

BWHS Dental Health Questionnaire

The goal of the BWHS is to learn about the factors that influence health and disease in black women. One area that can have a large impact on overall health and quality of life, is dental health. Over the years we have asked occasional questions about dental health (e.g., gingivitis, tooth loss), but we are now interested in learning more about your current dental health status.

Please complete the following questions to the best of your ability. Some questions may seem repetitive, but we ask that you answer them nonetheless. When you have completed the questions, return this form to Dr. Yvette Cozier at Boston University using the envelope provided.

Write in your date of birth.

		/			/	1	9		
Month			Day			Year			
(example: June = 06)									

- 1. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.**
 - Within the past year (anytime less than 12 months ago)
 - Within the past 2 years (1 year but less than 2 years ago)
 - Within the past 5 years (2 years but less than 5 years ago)
 - 5 or more years ago
- 2. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?**
 - Within the past year (anytime less than 12 months ago)
 - Within the past 2 years (1 year but less than 2 years ago)
 - Within the past 5 years (2 years but less than 5 years ago)
 - 5 or more years ago
- 3. Overall, how would you rate the health of your teeth and gums?**
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
- 4. Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. Do you think you might have gum disease?**
 - Yes
 - No
 - Don't know
- 5. Has a dentist or dental hygienist ever told you that you had periodontal or gum disease?**
 - Yes
 - No
 - Don't know
- 6. Have you ever had treatment for gum disease such as scaling and root planing, sometimes called "deep cleaning"?**
 - Yes
 - No
 - Don't know
- 7. Have you ever had any teeth become loose on their own, without an injury?**
 - Yes
 - No
 - Don't know
- 8. Have you ever been told by a dental professional that you lost bone around your teeth?**
 - Yes
 - No
 - Don't know



9. During the past three months, have you noticed a tooth that doesn't look right?

- Yes No Don't know

10. Aside from brushing your teeth with a toothbrush, in the last seven days, how many DAYS did you use dental floss, or any other device to clean between your teeth?

- None 1 2 3 4 5 6 7

11. Aside from brushing your teeth with a toothbrush, in the last seven days, how many DAYS did you use mouthwash or other dental rinse product that you use to treat dental disease or dental problems?

- None 1 2 3 4 5 6 7

12. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1 to 5 6 or more but not all All None

13. How many natural teeth do you have in your mouth now?

14. How many of your missing teeth:

a. Are replaced by removable dentures?

b. Are replaced with a fixed bridge?

c. Are replaced with an implant?

d. Are not replaced at all?

15. If you have removable denture appliances, please answer the following question:

During the past 3 months, how often have you had the following problems with your dentures?

	Never	Hardly Ever	Occasionally	Fairly Often	Very Often
a. Have you felt that your dentures have not been fitting properly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you had uncomfortable dentures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you been unable to eat with (using) your dentures because of problems with them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



16. During the past 12 months, was there any time when you needed dental care (including routine checkups) but didn't get it because you couldn't afford it?

Yes No

17. Do you feel that you are currently in need of dental treatment?

Yes No Don't know

18. Do you now have any type of insurance that pays for all or part of your dental health care?

Yes No Don't know

19. How much do you agree with the following statements?

	Disagree	Agree a little	Somewhat agree	Moderately agree	Strongly agree
a. I feel anxious shortly before going to the dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I generally avoid going to the dentist because I find the experience unpleasant or distressing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get nervous or edgy about upcoming dental visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I think that something really bad would happen to me if I were to visit a dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel afraid or fearful when visiting the dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My heart beats faster when I go to the dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I delay making appointments to go to the dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I often think about all the things that might go wrong prior to going to the dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. To what extent are you anxious about the following things when you go to the dentist?

	Not at all	A little	Somewhat	Moderately	Very much
a. Painful or uncomfortable procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling embarrassed or ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Not being in control of what is happening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling sick, queasy or disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Numbness caused by the anesthetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Not knowing what the dentist is going to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The cost of dental treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Needles or injections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Gagging or choking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Having an unsympathetic or unkind dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BWHS_OrHealth14v2



21. During the past 3 months, HOW OFTEN have you experienced the following difficulties because of problems with your teeth, mouth, or dentures? (Fill in one circle.)

	Never	Hardly Ever	Occasionally	Fairly Often	Very Often
a. Have you had a painful aching in your mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you had to avoid eating some foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt that your sense of taste has worsened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt that your breath has been stale?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have you found it difficult to relax?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have you been upset?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you felt uncomfortable about the appearance of your teeth, mouth, or dentures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Have you avoided smiling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Have problems with your teeth and gums affected your social activities (such as with family, friends, coworkers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Have you been worried by dental problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Have you had trouble getting along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Have you avoided going out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Have you been totally unable to function?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Have people misunderstood some of your words?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During the past 3 months, how often did you feel nervous or self-conscious because of problems with your teeth, gums, or dentures?

- Never Sometimes Always

23. During the past 3 months, how much pain or distress have your teeth or gums caused you?

- None at All A Little Bit Some Quite a Bit A Great Deal

Comments:

