > 17)

(8)   Basic Employment Training (BET) (IF DVAge > 24)

(9)   Education and Training Opportunities (ETO) (IF DVAge > 24)

(19)   or on the Follow Through scheme? (IF DVAge > 17)

(97)   Don't know

TECLEC4

May I just check, was that…

INDIVIDUAL PROMPT – CODE FIRST THAT APPLIES

(1)   a programme funded by the Learning and Skills Councils (England) or the
National Council for Education and Learning in Wales?

(2)   a scheme in Scotland run by a Local Enterprise Company (LEC)

(3)   or was it some other scheme?

YTETMP

In the week ending Sunday the DAY of MONTH, on that government scheme were you…

INDIVIDUAL PROMPT – CODE FIRST THAT APPLIES

(1)   with an employer providing work experience or practical training?

(2)   on a project providing work experience or practical training?

(3)   at a college or training centre?

(4)   temporarily away from an employer or project?

(5)   temporarily away from a college or training centre?

YTETJB

In the week ending Sunday the DAY of MONTH, did you do any paid work or have any other paid job or business in addition to the government scheme you have just told me about?

(1)   Yes

(2)   No

WRKING

Did you do any paid work in the 7 days ending Sunday the DAY of MONTH, either as an employee or as self-employed?

(1)   Yes

(2)   No

JBAWAY

Even though you were not doing paid work, did you have a job or business that you were away from in the week ending Sunday the DAY of MONTH (and that you expect to return to)?

(1)   Yes

(2)   No

(3)   Waiting to take up a new job/business already obtained

OWNBUS

Did you do any unpaid work in that week (ending Sunday the DAY of MONTH) for any business that you own?

(1)   Yes

(2)   No

RELBUS

…or (any unpaid work for a business) that a relative owns?

(1)   Yes

(2)   No

EVERWK

(And) ^have you] ever (in your life) had paid work, apart from casual or holiday work (or the job you are waiting to begin)?

Please include self-employment or a government scheme.

(1)   Yes

(2)   No

LEFTYR

Which year did you leave your last paid job?

Exclude casual/holiday work

If left last job before 1900, enter 1900

1900..2100

LEFTM

Which month in that year did you leave?

(1)   January

(2)   February

(3)   March

(4)   April

(5)   May

(6)   June

(7)   July

(8)   August

(9)   September

(10)   October

(11)   November

(12)   December

Job Details

(QTJobDet)

Adults currently working or have worked in the past

(DVILO3a = InEmp) OR (EverWk = Yes)

IState

If LEFTYR<=8 then the following questions about employment details apply to the respondents last paid job, excluding casual or holiday work.

If LEFTYR NOT <=8 then:

I am going to be asking some questions in which the terms 'work', 'job', 'employed' are used. In your case could you please regard these questions as referring to your time spent…

Code <1> to continue

Ask If: (WRKING =1) OR (JBAWAY=1) OR (OWNBUS=1) OR (RELBUS=1). IF (NEWDEA4=3 OR 4 OR 5 OR 7) OR (YTETJB=1 AND NEWDEA4=1, 6, 8, 9 OR 19) OR (YTETMP = 1 OR 2 OR 4) OR (LEFTYR<= 8)

IndD

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]

Ask If: (WRKING =1) OR (JBAWAY=1) OR (OWNBUS=1) OR (RELBUS=1). IF (NEWDEA4=3 OR 4 OR 5 OR 7) OR (YTETJB=1 AND NEWDEA4=1, 6, 8, 9 OR 19) OR (YTETMP = 1 OR 2 OR 4) OR (LEFTYR<= 8)

IndT

Enter a title for the industry
STRING[30]

Ask If: (WRKING =1) OR (JBAWAY=1). IF (NEWDEA4=3 OR 4 OR 5 OR 7) OR (YTETMP = 1 OR 2 OR 4) OR (YTETJB=1 AND NEWDEA4=1,6,8,9 OR 19)

SECTOR

And was that…

RUNNING PROMPT

Public limited company (PCL) = Code 1

other limited company = Code 1

Self-employed = Code 1

(1)   a private firm or business, a limited company,

(2)   or some other kind of organisation?

Ask If: Sector = 2

SECTRO03

Ask or record

What kind of private organisation was it…

INDIVIDUAL PROMPT – CODE FIRST THAT APPLIES

(1)   A public limited company (plc)? (Check it is not code <2>)

(2)   A nationalised industry/state corporation? (Check it is not code <1>)

(3)   Central government or civil service?

(4)   Local government or council (including police, fire services and local authority controlled schools/colleges)?

(5)   A university, or other grant funded education establishment (include opted-out schools)?

(6)   A health authority or NHS Trust?

(7)   A charity, voluntary organisation or trust?

(8)   The armed forces?

(9)   Some other kind of organisation?

Ask If: (WRKING =1) OR (JBAWAY=1) OR (OWNBUS=1) OR (RELBUS=1). IF (NEWDEA4=3 OR 4 OR 5 OR 7) OR (YTETJB=1 AND NEWDEA4=1, 6, 8, 9 OR 19) OR (YTETMP = 1 OR 2 OR 4) OR (LEFTYR<= 8)

OccT

What was your (main) job (in the week ending Sunday the DAY of MONTH?)

ENTER JOB TITLE

STRING[30]

Ask If: (WRKING =1) OR (JBAWAY=1) OR (OWNBUS=1) OR (RELBUS=1). IF (NEWDEA4=3 OR 4 OR 5 OR 7) OR (YTETJB=1 AND NEWDEA4=1, 6 ,8, 9 OR 19) OR (YTETMP = 1 OR 2 OR 4) OR (LEFTYR<= 8)

OccD

What did you mainly do in your job?

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

STRING[80]

ASK IF: (WRKING =1) OR (JBAWAY=1) OR (OWNBUS=1) OR (RELBUS=1). IF (NEWDEA4=3 OR 4 OR 5 OR 7) OR (YTETJB=1 AND NEWDEA4=1, 6, 8, 9 OR 19) OR (YTETMP = 1 OR 2 OR 4) OR (LEFTYR<= 8)

STAT

Ask (or record if on government scheme or doing unpaid work)

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

(1)   Employee

(2)   Self-employed

(3)   Government Scheme

(4)   Unpaid family worker

PDWAGE

May I just check…

Were you paid either a salary or a wage by an employer?

(1)   Yes

(2)   No

ASK IF: (PDWAGE = 2) OR (STAT =2)

SELF

May I just check…

Were you…

Individual prompt - code all that apply (up to 4)

(1)   Paid a salary or wage by an agency?

(2)   A sole director of your own limited business?

(3)   Running a business or professional practice?

(4)   A partner in a business or professional practice?

(5)   Working for yourself?

(6)   A sub-contractor?

(7)   Or doing free-lance work?

(8)   None of the above

SUPVIS

In your job did you have formal responsibility for supervising the work of other employees?

Do not include people who only supervise:

- children, e.g. teachers, nannies, childminders

- animals

- security or buildings, e.g. caretakers, security guards

(1)   Yes

(2)   No

MANAGE

ASK OR RECORD

(And) did you have any managerial duties?

(1)   Manager

(2)   Foreman/supervisor

(3)   Not manager/supervisor

MPNE02

How many people worked for your employer at the place where you worked?

(1)   1-10

(2)   11-19

(3)   20-24

(4)   Don't know but under 25

(5)   25-49

(6)   50-249

(7)   250-499

(8)   Don't know but between 50 and 499

(9)   500 or more

SOLO

Ask or record

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

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

(2)   with employees

MPNS02

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

(1)　　　　1-10

(2)　　　　11-19

(3)　　　　20-24

(4)　　　　Don't know but under 25

(5)　　　　25-49

(6)　　　　50-249

(7)　　　　250-499

(8)　　　　Don't know but between 50 and 499

(9)　　　　500 or more

Ask If: ((STAT = 1 OR 2 OR 4) AND (EVERWK =-9)) OR ((STAT = 1 OR 2) AND (YRLESS <= 8)) OR YTETMP = 1 OR 2 OR 4) OR (NEWDEA4=3 OR 4 OR 5 OR 7) OR (YTETJB=1 AND NEWDEA4=1,6,8,9 OR 19)

FTPTWK

In your (main) job were you working:

(1)　　　　full time

(2)　　　　or part time?

Ask If: FtPtWk = 2

YPTJOB

I would like to ask you why you took a part-time rather than a full-time job. Was it because...

Individual prompt - code first that applies

(1)　　　　You were a student/You were at school?

(2)　　　　You were ill or disabled?

(3)　　　　You could not find a full-time job?

(4)　　　　You did not want a full-time job?

Looking for Work

(QTLookWrk)

Adults currently not working

Ask If: (EVERWK =RESPONSE) OR (RELBUS=1) OR (OWNBUS=1)

Look4

Thinking of the 4 weeks ending Sunday the DAY…

Were you looking for any kind of paid work at any time in those 4 weeks?

(1)   Yes

(2)   No

Ask If: (Look4 = 2) AND (DVAGE > 15 AND DVAGE < 60)

LkYt4

… or were you looking in those 4 weeks for a place on a government scheme?

(1)   Yes

(2)   No

Ask If: (LkYt4 = 2) OR ((Look4 = 2) AND (DVAGE >59 AND DVAGE <70))

Wait

… and were you waiting to take up a job that you had already obtained?

(1)   Yes

(2)   No

Ask If: Wait = 2

LikeWk

Even though you were not looking for work in the 4 weeks ending Sunday the DAY, would you like to have a regular paid job at the moment, either a full- or part-time job?

(1)   Yes

(2)   No

Ask If: Wait = 2

NoLoWa

… what were the reasons you did not look for work in the last 4 weeks?

CODE ALL THAT APPLY

(1)	Waiting for the results of an application for a job/being assessed by a training agent
(2)	Student
(3)	Looking after the family/home
(4)	Temporarily sick or injured
(5)	Long-term sick or disabled
(6)	Believes no jobs available
(7)	Not yet started looking
(8)	Doesn't need employment
(9)	Retired from paid work
(10)	Any other reason

Ask If: Wait = 2

NoLWM

… what was the main reason you did not look for work in the last 4 weeks?

(1)	Waiting for the results of an application for a job/being assessed by a training agent
(2)	Student
(3)	Looking after the family/home
(4)	Temporarily sick or injured
(5)	Long-term sick or disabled
(6)	Believes no jobs available
(7)	Not yet started looking
(8)	Doesn't need employment
(9)	Retired from paid work
(10)	Any other reason

Ask If: (LOOK4 = 1) OR (LKYT4 = 1)) OR (LIKEWK = 1)) OR (JBAWAY = 3) OR (WAIT = 1) OR (DIFJOB = 1)

START

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

(1)   Yes

(2)   No

Ask If: Start = 2

YSTART

Why would you not have been able to start within 2 weeks?

CODE MAIN REASON ONLY

(1)   Must complete education

(2)   Cannot leave present job within 2 weeks

(3)   Looking after the family/home

(4)   Temporarily sick or injured

(5)   Long-term sick or disabled

(6)   Other reason

Ask If: (DIFJOB = 1) OR (((LOOK4 = 1) OR (LKYT4 = 1)) AND (JBAWAY <> 3))

LKTIMA

How long have you been looking for paid work/a place on a government scheme/an additional or replacement job?

(1)   Not yet started

(2)   Less than 1 month

(3)   1 month but less than 3 months

(4)   3 months but less than 6 months

(5)   6 months but less than 12 months

(6)   12 months but less than 18 months

(7)   18 months but less than 2 years

(8)   2 years but less than 3 years

(9)   3 years but less than 4 years

(10)   4 years but less than 5 years

(11)   5 years or more

LKTIMB

How long were you looking for paid work/an additional or replacement job?

(1)   Not yet started

(2)   Less than 1 month

(3)   1 month but less than 3 months

(4)   3 months but less than 6 months

(5)   6 months but less than 12 months

(6)   12 months but less than 18 months

(7)   18 months but less than 2 years

(8)   2 years but less than 3 years

(9)   3 years but less than 4 years

(10)   4 years but less than 5 years

(11)   5 years or more

Educational Attainment

(QTEdAttn)

All adults

INTED

I'd now like to ask you about your qualifications

Press <1> to continue

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:

RUNNING PROMPT

(1)   at degree-level or above

(2)   or another kind of qualification?

EDAGE

How old were you when you finished your continuous full-time education?

Code 96 for not yet completed

97 for none

1..97

Other Classificatory Questions

(QCar)

HRP/partner only

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?

INTERVIEWER – If NAME is not present, then ask this question to another adult household member.

(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?

Income

(QTSrcInc/QTIncome)

All adults

SRCINC08

SHOWCARD 13

This card shows various possible sources of income. Can you please tell me which kinds of income you personally receive?

Code all that apply

SET [14] OF

(1)	Earnings from employment
(2)	Earnings from self-employment
(3)	Pension from former employer
(4)	Personal Pension
(5)	State Pension
(6)	Child benefit
(7)	Income Support
(8)	Tax Credits
(9)	Other state benefits
(10)	Interest from savings
(11)	Interest from investments
(12)	Other kinds of regular allowance from outside the household
(13)	Income from rent
(14)	Other sources
(15)	No source of income

Ask if: one or more responses to srcinc08

GROSSTEL

Thinking of the sources you have mentioned, what is your total personal income before deductions for income tax, National Insurance etc, (that can be weekly, monthly or an annual amount)?

Prompt only if necessary. An estimate is acceptable.

0..99999997

GRSSTIME

Ask or record

Is that a weekly, monthly or annual amount?

(1) Weekly

(2) Monthly

(3) Annually

TELBAND

We put answers into income bands. Would you tell me which band represents your total personal income before all deductions. Is it...

Running Prompt

(1) Less than £100 a week,

(2) £100 but less than £200 a week,

(3) £200 but less than £300 a week,

(4) £300 but less than £400 a week,

(5) £400 but less than £500 a week,

(6) £500 but less than £600 a week,

(7) £600 but less than £700 a week,

(8) £700 but less than £800 a week,

(9) £800 but less than £900 a week,

(10) £900 but less than £1000 a week,

(11) Over £1000 a week?

HHLDAMT

INTERVIEWER – If NAME is not present, then ask this question to another adult household member.

Thinking of the income of the household as a whole, what is the total income of the whole household before deductions for income tax, National Insurance etc?

Prompt only if necessary. An estimate is acceptable.

: 00..99999997

HHLDPER

Ask or record

Is that a weekly, monthly or annual amount?

(1) Weekly

(2) Monthly

(3) Annually

HHLDBAND

We put answers into income bands. Would you tell me which band represents the total income of the household before all deductions. Is it...

Running Prompt

(1)   Less than £100 a week,

(2)   £100 but less than £200 a week,

(3)   £200 but less than £300 a week,

(4)   £300 but less than £400 a week,

(5)   £400 but less than £500 a week,

(6)   £500 but less than £600 a week,

(7)   £600 but less than £700 a week,

(8)   £700 but less than £800 a week,

(9)   £800 but less than £900 a week,

(10)   £900 but less than £1000 a week,

(11)   Over £1000 a week?

Comments

(QTComment)

All adults

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

COMMNTO

RECORD OTHER COMMENTS

: OPEN

ASK IF: Comment = Yes

COMMNTOO

CODE COMMENTS INTO CODE FRAME

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

Collecting Consent

(QTConsent)

All adults

THANK

Thank you for completing the interview.

(1)   Press <1> to continue

Ask if: Has at least one natural tooth (Natural = 2, 3, 4 or 5)

ECONSNT

I would like to ask your permission to return to your home at a time convenient to you, accompanied by a qualified dentist.

The dentist would look at the condition of your teeth and gums. Although the information you provided in the interview is very important, there are some things only a dentist would see.

The assessment would take about 20 minutes, and involves no x-rays or treatment.

This leaflet provides more information.

For F9 help:

INTRODUCE AS NECESSARY

The dentists are recruited from the NHS salaried services (Community Dental Service in Wales and Northern Ireland) and are qualified to carry out the assessment. All equipment used will be sterile.

Although this cannot take the place of a regular check up, the dentist will be able to give you some feedback about the condition of your teeth and gums, and as a result give you a recommendation about when you should next visit the dentist.

The information you give us will be treated as strictly confidential as directed by the Code of Practice for Official Statistics.

It doesn't matter about the condition of your teeth and gums, as long as you have at least one natural tooth we would like you to take part.

Results will help to estimate the NATIONAL requirements for dental treatment rather than your own requirements.

(1)   Yes, appointment made

(2)   Yes, appointment not yet made

(3)   No

ECI~LL~

IF Org = ONS THEN

If for any reason you or another member of your household are unwell in the days leading up to the dental examination, please contact me on my telephone number or call the Survey Enquiry Line so that we can reschedule your appointment.
The telephone number for the Survey Enquiry Line can be found on the Advance Letter and survey leaflet(s).

IF Org = NatCen THEN

If for any reason you or another member of your household is unwell in the days leading up to the dental examination please contact me via the freephone number in the information leaflet so that we can reschedule your appointment.

IF Org = NISRA THEN

If for any reason you or another member of your household is unwell in the days leading up to the dental examination please contact me via the number in the information leaflet so that we can reschedule your appointment.

<Press 1 to continue>

DCONSNT

The NHS Information Centre (IC) holds records on treatment and services delivered by the NHS in the UK. To make the information you have given us more complete, we would like your permission for the IC to add data from these records to the information you have already provided to us.

To do this, we need your written permission on this form to provide the NHS Information Centre with your name, address, sex, and date of birth (or age at last birthday if date of birth not provided), so that they can locate the correct record.

Like all the answers you have given us, this information will be treated in strict confidence, as guaranteed under the Code of Practice for Official Statistics and the Data Protection Act, and will only be used for statistical research purposes.

F9 HELP:

The NHS Information Centre would like to link your information to other NHS data sets. You do not have to agree to this; you will be asked to sign a written consent form if you do. Only your name, address, sex and date of birth (but no other information) would be passed on to the NHS Information Centre so that they could link your data with the NHS Central Register, or other NHS/general health databases such as the Hospital Episodes Statistics Register. This would help the NHS Information Centre follow up your health status in the future.

Data linkage consent is required for both NHS and private patients as consent given allows access to both past and future records and private patient's circumstances could change in the future.

Information about the NHS Central Register

The NHS Central Register contains computerised records of everyone registered with a GP in England and Wales.

Where consent for data linkage is provided, the database can provide researchers with ongoing information on the person's employment, the area where they are living and whether they have received certain forms of treatment on the HS, including treatment for cancer.

Information about the Hospital Episodes Statistics Register

This database includes patient data collected from every NHS hospital in England and Wales. Each year, approximately 3million records for inpatient and day case admission are added, containing individual patient details such as age, sex, dates of admission and discharge, diagnoses, treatments and operations, NHS number, and postcode.

The information contained on these databases would enable researchers to get a better picture of the health of ADHS respondents, and then to see how this progresses over time.

Statistical analysis can be performed to see, for example, whether those with poorer oral health at the time of ADHS have poorer health outcomes in the future.

Why we need personal details for matching

Name, sex, date of birth (or age) and address are needed to make an exact match, for example there could be more than one John Smith born on 1st April 1960 in the IC records, but it is very unlikely they'd be living at the same address.

The information will be kept confidential, no results that identify you will ever be made public and you can cancel this permission at any time in the future.

No one can be identified as a result of the research, as names and addresses are never included in the results.

Access to NHS dental care/treatment in the future will not be affected in any way.

Your name and address will only be seen by a small team of data managers, whose job it is to find people's records, at the NHS Information Centre.

You can withdraw your permission to add your information from the IC records at any time.

(1)   Yes, consent given

(2)   No, consent refused

ASK IF: DCONSNT = YES

DLINS

If respondent agrees to data linkage, fill in the required information as displayed below, then hand the sheet to the respondent for them to sign.

Write out the serial number exactly as it is displayed on screen (i.e. include any leading zeros).

Serial: (Serial No.)

Respondent No. (Resp. No)

Sex: (Sex)

Date of Birth: (DOB)

Press <1> to continue

Ask all

FCONSNT

If the NHS Information Centre (or their contractors) needed help with any future research, would it be OK for them to contact you again?

Any future research would still be conducted under confidentiality rules consistent with the Code of Practice for Official Statistics.

(We may not contact you again but, if we do, you will still be free to decide whether you wish to participate in any follow-up study.)

(1) Yes

(2) No

(3) Yes, with conditions (Please specify)

NODK, NORF

Ask if: FConsnt = 3 (yes with conditions)

FUTCOND

Note qualifications/conditions of recall

: STRING [100]

Ask all

RECALL2

And may I just check...

Our work is very important, so my office likes to get in touch with a percentage of the people who have helped us, just to check that you are happy with the way we do things.

Would it be OK for the office to contact you for this reason?

(1) Yes

(2) No

Contact Details

(QTConDet)

All adults providing consent to examination, data linkage or follow up surveys

RECORD (if known):

TITLE

FIRST NAME

SURNAME

ADDRESS

TOWN

POSTCODE

LAND PHONE NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

Adult Dental Health Survey

Mainstage Examination

ADH0910a

Contents

QTEStart – Examination Start

ESwitch

This is where you start recording the dental examination for individuals. Do you want to record answers for <NAME> now or later?
1. Yes, now,
2. Later,
3. or did this person refuse the exam?,
4. Done,
5. No natural teeth, so ineligible for exam,
6. No examination could be performed due to lack of dentist availability.

Consent
ASK IF: ESWITCH=1

INTERVIEWER: Has the consent form been signed?
1. Yes
2. No

CleanT
ASK IF: ESWITCH=1

ASK OR RECORD
People sometimes like a chance to clean their teeth before we start. May I just check, are you happy to start or would you like to take a moment first (to clean your teeth)?
1. Happy to start since cleaned teeth recently,
2. Happy to start, no reason given,
3. Took time to clean teeth

ExamNum
ASK IF: ESWITCH=1

Enter Reference Number of Examiner conducting exam for <NAME>
If neither you nor the examiner know the Reference Number, code as 9997.
1000..9997

Intro   - 4 -

THIS IS THE BEGINNING OF THE EXAMINATION FOR <NAME>
PRESS ENTER TO CONTINUE

QIntro - Introduction

BothAr

INTERVIEWER: ASK DENTIST Does the respondent have natural teeth in both arches?
1.   Yes
2.   No

UppAr
ASK IF: BOTHAR=2

INTERVIEWER: ASK DENTIST Does the respondent have natural teeth in upper arch only?
1.   Yes
2.   No

BotAr
ASK IF: UPPAR=2

INTERVIEWER: ASK DENTIST Does the respondent have natural teeth in lower arch only?
1.   Yes
2.   No

QCond – Tooth Condition

The following loops for each of the 32 teeth

PL

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
1.   P - plaque,
2.   C - clean,
3.   M - missing (not bridge pontic),
4.   A - adhesive bridge pontic,
5.   B - conventional bridge pontic or implant pontic,
6.   T - implant

D
ASK IF: PL=1 OR PL=2

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
DISTAL SURFACE CODE:
0.   sound,
1.   F – amalgam filling,
2.   K – full crown,
3.   R – intracoronal restorations,
4.   visual dentine caries,
5.   distinct cavity,
6.   extensive cavity with visible dentine,
7.   V – veneers, shims,
8.   H – hard arrested decay,
9.   not possible to code",
12.   X – sealants,
19.   Q – all surfaces sound

DM
ASK IF: D=1 OR D=2 OR D=3 OR D=7 OR D=12

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
INTERVIEWER CODE:
0.   sound,
4.   recurrent caries (no cavitation)
5.   recurrent caries (cavitation),
6.   extensive cavity (visible dentine),
7.   Y - failed restoration (not carious),
8.   H - hard arrested decay

OI
ASK IF: D=RESPONSE

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
OCCLUSAL SURFACE CODE:
0.   sound,
1.   F – amalgam filling,
2.   K – full crown,
3.   R – intracoronal restorations,
4.   visual dentine caries,
5.   distinct cavity,
6.   extensive cavity with visible dentine,
7.   V – veneers, shims,
8.   H – hard arrested decay,
9.   not possible to code",
12.   X – sealants

OM
ASK IF: O=1 OR O=2 OR O=3 OR O=7 OR O=12

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
INTERVIEWER CODE:
0.   sound,
4.   recurrent caries (no cavitation)
5.   recurrent caries (cavitation),
6.   extensive cavity (visible dentine),
7.   Y - failed restoration (not carious),
8.   H - hard arrested decay

M
ASK IF: D=RESPONSE

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
MESIAL SURFACE CODE:
0.   sound,
1.   F – amalgam filling,
2.   K – full crown,
3.   R – intracoronal restorations,
4.   visual dentine caries,
5.   distinct cavity,
6.   extensive cavity with visible dentine,
7.   V – veneers, shims,
8.   H – hard arrested decay,
9.   not possible to code",
12.   X – sealants,
19.   Q – all surfaces sound

MM
ASK IF: M=1 OR M=2 OR M=3 OR M=7 OR M=12

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
INTERVIEWER CODE:
0.	sound,
4.	recurrent caries (no cavitation)
5.	recurrent caries (cavitation),
6.	extensive cavity (visible dentine),
7.	Y - failed restoration (not carious),
8.	H - hard arrested decay

B
ASK IF: D=RESPONSE

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
BUCCAL SURFACE CODE:
0.	sound,
1.	F – amalgam filling,
2.	K – full crown,
3.	R – intracoronal restorations,
4.	visual dentine caries,
5.	distinct cavity,
6.	extensive cavity with visible dentine,
7.	V – veneers, shims,
8.	H – hard arrested decay,
9.	not possible to code",
12.	X – sealants,
19.	Q – all surfaces sound

BM
ASK IF: B=1 OR B=2 OR B=3 OR B=7 OR B=12

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
INTERVIEWER CODE:
0.	sound,
4.	recurrent caries (no cavitation)
5.	recurrent caries (cavitation),
6.	extensive cavity (visible dentine),
7.	Y - failed restoration (not carious),
8.	H - hard arrested decay

L

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
LINGUAL SURFACE CODE:
0.   sound,
1.   F – amalgam filling,
2.   K – full crown,
3.   R – intracoronal restorations,
4.   visual dentine caries,
5.   distinct cavity,
6.   extensive cavity with visible dentine,
7.   V – veneers, shims,
8.   H – hard arrested decay,
9.   not possible to code",
12.   X – sealants,
19.   Q – all surfaces sound

LM

TOOTH CONDITION: ENTER CODE FOR <TOOTH>
INTERVIEWER CODE:
0.   sound,
4.   recurrent caries (no cavitation)
5.   recurrent caries (cavitation),
6.   extensive cavity (visible dentine),
7.   Y - failed restoration (not carious),
8.   H - hard arrested decay

QRoot – Root Condition

The following loops for each of the 32 teeth

Root

ROOT CONDITION: ENTER CODE FOR <TOOTH>
0.   exposed root surface,
1.   N - no exposed root surface,
2.   F - amalgam restoration,
3.   R - other restoration,
4.   caries (active),
6.   extensive cavity,
7.   W - worn to a depth of 2mm or more,
8.   H - hard arrested decay,
9.   not possible to code,
90.   Missing

RootM
ASK IF: ROOT=2 OR ROOT=3

ROOT CONDITION, CARIES STATUS: ENTER CODE FOR <TOOTH>
0.   sound,
4.   recurrent caries (no cavitation),
6.   extensive cavity,
7.   Y - failed restoration (not carious),
8.   H - hard arrested decay

QTWear – Tooth Wear

TWearB is asked for Upper/Lower Right/Left 1-3
TWearI and TWearL are asked for Upper Right/Left 1-3 only.

TWearB
ENTER CODE FOR <TOOTH>:

0.   sound - no wear exposing dentine,
1.   loss of enamel - just exposing dentine,
2.   loss of enamel exposing dentine on >1/3 of surface,
3.   complete loss of enamel / pulp exposure / exposure of secondary dentine,
8.   fractured tooth (extensive fractures only which prevent wear coding),
9.   unscorable, >75% surface obscured,
90.   Missing

TWearI
INCISAL TOOTH WEAR: ENTER CODE FOR <TOOTH>:

0.   sound - no wear exposing dentine,
1.   loss of enamel just exposing dentine,
2.   extensive loss of dentine (>2mm) but no secondary dentine,
3.   pulp exposure / exposure of secondary dentine,
8.   fractured tooth (extensive fractures only which prevent wear coding),
9.   unscorable, >75% surface obscured

TWearL
LINGUAL/PALATAL TOOTH WEAR: ENTER CODE FOR <TOOTH>:

0.   sound - no wear exposing dentine,
1.   loss of enamel just exposing dentine,
2.   loss of enamel exposing dentine on >1/3 of surface,
3.   complete loss of enamel / pulp exposure / exposure of secondary dentine,
8.   fractured tooth (extensive fractures only which prevent wear coding),
9.   unscorable, >75% surface obscured

QTBewe – Basic Erosive Wear Examination (BEWE)

BEWE only conducted in the West Midlands SHA

Loops for Sextant 1 to 6

TwoTee

INTERVIEWER ASK OR RECORD: Does <NAME> have two or more teeth in <SEXTANT NUM>?

1.   Yes
2.   No

BoI
ASK IF: TWOTEE=1

INTERVIEWER: RECORD HIGHEST BEWE SCORE FOR THE SEXTANT:
0.   Sound, no surface loss",
1.   loss of enamel",
2.   distinct defect, hard tissue loss <50% of surface area",
3.   hard tissue loss >50% of surface area",
9.   unscorable (>25% of tooth surface obscured)

QTOC - Contacts

Loops for Right Pre-Molars/Molars, Left Pre-Molars/Molars

Contact
Ask If: BotAr = 1 OR BothAr = 1

OCCLUSAL CONDITION : ENTER CODE FOR <RIGHT/LEFT> <PRE-MOLARS/MOLARS>
0.   No contact,
1.   Contact

QSpace - Spaces

Loops for Upper/Lower Right/Left 1 – 5

Space

SPACES AND REPLACEMENT TEETH : ENTER CODE FOR <TOOTH>:
0.   N - no space (tooth present or space closed),
1.   T - implant retained restoration replaces tooth, so no space,
2.   S - space equal to, or more than half the size of the expected tooth,
3.   D - space restored by a removable prosthesis,
4.   B - space restored by a fixed bridge

QExQues - Dentures

Denture

INTERVIEWER: ASK DENTIST Is there a denture present in the mouth?
1. Yes
2. No

Where
ASK IF: DENTURE=1

INTERVIEWER: ASK DENTIST Is the denture upper, lower or both?
1. Upper
2. Lower
3. Both

UType
ASK IF: WHERE=1 OR WHERE=3

INTERVIEWER: ASK DENTIST What is the upper denture type?
1. Partial,
2. Full,
3. Complete Overdenture,
4. Implant retained

UDenMat
ASK IF: WHERE=1 OR WHERE=3

INTERVIEWER: ASK DENTIST What is the upper denture base material?
1. Metal
2. Plastic

UDenStat
ASK IF: WHERE=1 OR WHERE=3

INTERVIEWER: ASK DENTIST What is the status of the upper denture?
0. Denture intact, not damaged
1. In need of repair

LType

INTERVIEWER: ASK DENTIST What is the lower denture type?
1.	Partial,
2.	Full,
3.	Complete Overdenture,
4.	Implant retained

LDenMat

INTERVIEWER: ASK DENTIST What is the lower denture base material?
1.	Metal
2.	Plastic

LDenStat

INTERVIEWER: ASK DENTIST What is the status of the lower denture?
0.	Denture intact, not damaged
1.	In need of repair

QPUFA – PUFA Index

Intpufa

EXAMINER WILL NOW CONDUCT THE PUFA (PULP, ULCERATION, FISTULA, ABSCESS) INDEX.
<Press 1 to continue>

---

pain

INTERVIEWER: EXAMINER WILL ASK RESPONDENT 'DO YOU HAVE ANY PROBLEMS OR PAIN IN YOUR MOUTH AT THE MOMENT?
0.   No pain or problem",
1.   Yes pain and/or problem

---

paintth
ASK IF: PAIN=1

INTERVIEWER: EXAMINER WILL ASK RESPONDENT 'DO YOU THINK THAT THERE IS PAIN RELATED TO YOUR TEETH?
0.   No
1.   Yes

---

pulp

ENTER CODE FOR OPEN PULP:
0.   no lesions evident,
1.   single lesion,
2.   two or more lesions

---

ulc

ENTER CODE FOR TRAUMATIC ULCERATION:
0.   no lesions evident,
1.   single lesion,
2.   two or more lesions

---

fist

ENTER CODE FOR FISTULA:
0.   no lesions evident,
1.   single lesion,
2.   two or more lesions

---

absc

ENTER CODE FOR ABSCESS:
0.   no lesions evident,
1.   single lesion,
2.   two or more lesions

QTBPE – Basic Periodontal Examination (BPE)

TwoTee

INTERVIEWER ASK OR RECORD: Does <NAME> have two or more teeth in sextant 1/2/3/4/5/6?
1. Yes
2. No

Pocket
ASK IF: TWOTEE=1

Pocket depth for worst tooth in sextant:
INTERVIEWER ENTER CODE:
0. up to 3.5mm,
1. 4 - 5.5mm,
2. 6 - 8.5mm,
3. 9+ mm,
9. unscorable

---

loa
ASK IF: TWOTEE=1 AND DVAGE>=55

INTERVIEWER: PROMPT EXAMINER TO CONDUCT LOSS OF ATTACHMENT EXAM (RESPONDENT AGED 55 YRS OR OVER)
0. up to 3.5mm,
1. 4 - 5.5mm,
2. 6 - 8.5mm,
3. 9+ mm,
9. unscorable

---

calc
ASK IF: TWOTEE=1

Presence of calculus on worst tooth in sextant:
INTERVIEWER ENTER CODE:
0. absent,
1. present,
9. unscorable

---

bleed
ASK IF: TWOTEE=1

Presence of bleeding on worst tooth in sextant:
INTERVIEWER ENTER CODE:
0.　　Absent
1.　　Present

---

bpe
ASK IF: TWOTEE=1 AND DVAGE>=35 AND OSHLTHAU=Q38(SOUTH CENTRAL)
THIS RESPONDENT HAS BEEN SELECTED FOR THE BASIC PERIODONTAL
EXAMINATION (BPE).
EXAMINER WILL CALL OUT 1 CODE FOR THIS.
Worst BPE (Basic Periodontal Examination) score in sextant:
INTERVIEWER ENTER CODE:
0.　　no bleeding or pocketing",
1.　　bleeding on probing - no pocketing >3.5mm",
2.　　plaque retentive factors present - no pocketing > 3.5mm",
3.　　pockets >3.5mm <5.5mm deep",
4.　　pockets >5.5mm deep

QExit – Examination End & Feedback

ExamEnd

THE DENTAL EXAMINATION HAS NOW FINISHED.
PLEASE ASK THE EXAMINER IF THEY WOULD LIKE TO WRITE IN ANY COMMENTS.
(DOES THE EXAMINER WANT TO MAKE ANY COMMENTS?)
1.   Yes
2.   No

DentCom
ASK IF: EXAMEND=1

EXAMINER: PLEASE ENTER COMMENTS.
STRING [250]

Feedback

EXAMINER WILL NOW GIVE FEEDBACK TO RESPONDENT.
INTERVIEWER: PLEASE ENTER CATEGORY OF FEEDBACK PROVIDED BY EXAMINER.
1.   A (category 1) - No obvious problem,
2.   B (category 2) - Minor issue requiring check up,
3.   C or C2 (category 3) - Require check up within month,
4.   D, E1 or E2 (category 4) - Serious oral pathology

GPcon
ASK IF: FEEDBACK=4

THE EXAMINER HAS IDENTIFIED SERIOUS ORAL PATHOLOGY.
INTERVIEWER: THE GP CONSENT FORM AND ORAL LESION FORM NOW NEED TO BE COMPLETED.
Press <1> to continue

GPGive
ASK IF: FEEDBACK=4

PLEASE INDICATE OUTCOME OF GP CONSENT FORM:
1.   Consent to contact GP given,
2.   Consent to contact GP refused,
3.   No GP

GiveD
ASK IF: GPGIVE=1

LETTER VERSION D SHOULD BE GIVEN TO RESPONDENT BY THE EXAMINER.
Press <1> to continue

GiveE1
ASK IF: GPGIVE=2

LETTER VERSION E1 SHOULD BE GIVEN TO RESPONDENT BY THE
EXAMINER.
Press <1> to continue

GiveE2
ASK IF: GPGIVE=3

LETTER VERSION E2 SHOULD BE GIVEN TO RESPONDENT BY THE
EXAMINER.
Press <1> to continue

OIform
ASK IF: FEEDBACK=4

INTERVIWER: HAS THE ORAL LESION FORM BEEN COMPLETED?
Press <1> to continue

OIsend
ASK IF: FEEDBACK=4

REMIND EXAMINER TO SEND GP CONSENT FORM (IF COMPLETED) AND
ORAL LESION REPORT FORM TO CONSULTANT IMMEDIATELY.
Press <1> to continue