

Master ID #: \_ \_ \_ \_

Participant ID# \_ \_ \_ \_ \_

**INTERVIEWER - PLEASE READ TO ALL PARTICIPANTS:**

*This survey is part of a study called “Good Oral Health” that is working with older adults and adults with disabilities to learn about and improve oral health. By oral health I mean the health of teeth, gums and mouth. The results of this study will give us important information about what people do about oral health, and any concerns about oral health care, and getting oral health services. Everything you tell me will be kept strictly confidential. There are no right or wrong answers. Your views and experiences are important to us. If you don’t understand a question, I will be happy to repeat it for you. Your participation is voluntary. You can refuse to answer any questions or stop the interview at any time. If you have any questions, please feel free to ask me now or at any time during the interview.*

Interviewer Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

START Time of Interview: \_\_\_\_\_ - \_\_\_\_\_ am/pm STOP Time: \_\_\_\_\_ - \_\_\_\_\_ am/pm

**G.O.H.: Good Oral Health  
Survey Instrument**

Building Code: \_\_\_\_\_ T0 \_\_\_\_\_ T1 \_\_\_\_\_ T2 \_\_\_\_\_ T3 \_\_\_\_\_ (GOHAI only)

**NOTE: USE APPROPRIATE LANGUAGE VERSIONS.**

Interview Language: (circle number)	English	1
	Spanish	2
Participant Gender: (circle number)	Male	1
	Female	2

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Participant Age: \_\_\_\_\_

**INTERVIEWERS: PLEASE HAVE PARTICIPANTS RESPOND TO AS MANY ITEMS AS POSSIBLE. ENCOURAGE THEM TO RESPOND AND NOT SKIP ITEMS.**

Master Codes: 96 = Not applicable (NA) 97 = Don’t know/unsure (DK/U) 98 = Refused to answer (R) 99 = Missing-Interviewer error (M)
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**INTERVIEWER: Were you at the Good Oral Health [GOH] Introductory presentation that was held in the community room on: \_\_\_\_\_ [date for first or second building presentation]?**

- Yes, for the entire session
- Yes, for most of the session
- Yes, for less than half of the session
- No

**SECTION 1. DEMOGRAPHIC CHARACTERISTICS**

**1.1. Where were you born? (check one)**

- In the U.S. (excluding Puerto Rico, Virgin Islands, and other U.S. territories)
- Puerto Rico
- Elsewhere in Caribbean (Virgin Islands, etc.)
- Other outside the U.S. Specify \_\_\_\_\_

**INTERVIEWER: IF PARTICIPANT WAS BORN IN U.S., SKIP TO 1.3**

**1.2. If born outside the U.S., how long have you lived in the United States? (years) \_\_\_\_\_**

**1.3. How long have you lived in this building? (years and months) \_\_\_\_\_ (years) \_\_\_\_\_ (months)**

**1.4. What racial or ethnic group or groups do you consider yourself to be part of?**

\_\_\_\_\_

**1.5a. Are you of Hispanic Origin? (Puerto Rican, Cuban, Honduran, Mexican etc.)**

- No (0)
- Yes (1)

**INTERVIEWER: IF NOT HISPANIC, SKIP TO 1.5d**

**1.5b. Are you Puerto Rican?**

- No (0)
- Yes (1)

**1.5c. As a Latino/Hispanic person, please tell me which one of these racial categories most closely matches how you think of yourself. Please answer only one of these.**

- Black (1)
- White (2)
- Other (3)

**INTERVIEWER: IF HISPANIC, SKIP TO 1.6**

**1.5d. Please tell me which one of these racial categories most closely matches how you think of yourself. Please answer only one of these.**

- Black – Not Hispanic (1)
- White - Not Hispanic (2)
- American Indian or Alaskan Native (3)
- Asian or Pacific Islander (4)
- Other (5)

**1.6. What languages do you speak and read?**

	Well (4)	Some (3)	Not well (2)	Not at all (1)
a. You can speak and understand SPOKEN English				
b. You can read English				
c. You speak and understand SPOKEN Spanish				
d. You can read Spanish				

**1.7. Do you speak any other languages?**  Yes (1)  No (0)

**1.7a. If yes, which language(s)?** \_\_\_\_\_

**1.8. Do you need help when you read instructions, pamphlets, or other written material from your doctor or pharmacy?**

Always (2)  Sometimes (1)  Never (0)

**1.9. What is the highest grade of school you have completed? (Check response)**

- No formal schooling 1
- 1<sup>st</sup> through 3<sup>rd</sup> grade 2
- 4<sup>th</sup> – 8<sup>th</sup> grade 3
- 9<sup>th</sup> to Less than high school graduation 4
- High school graduate, GED, or equivalent 5
- Some undergraduate college 6
- Undergraduate college graduate 7
- Post graduate 8
- Don't know/Unsure 97
- Refused 98

**1.10. Are you now: [INTERVIEWER: READ LIST, CHECK ONLY ONE RESPONSE]**

- Single (never married) 1
- Married/Common law/living as married 2
- Separated 3
- Divorced 4
- Widowed 5
- Other \_\_\_\_\_ 6
- Refused 98

1.11. Does anybody else live with you in your apartment all the time?

Yes (1)  No (0)

1.12. Now I am going to ask you about your employment status. Are you:

[INTERVIEWER: CHECK ONLY ONE RESPONSE]

Employed full time 1  
 Employed part time 2  
 Not employed 3

1.13. What is your TOTAL monthly income from ALL sources before any expenses?

[INTERVIEWER: HELP RESIDENT WITH THE MATH IF NECESSARY.]

\$ \_\_\_\_\_

1.14. How much do you worry about money? (circle)

Not at all (4)  A little (3)  Some (2)  A lot (1)

1.15. How often does your current income meet your basic needs (food, medication, rent, etc.)?

Not at all (1)  Sometimes (2)  Always (3)

**SECTION 2. DAILY LIVING ACTIVITIES (INTERVENTION DOMAIN 1)**

2.1 The following questions ask about activities you might do during a typical day. For each activity, please tell me if you are able to do it with no help required (by yourself), can do with help, or unable to do even with help.

<i>Do you need help with...?</i>	<u>No help required</u> (0)	<u>Can do with help</u> (1)	<u>Unable to do even with help</u> (2)
a. Walking across a small room?			
b. Bathing: either a sponge bath, tub bath, or shower?			
c. Personal grooming, like brushing hair, or washing face?			
d. Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?			
e. Eating, like holding a fork, cutting food, or drinking from a glass?			
f. Getting from a bed to a chair?			
g. Using the toilet?			
h. Brushing your teeth or cleaning your dentures			

**SECTION 3. BUILDING LEVEL SOCIAL SUPPORT (INTERVENTION DOMAIN 5)**

**3.1 Who do you go to for health information in this building? [INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY]**

- Other Residents (1)
- Building Management (including Managers and Resident Services Coordinators) (2)
- People who come to provide services in the building (3)
- No one (0)

**3.2. How many residents do you talk to if you need information about health problems and how to handle them, not counting the building managers or others who work there?**

- No one (0)       1 – 2 (1)       3 – 4 (2)       5 or more (3)

**3.3. How often do you attend any programs or activities in your building?**

- Never (0)       Sometimes (1)       Often (2)       Always (3)

**SECTION 4. HEALTH INSURANCE AND PHYSICAL HEALTH CARE**

**4.1. What type of medical health insurance coverage do you have? (ask each, check all that apply)**

- Medicaid (1)
- Medicare (2)
- Private/Supplemental (AARP, BC/BS) (3)
- None (0)
- Other (specify): \_\_\_\_\_

**4.1a. Do you have dental insurance?**

- Yes (1)       No (0)

**(If No, skip to 4.2)**

**4.1b. What type of dental insurance coverage do you have? (ask each, check all that apply)**

- Medicaid (1)
- Private (AARP, BC/BS) (2)
- Other (specify): \_\_\_\_\_

**4.2 CES-D 10 ITEM**

**[INTERVIEWER: USE THE PROVIDED SCORING CRITERIA. NOTE THAT ITEMS D. AND G. ARE REVERSE-SCORED.]**

**INTERVIEWER: I'm going to read you a list of ways you may have felt or behaved *in the past week*. Please tell me, during the past week, have you felt or behaved in any of these ways? Please answer YES or NO**

<i>During the past week, ...</i>	No	Yes	Refused
a. Have you felt depressed?	0	1	98
b. Have you felt that everything you did was an effort?	0	1	98
c. Was your sleep restless?	0	1	98
d. Were you happy?	1	0	98
e. Have you felt lonely?	0	1	98
f. Were people unfriendly?	0	1	98
g. Have you enjoyed life?	1	0	98
h. Have you felt sad?	0	1	98
i. Have you felt that people disliked you?	0	1	98
j. Have you felt that you could not get "going"	0	1	98

**SECTION 5. ORAL HEALTH CARE**

**5.1. Self-rating of oral health:**

How would you rate the overall health of your teeth, gums and mouth ?

Poor (1)       Fair (2)       Good (3)       Excellent (4)

**5.2. Where do you USUALLY go for regular dental care? (Check one)**

- Clinic in a hospital (1)
- Community health center (2)
- Private dentist's office (3)
- Hospital Emergency Room (4)
- Dental School (5)
- Other (specify): \_\_\_\_\_
- Nowhere (0)

**5.3 If you have a dental/oral emergency, where do you go? (Check one)**

- Clinic in a hospital (1)
- Community health center (2)
- Private dentist's office (3)
- Hospital Emergency room (4)
- Dental School (5)
- Other (specify): \_\_\_\_\_
- Nowhere (0)

**5.4. When was the last time you visited the dentist?**

- In the past 6 months (5)       6 months – 1 year ago (4)       1-2 years ago (3)  
 More than 2 years ago (2)       Never been to a dentist (1)  
 (If “never been to a dentist”, skip to 5.6.)

**5.5 The last time you visited the dentist, was it for a checkup, a problem that was treated, a checkup and a problem that was treated at the same time, or an emergency? (Check one)**

- a checkup (1)  
 a problem that was treated (2)  
 a checkup and a problem that was treated (3)  
 an emergency (4)

**5.6 Has any health care provider other than your dentist ever asked you about your oral health, teeth, or gums or looked inside your mouth during a routine visit?**

- Yes (1)     No (0)

**5.7. INTERVIEWER: I’m going to read a list of possible reasons that prevent people from going to the dentist. For each reason, please tell me how true this is for you.**

	Very True	Somewhat True	Not very true	Not true at all
a. You haven’t had any problems with your teeth or gums	(4)	(3)	(2)	(1)
b. You don’t have dental insurance	(1)	(2)	(3)	(4)
c. You can’t afford to go to the dentist	(1)	(2)	(3)	(4)
d. You don’t have time to go to the dentist	(1)	(2)	(3)	(4)
e. You don’t have transportation or a way to get to the dentist	(1)	(2)	(3)	(4)
f. You don’t know how to find a dentist.	(1)	(2)	(3)	(4)
g. You can’t find a dentist who takes Medicaid	(1)	(2)	(3)	(4)
h. You could not get an appointment	(1)	(2)	(3)	(4)
i. You don’t know why, you just haven’t gone	(1)	(2)	(3)	(4)
j. You can’t find a dentist who speaks your language	(1)	(2)	(3)	(4)
k. Going to the dentist is painful	(1)	(2)	(3)	(4)
l. You’re afraid the dental office might not clean the instruments properly	(1)	(2)	(3)	(4)
m. You’re afraid the dentist might pull out all your teeth	(1)	(2)	(3)	(4)
n. You don’t like the loud noise of the drill	(1)	(2)	(3)	(4)
o. You think the dentist won’t consider your other health problems or medications	(1)	(2)	(3)	(4)
p. You think the dentist will knock you out without your knowing it	(1)	(2)	(3)	(4)
q. You think the dentist won’t be careful enough	(1)	(2)	(3)	(4)
r. You’re afraid the dentist won’t listen to your concerns	(1)	(2)	(3)	(4)
s. You don’t like needles	(1)	(2)	(3)	(4)

**5.8. Has a dentist or dental hygienist ever said you have gum disease (pyorrhea/periodontitis)?**

- Yes (1)       No (0)       Don't know/Unsure (97)

**5.9. If yes, how long ago were you told that you have gum disease (pyorrhea/periodontitis)?**

Less than 1 year (1)     1 – 2 years ago (2)     3 – 5 years ago (3)  
 More than 5 years ago (4)

**5.10. Have you ever had any treatment specifically for gum disease (pyorrhea/ periodontitis) called deep cleaning or scaling and root planning?**

Yes (1)     No (0)

**5.11. Has any dentist or dental hygienist told you to brush and floss your teeth daily?**

No, never (0)     Yes (1)     If yes, in past 6 months? (2)

**5.11.a. If yes, was it through the GOH program? [Not for baseline]**

Yes (1)     No (0)

**5.12. Has any dentist or dental hygienist showed you how to brush and floss your teeth or clean your partials.**

No, never (0)     Yes (1)     If yes, in past 6 months? (2)

**5.12.a. If yes, was it through the GOH program? [Not for baseline]**

Yes (1)     No (0)

**5.13. How many of your adult (permanent) teeth, including wisdom teeth, have been removed?**

None (5)     Between 1 and 4 (4)     Between 5 and 8 (3)  
 More than 8 teeth but not all (2)     Don't know/Unsure (97)

**5.14. Do you have any partials or dentures?**

Yes (1)     No (0)

**5.14.a. if yes, which:**     upper partials (1)     lower partials (3)  
 upper dentures (2)     lower dentures (4)

**5.15. Do you have any dental implants?**

Yes (1)     No (0)

**SECTION 6. PREVENTIVE DENTAL BEHAVIORS AND ORAL HYGIENE (INTERVENTION DOMAIN 6)**

**6.1. How often do you brush your teeth?**

Never (0)     Once a week (1)     A few times a week (2)  
 Once a day (3)     Twice a day (4)     More than 2 times a day (5)



**6.2. Do you clean between your teeth with something other than a toothbrush?**

Yes (1)     No (0)

**6.3 How often do you floss your teeth?**

Never (0)                       Once a week (1)                       A few times a week (2)  
 Once a day (3)                       Twice a day (4)                       More than 2 times/day (5)

**FOR PEOPLE WITH DENTURES/PARTIALS:**

**6.4. How often do you clean your dentures/partials?**

Never (0)                       Once a week (1)                       A few times a week (2)  
 Once a day (3)                       Twice a day (4)                       More than 2 times/day (5)

**6.5. What do you use to clean your denture/partials most or all of the time (Check all that apply)?**

Tablets (1)  
 Brush (2)  
 Brush and denture cleaning paste (3)  
 Baking soda (4)  
 Soap and water (5)  
 Other \_\_\_\_\_ (6)

**6.6 How often in a typical week do you remove your dentures/partials before you go to sleep?**

Never (1)     Once a week (2)     A few times a week (3)     Every night (4)

**6.7 SUGAR INTAKE (INTERVENTION DOMAIN 12)**

<i>How often in an average day do you:</i>	Never (0)	Once a day (1)	2-3 times a day (2)	4-5 times a day (3)	More than 5 times a day (4)
a. Drink fruit juice					
b. Eat sweet snacks (cookies, pastries, soft candy)					
c. Eat starchy snacks ( crackers, bread, chips)					
d. Suck on hard candies					
e. Drink or eat sweets, starch or fruit juice at night after you brush your teeth					

**6.8 PERCEIVED IMPORTANCE (INTERVENTION DOMAIN 4)**

<i>How important do you think the following behaviors are, whether they do or do not apply to you?</i>	Very important (4)	Somewhat important (3)	Not very important (2)	Not at all important (1)
<b>For all participants:</b>				
a. Visit the dentist once a year				
b. Brush your teeth at least once a day				
c. Brush with fluoride toothpaste				
d. Floss or clean between teeth at least once a day				
e. Check for sores in the mouth				

f. Remove dentures/partials at night				
g. Soak dentures/partials in water over night				
h. Clean dentures/partials				
i. Clean gums with gauze or facecloth				

**6.9 DRY MOUTH (INTERVENTION DOMAIN 11)**

<i>Please answer yes or no to the following questions.</i>	Yes (1)	No (0)
a. Does your mouth feel dry at night or on wakening?	(1)	(0)
b. Does your mouth feel dry at other times of the day?	(1)	(0)
c. Do you keep a glass of water by your bed?	(1)	(0)
d. Do you sip liquids to aid in swallowing dry foods?	(1)	(0)
e. Does your mouth feel dry when eating a meal?	(1)	(0)
f. Do you have difficulties swallowing any foods?	(1)	(0)
g. Do you chew gum daily to relieve oral dryness?	(1)	(0)
h. Do you use hard candies or mints daily to relieve oral dryness?	(1)	(0)

**SECTION 7. ORAL HEALTH INFORMATION ACCESS**

**7.1 .Have you ever advised anyone in the building to go to a dentist?**

\_\_\_ Yes (1)                      \_\_\_ No (0)

**7.2. Have you ever advised anyone in the building about brushing and flossing?**

\_\_\_ Yes (1)                      \_\_\_ No (0)

## SECTION 8. ORAL HEALTH AND QUALITY OF LIFE

### Geriatric Oral Health Assessment Index – GOHAI

<b>8.1 In the past three months...</b>	<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
<b>a.</b> How often did you limit the kinds or amounts of food you eat because of problems with your teeth, mouth, or dentures?	(4)	(3)	(2)	(1)	(0)
<b>b.</b> How often did you have trouble biting or chewing any kinds of food, such as firm meat or apples?	(4)	(3)	(2)	(1)	(0)
<b>c.</b> How often were you able to swallow comfortably?	(0)	(1)	(2)	(3)	(4)
<b>d.</b> How often have your teeth or dentures prevented you from speaking the way you wanted?	(4)	(3)	(2)	(1)	(0)
<b>e.</b> How often were you able to eat anything without feeling discomfort?	(0)	(1)	(2)	(3)	(4)
<b>f.</b> How often did you limit contacts with people because of the condition of your teeth or denture?	(4)	(3)	(2)	(1)	(0)
<b>g.</b> How often were you pleased or happy with the looks of your teeth, gums or dentures?	(0)	(1)	(2)	(3)	(4)
<b>h.</b> How often did you use medication to relieve pain or discomfort in your mouth or around your mouth?	(4)	(3)	(2)	(1)	(0)
<b>i.</b> How often were you worried or concerned about the problems with your teeth, gums or dentures?	(4)	(3)	(2)	(1)	(0)
<b>j.</b> How often did you feel nervous or self-conscious because of problems with your teeth, gums or dentures?	(4)	(3)	(2)	(1)	(0)
<b>k.</b> How often did you feel uncomfortable eating in front of people because of problems with your teeth or dentures?	(4)	(3)	(2)	(1)	(0)
<b>l.</b> How often were your teeth or gums sensitive to hot, cold, or sweets?	(4)	(3)	(2)	(1)	(0)

## SECTION 9. PERCEIVED RISK OF ORAL HEALTH DISEASE (INTERVENTION DOMAIN 7)

<b>9.1. What are the chances that you will...</b>	<b>Very Unlikely (4)</b>	<b>Unlikely (3)</b>	<b>Likely (2)</b>	<b>Very likely (1)</b>
<b>a.</b> Get cavities?				
<b>b.</b> Get a toothache?				
<b>c.</b> Have problems with your gums?				
<b>d.</b> Develop oral cancer?				
<b>e.</b> Have to go to the hospital for problems related to your teeth, gums or mouth?				

**SECTION 10. ORAL HEALTH EFFICACY / LOCUS OF CONTROL (INTERVENTION DOMAIN 3)**

<i>I am going to read a list of statements. Please tell me how much you agree with each statement, whether it does or does not apply to you.</i>	Strongly Agree (4)	Partly agree (3)	Partly Disagree (2)	Strongly Disagree (1)
<b>10.1. Self-Efficacy</b>				
a. If you brush and floss correctly, you expect fewer dental problems				
b. You believe that you know how mouth sores can be treated				
c. If someone showed you how to clean your teeth and mouth, you would be able to practice better oral health care (look after your mouth/teeth better)				
d. If you knew the facts about dental disease, you would be able to practice better oral care (take care of your mouth/teeth better)				
e. You believe you can remove most of plaque to help prevent cavities and gum disease				
<b>10.2. Locus of Control</b>	Strongly Agree (1)	Partly agree (2)	Partly Disagree (3)	Strongly Disagree (4)
a. Only the dentist can prevent cavities and gum disease				
b. You believe losing teeth is a normal part of growing old				
c. If both parents have had bad teeth, brushing and flossing your teeth will not help to keep them healthy				
d. You believe that dentures don't have to be removed during the night				
e. It is not possible to prevent sickness and medicines from destroying teeth				
f. You believe that one way of brushing is just as good as any other				
g. Even if you take good care of your teeth, they will still fall out as you get older				

**SECTION 11. ORAL HEALTH KNOWLEDGE (INTERVENTION DOMAIN 2)**

<b>11.1 Please answer true or false to each of the following statements.</b>	True (1)	False (2)	DK/U (97)
a. Sugary foods and drinks may cause cavities			
b. Cavities and gum disease are caused by an infection in the mouth			
c. Fluoride disinfects water and makes it safe to drink			
d. Gum disease that is not treated can cause teeth to fall out			
e. Fluoride helps prevent cavities			
f. Dentures need to be removed before going to sleep			
g. Gum disease is caused by germs in the mouth			

**SECTION 12. SELF-MANAGEMENT WORRIES SCALE (INTERVENTION DOMAIN 8)**

<b>12.1. How worried or embarrassed are you that...</b>	<b>Very (1)</b>	<b>Somewhat (2)</b>	<b>Not Much (3)</b>	<b>Not at All (4)</b>
a. You cannot clean your dentures properly				
b. You can't control your bad breath				
c. The medications you are taking might affect your teeth				
d. Brushing your teeth might irritate your gums				
e. You don't brush your teeth <u>enough</u>				
f. When you floss there is bleeding				
g. You don't brush your teeth <u>properly</u>				
h. You are not using the correct toothbrush to clean your teeth				
i. You don't know how to clean your tongue				
j. You don't know when is the best time to go to the dentist				
k. If you use mouthwash it might dry out your mouth				
l. Your mouth feels dry all the time				
m. If you take your dentures out you could lose them				
n. You might have to get dentures or false teeth made from dead men's teeth so you keep your bad teeth				
o. If you go to the dentist you might get a mouth or tooth infection or cancer				
p. You can't clean the teeth in the back of your mouth and they might rot (get cavities)				
q. Your teeth may keep you from having friends or socializing				
r. Your bad teeth are keeping you from eating foods that will keep you healthier				
s. Your teeth get discolored and you can't keep them white				
t. When you try to brush you feel mouth pain				
u. When you put your partial/denture in it hurts				
v. When you brush your teeth you feel your tooth hurts				
w. You avoid brushing your teeth because they are sensitive				

**SECTION 13. FEARS OF ORAL HEALTH (INTERVENTION DOMAIN 9)**

<b>13.1. How afraid are you...</b>	<b>Very (1)</b>	<b>Somewhat (2)</b>	<b>Not Much (3)</b>	<b>Not at All (4)</b>
a. That bleeding gums may be a serious problem				
b. Of losing your teeth				
c. Of oral cancer				
d. That problems with your teeth and gums might affect your general health				

**SECTION 14. HEALTH STATUS AND HOSPITALIZATIONS**

*Now I'm going to ask you about your physical health. What health problems do you have that have been **DIAGNOSED BY A DOCTOR OR HEALTH PROFESSIONAL**.*

**INTERVIEWER:** *If resident says “yes” – ask “B” and “C” before moving to next health problem.*

14.1. Health Problem	Diagnosed with? A		Does the problem keep you from doing Normal daily activities? B		Have you been hospitalized because of the problem? C	
	Yes	No	Yes	No	Yes	No
a. Diabetes	Yes	No	Yes	No	Yes	No
b. Arthritis	Yes	No	Yes	No	Yes	No
c. Heart disease	Yes	No	Yes	No	Yes	No
d. High blood pressure	Yes	No	Yes	No	Yes	No
e. Lung or breathing problems	Yes	No	Yes	No	Yes	No
f. Glaucoma, cataracts, other serious eye problems	Yes	No	Yes	No	Yes	No
g. Hearing loss	Yes	No	Yes	No	Yes	No
h. Cancer (any)	Yes	No	Yes	No	Yes	No
i. Problems from stroke	Yes	No	Yes	No	Yes	No
j. Serious problems with digestion/stomach problems	Yes	No	Yes	No	Yes	No
k. Long term sadness or depression	Yes	No	Yes	No	Yes	No
l. Pneumonia	Yes	No	Yes	No	Yes	No
m. Joint replacement (knee, hip, shoulder)	Yes	No	Yes	No	Yes	No
n. Mental Health	Yes	No	Yes	No	Yes	No
o. Any heart procedures? Please specify _____	Yes	No	Yes	No	Yes	No

**SECTION 15. TOBACCO USE**

Have you ever used any of the following tobacco products?

(INTERVIEWER: Ask “if ever”, “in the past 6 months”, and “right now”.)

	EVER		IN PAST 6 MOS.		RIGHT NOW	
	Yes	No	Yes	No	Yes	No
a. Cigarettes	1	0	1	0	1	0
b. Cigars	1	0	1	0	1	0
c. Pipe/Pipe tobacco	1	0	1	0	1	0
d. Chewing tobacco	1	0	1	0	1	0
e. Other:	1	0	1	0	1	0

**SECTION 16. INTENTION (INTERVENTION DOMAIN 10)**

<b>16.1. What is the possibility that...</b>	<b>Good Possibility (2)</b>	<b>Some Possibility (1)</b>	<b>No Possibility (0)</b>
<b>a.</b> You will brush your teeth at least twice a day?			
<b>b.</b> You will floss your teeth or clean between your teeth at least once a day?			
<b>c.</b> You will check your mouth for loose or broken teeth at least once a week?			
<b>d.</b> You will check your mouth for sores at least once a week?			
<b>e.</b> You will visit the dentist in the next year for a check-up and screening for oral cancer?			
<b>f.</b> You will remove your partial/denture every night before you go to sleep?			
<b>g.</b> You will place your partial/denture in a container of water when you are not wearing them?			
<b>h.</b> You will clean your mouth daily?			
<b>i.</b> You will clean your partial/denture with denture paste or a tablet and a brush every day?			
<b>j.</b> You will check your partial/denture to see if they fit?			

**THANK YOU FOR YOUR TIME.**

**REVIEWER NOTES:**

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**SECTION 17. POST AMI/CAMPAIGN QUESTIONS**

<b>17.1. How many people <u>from your building</u> have talked to you in the last 3 months about: Please do not count our project staff, nor people from your own dentist's office.</b>	<b>None (0)</b>	<b>1 – 2 (1)</b>	<b>3 – 4 (2)</b>	<b>5 or more (3)</b>
a. Visiting the dentist once a year				
b. Brushing your teeth at least once a day				
c. Brushing with fluoride toothpaste				
d. Flossing or cleaning between teeth at least once a day				
e. Checking for sores in the mouth				
f. Removing dentures/partials at night				
g. Soaking dentures/partials in water over night				
h. Cleaning dentures/partials				
i. Cleaning gums with gauze or facecloth				

**SECTION 18. MESSAGE RECOGNITION FROM CAMPAIGNS – ONLY POST CAMPAIGN**

**18.1 Have you heard of the Good Oral Health Fairs in your building?**

Yes (1)       No (0)

**18.2 Do you recognize this logo (the GOH logo) [INTERVIEWER: SHOW GOH LOGO.]**

Yes (1)       No (0)

**SECTION 19. SOCIAL SUPPORT**

**19.1 How many GOH fairs have you gone to in your building?**

0     1     2     3    [If 0, skip to 19.3]

**19.2 Did anyone go with you to each of the fairs?**

Yes (1)       No (0)

**19.3 About how many people do you know who have gone to a GOH Fair in your building?**

None (0)       1 – 2 (1)       3 – 4 (2)       5 or more (3)

**19.4 What have you heard about the oral health fairs?**

Mostly good (1)     Mostly bad (2)     Neither good or bad (3)     Nothing (4)

**19.5 How many people do you think have changed their oral hygiene behavior after going to an oral health fair in your building? We would like to know your opinion, your best guess. You don't actually have to KNOW what they are doing. So give your best guess as you see it.**

Most people in the building (3)     About half the people (2)  
 Less than half (1)       Almost no one (0)



**SECTION 20. PARTICIPATION AT THE FAIRS**

**20.1 Did you practice on the teeth model at one or more of the fairs?**

\_\_\_ Yes (1)      \_\_\_ No (0)      \_\_\_ Not applicable, did not attend any fairs (96)

**20.2 If you did attend, at how many fairs did you practice with the mouth model?**

\_\_\_1      \_\_\_2      \_\_\_3

**20.3 Did you attend one or more presentations given by an oral health expert at an oral health fair(s)?**

\_\_\_ Yes (1)      \_\_\_ No (0)      \_\_\_ Not applicable, did not attend any fairs (96)

**SECTION 21. PERCEIVED IMPROVEMENT OF ORAL HEALTH BEHAVIORS**

<b>21.1 How much would you say the fairs helped you to improve...</b>	<b>A lot (4)</b>	<b>Somewhat (3)</b>	<b>Not much (2)</b>	<b>Not at all (1)</b>	<b>Did not attend fairs (96)</b>
<b>a.</b> Your own teeth brushing					
<b>b.</b> Your own flossing					
<b>c.</b> Your own cleaning of partials/ denture					

**SECTION 22. PERCEIVED EFFECTS OF FAIRS ON CONFIDENCE AND REDUCTION OF FEARS ABOUT ORAL HYGIENE**

<b>22.1. How much did the fairs...</b>	<b>A lot (4)</b>	<b>Somewhat (3)</b>	<b>Not much (2)</b>	<b>Not at all (1)</b>	<b>Did not attend fairs (96)</b>
<b>a.</b> Reduce your fears about taking care of your teeth					
<b>b.</b> Improve your knowledge about caring for your teeth					
<b>c.</b> Give you confidence that you could improve brushing and flossing					

**SECTION 23. EVALUATION OF THE FAIRS**

**23.1 Why did you come to the Oral Health Fair? [INTERVIEWER - PLEASE CHECK ALL THAT APPLY.]**

- I wanted to improve my oral health (1)                       I'm looking for a dentist (6)  
 The door prizes and giveaways (2)                       To join in building activities (7)  
 I'm afraid to go to the dentist (3)                       To learn more about oral health (8)  
 I'm worried about my oral health (4)                       The food (9)  
 Did not attend fairs (5)  
 Other: \_\_\_\_\_

**23.2 Did you volunteer at any of the Oral Health Fairs?**

- Yes (1)                       No (0)

**23.3 Please rate the Oral Health Fairs.**

- Excellent (4)     Good (3)     Fair (2)     Poor (1)     Did not attend fairs (96)

**SECTION 24. PERCEIVED IMPROVEMENT OF ORAL HEALTH BEHAVIORS [Interviewer: Remind the participant of the 1-on-1 educational session with [interventionist names] to discuss the results of the dental exam and survey. If no 1-on-1 session, mark 96 for Q24.1 and 25.1.]**

<b>24.1 How much would you say the one-on-one educational session with [Interventionist's name] helped you to improve...</b>	<b>A lot (4)</b>	<b>Somewhat (3)</b>	<b>Not much (2)</b>	<b>Not at all (1)</b>	<b>Did not have 1-on-1 educational session (96)</b>
a. Your own teeth brushing					
b. Your own flossing					
c. Your own cleaning of partials/denture					

**SECTION 25. PERCEIVED EFFECTS OF ONE-ON-ONE SESSION ON CONFIDENCE AND REDUCTION OF FEARS ABOUT ORAL HYGIENE**

<b>25.1 How much did the one-on-one educational session with [Interventionist's name]...</b>	<b>A lot (4)</b>	<b>Somewhat (3)</b>	<b>Not much (2)</b>	<b>Not at all (1)</b>	<b>Did not have 1-on-1 educational session (96)</b>
a. Reduce your fears about taking care of your teeth					
b. Improve your knowledge about caring for your teeth					
c. Give you confidence that you could improve brushing and flossing					