Appendix A3: Emergency dental care questionnaire

THE UNIVERSITY OF ADELAIDE
AUSTRALIA

Patient ID

RELATIVE NEEDS INDEX STUDY

Emergency Dental Care

A study of the need for dental care.

Conducted by:

Social and Preventive Dentistry
The University of Adelaide
AUSTRALIA 5005

Relative Needs Index Study

RESPONSES RECORDED MUST BE THOSE OF THE PATIENT.

1 Please indicate your ■ date of birth: ☐☐ ☐☐ ☐☐☐☐ (day month year)

■ sex: Male ☐1 Female ☐2

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2 Were you born in Australia? Yes ☐1 No ☐2

If No, (a) in what country were you born? _____ country

(b) in which year did you first arrive in Australia to live? _____ year

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3 Are you of Aboriginal and/or Torres Strait Islander origin?

No ☐1
Yes, Aboriginal ☐2
Yes, Torres Strait Islander ☐3

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4 What is the postcode of the suburb/area you live in? ☐☐☐☐

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5 Which language do you ***mainly*** speak at home? *(Please tick one box)*

English	☐1	Mandarin	☐6
Italian	☐2	Arabic	☐7
Greek	☐3	Russian	☐8
Cantonese	☐4	German	☐9
Vietnamese	☐5	Other *(please specify)*	☐10

_____

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6 Australia's population is made up of many ethnic communities or groups.
With which community or group do you ***mainly*** identify?

(State only one, eg. Italian. If no ethnic identity, write "none"). _____

2

7 How old were you when you left school? *(Please tick one box)*

Did not go to school	☐ 1
14 years or younger	☐ 2
15 years	☐ 3
16 years	☐ 4
17 years	☐ 5
18 years	☐ 6
19 years or older	☐ 7

8 What is the highest level of education you have attained? *(Please tick one box)*

Primary School	☐ 1
Some secondary school	☐ 2
Completed secondary school	☐ 3
Some University, higher education	☐ 4
Completed a University, higher education course	☐ 5
Some TAFE, CAE or vocational course	☐ 6
Completed TAFE, CAE or vocational course	☐ 7
Other	☐ 8
Don't know	☐ 9

9 (a) Do you have

Pensioner concession card (full entitlement)?	☐ 1
Pensioner concession card (part entitlement)?	☐ 2
Health care card?	☐ 3
Veterans Affairs Card?	☐ 4
Commonwealth Seniors Health Card?	☐ 5

(b) How long have you had your concession card?

Pensioner concession card (full entitlement)	
Pensioner concession card (part entitlement)	
Health care card	
Veterans Affairs card	
Commonwealth Seniors Health card	

10 (a) Do you have private dental insurance?

Yes ☐ 1 ⟶ **Go to (b)**

No ☐ 2 ⟶ **Go to Q11**

Q10 continued on next page

(b) How long have you had private dental insurance?

Less than 6 months	☐ 1	2 years to less than 3 years	☐ 4
6 months to less than 12 months	☐ 2	3 years to less than 5 years	☐ 5
1 year to less than 2 years	☐ 3	5 years or more	☐ 6

11 In the last week, what dental problem has caused you to seek dental care?

Toothache	☐ 1	Sore gums	☐ 9
Broken/lost filling	☐ 2	Ulcer/s	☐ 10
Broken tooth	☐ 3	Accident/incident	☐ 11
Need a filling	☐ 4	Loose denture/s	☐ 12
Bleeding gum/teeth	☐ 5	Broken denture/s	☐ 13
Wisdom teeth	☐ 6	Need new denture/s	☐ 14
Need tooth extracted	☐ 7	Headache	☐ 15
Swelling	☐ 8	Other (*please specify*)	☐ 16

12 In the last week, have you had the following problems?

(a)	toothache	Yes	☐ 1	No	☐ 2	
(b)	pain in teeth with hot foods or fluids	Yes	☐ 1	No	☐ 2	
(c)	pain in teeth with cold foods or fluids	Yes	☐ 1	No	☐ 2	
(d)	pain in teeth with sweet foods	Yes	☐ 1	No	☐ 2	
(e)	pain in jaw while chewing	Yes	☐ 1	No	☐ 2	
(f)	pain in jaw when opening mouth wide	Yes	☐ 1	No	☐ 2	
(g)	pain which is worse in the middle of the day	Yes	☐ 1	No	☐ 2	
(h)	pain at night	Yes	☐ 1	No	☐ 2	
(i)	pain in front of ear	Yes	☐ 1	No	☐ 2	
(j)	burning sensation in tongue or other parts of mouth	Yes	☐ 1	No	☐ 2	
(k)	shooting pain in face or cheeks	Yes	☐ 1	No	☐ 2	
(l)	pain or discomfort from denture	Yes	☐ 1	No	☐ 2	NA ☐ 3

13 In the last week, have you had the following problems?

(a)	mouth ulcers	Yes	☐1	No	☐2
(b)	cold sores	Yes	☐1	No	☐2
(c)	sore gums	Yes	☐1	No	☐2
(d)	bleeding gums	Yes	☐1	No	☐2
(e)	swelling on gums	Yes	☐1	No	☐2
(f)	bad breath	Yes	☐1	No	☐2
(g)	dryness of mouth	Yes	☐1	No	☐2
(h)	unpleasant taste	Yes	☐1	No	☐2
(i)	changes in ability to taste	Yes	☐1	No	☐2
(j)	clicking/grating noise in jaw joint	Yes	☐1	No	☐2
(k)	swelling of your face or neck	Yes	☐1	No	☐2
(l)	a lost filling	Yes	☐1	No	☐2
(m)	a lost crown	Yes	☐1	No	☐2
(n)	a broken filling	Yes	☐1	No	☐2
(o)	a broken crown	Yes	☐1	No	☐2
(p)	a loose tooth	Yes	☐1	No	☐2
(q)	a cracked tooth	Yes	☐1	No	☐2
(r)	high temperature	Yes	☐1	No	☐2

14 In the last week, have you

(a)	chipped a tooth?	Yes	☐1	No	☐2
(b)	broken a tooth?	Yes	☐1	No	☐2
(c)	noticed any visible pink areas on the tooth as a result of a broken tooth?	Yes	☐1	No	☐2
(d)	broken or chipped a tooth as a result of an accident?	Yes	☐1	No	☐2

15 In the last week, have you experienced pain as a result of problems with your teeth, mouth or dentures?

Yes ☐1

No ☐2 → **Go to Q16**

Q15 continued on next page

(a) If Yes, is this pain

- an ache? ☐1
- a throbbing pain? ☐2
- a dull pain? ☐3
- a sharp pain? ☐4
- a burning pain? ☐5
- a shooting pain? ☐6

(b) Is this pain

- constant? ☐1
- intermittent? ☐2
- increasing? ☐3
- decreasing? ☐4

(c) How long have you had this problem? ☐

(d) Have you taken any medication to relieve this pain?

- Yes ☐1 → **Go to (e), (f) & (g)**
- No ☐2 → **Go to Q16**

(e) If Yes, what medication have you taken? ☐

(f) Please state the dosage used. ☐

(g) How often did you use this medication to relieve pain or discomfort in your teeth or mouth?

- Once per day ☐1
- Twice per day ☐2
- Three to four times per day ☐3
- Five to six times per day ☐4
- Six or more times per day ☐5

16 What category best describes your teeth? *(Please tick one box)*

- Natural teeth only ☐1 → **Go to Q18**
- Natural teeth and upper denture only ☐2 → **Go to Q17**
- Natural teeth and lower denture only ☐3 → **Go to Q17**
- Both upper and lower dentures with some natural teeth ☐4 → **Go to Q17**

17 (a) How long ago did you receive your first denture(s)? Upper denture

Lower denture

(b) How long have you had the denture(s) you wear now? Upper denture

Lower denture

18 (a) Have you ever had a tooth extracted? Yes ☐1 → **Go to (b), (c) & (d)**

No ☐2 → **Go to Q20**

(b) If Yes, why? *(eg. wisdom tooth, decay, orthodontic etc)*

(c) If Yes, how long has it been since your last extraction?

(d) How many teeth have you had extracted in the past 2 years?

(Number)

19 Have you had a tooth extracted in the last week? Yes ☐1 → **Go to (a)**

No ☐2 → **Go to Q20**

(a) If Yes, have you experienced any bleeding? Yes ☐1 → **Go to (b)**

No ☐2 → **Go to Q20**

(b) How often have you had to spit out blood?

- Very Often ☐1
- Fairly Often ☐2
- Sometimes ☐3
- Hardly ever ☐4
- Not at all ☐5

20 What is your usual reason for visiting the dentist?

- For a regular check-up ☐1
- For an occasional check-up ☐2
- When in discomfort/pain ☐3
- When something needs to be fixed ☐4

7

21 How long has it been since your last dental visit? *(Please tick one box)*

Less than 12 months	☐ 1	3 years to less than 5 years	☐ 4
12 months to less than 2 years	☐ 2	5 years or more	☐ 5
2 years to less than 3 years	☐ 3	Never	☐ 6 → **Go to Q26**

22 Where was your last dental visit? *(Please tick one box)*

Private practice	☐ 1
Public hospital/clinic	☐ 2
School Dental Service	☐ 3
Dental technician	☐ 4
Health Fund	☐ 5
Prison, corrective/detention institution	☐ 6
Other	☐ 7
Don't know	☐ 8

23 How often do you usually go to the dentist? *(Please tick one box)*

More than 2 times a year	☐ 1	Once every 2 years	☐ 4
Two times a year	☐ 2	Once every 5 years	☐ 5
Once a year	☐ 3	Less often than that	☐ 6

24 In which country was your last dental visit? *(Please tick one box)*

Australia	☐ 1
Other *(please specify)*	☐ 2

25 What dental treatment did you receive at your last dental visit/s? *(Please tick one or more boxes)*

None	☐ 1	Gum Treatment	☐ 8
Check-up	☐ 2	Teeth straightened/braces	☐ 9
Dental filling	☐ 3	New or replacement dentures	☐ 10
Amalgam replacement	☐ 4	Teeth cleaned	☐ 11
Root canal filling	☐ 5	Whitening/bleaching	☐ 12
Crown	☐ 6	Denture repair	☐ 13
Tooth extracted	☐ 7	Other treatment (*please specify*)	☐ 14

26 Do you think that dental treatments can help make your teeth and mouth more healthy? *(Please tick one box)*

Yes/absolutely	☐ 1
Probably/sometimes	☐ 2
No	☐ 3
Don't know	☐ 4

For Q27 to Q29 please *circle* one number in each line to indicate the patient's level of agreement or disagreement with each statement.

27 During the last week, how often have pain, discomfort, or other problems with your teeth, mouth or dentures caused you to ...	All the time	Very often	Fairly often	Some-times	Never	
have difficulty sleeping?	1	2	3	4	5	
stay home more than usual?	1	2	3	4	5	
stay in bed more than usual?	1	2	3	4	5	
take time off work?	1	2	3	4	5	NA

Q27 continued on next page

	All the time	Very often	Fairly often	Some-times	Never
be unable to do household chores?	1	2	3	4	5
avoid your usual leisure activities?	1	2	3	4	5

28 During the last week, how often have you worried about ...	All the time	Very often	Fairly often	Some-times	Never
the appearance of your teeth or mouth?	1	2	3	4	5
the health of your teeth or mouth?	1	2	3	4	5

29	Very Good	Good	Fair	Poor	Very poor
How would you rate your general health?	1	2	3	4	5
How would you rate your oral health?	1	2	3	4	5

30 (a) Do you take any regular medication?

Yes ☐1 ⟶ **Go to (b)**

No ☐2 ⟶ **Go to Q31**

(b) Was this medication recommended by a health care provider?

Yes ☐1

No ☐2

31 Imagine you had an appointment to go to the dentist tomorrow, how would you feel about it? *(Please tick one box)*

- I would look forward to it as a reasonably enjoyable experience ☐1
- I wouldn't care one way or the other ☐2
- I would be a little uneasy about it ☐3
- I would be afraid that it would be unpleasant and painful ☐4
- I would be very frightened of what the dentist might do ☐5

32 Imagine you are waiting in the dentist's waiting room for your turn in the chair, how would you feel? *(Please tick one box)*

- Relaxed ☐1
- A little uneasy ☐2
- Tense ☐3
- Anxious ☐4
- So anxious that I sometimes break out in a sweat or almost feel physically sick ☐5

33 Imagine you are in the chair waiting while the dentist gets the drill ready to begin working on your teeth, how would you feel? *(Please tick one box)*

- Relaxed ☐1
- A little uneasy ☐2
- Tense ☐3
- Anxious ☐4
- So anxious that I sometimes break out in a sweat or almost feel physically sick ☐5

34 Imagine you are in the dentist's chair to have your teeth cleaned. While you are waiting and the dentist is getting out the instruments to be used to scrape your teeth around the gums, how would you feel? *(Please tick one box)*

- Relaxed ☐1
- A little uneasy ☐2
- Tense ☐3
- Anxious ☐4
- So anxious that I sometimes break out in a sweat or almost feel physically sick ☐5

35 How characteristic of you are the following statements? *(Please circle one of the numbers in each line)*

	Uncharacteristic of me			Characteristic of me		
	very	rather	somewhat	somewhat	rather	very
I am quick to express an opinion when it comes to my dental health care needs.	1	2	3	4	5	6
I usually think my needs are not as important as other people's needs.	1	2	3	4	5	6
If treatment is not to my satisfaction, I let the dentist know I am not happy.	1	2	3	4	5	6
If the service received is not to my satisfaction, I complain to dental staff.	1	2	3	4	5	6

36 Was this interview done by proxy? Yes ☐1 No ☐2

INTERVIEWER'S COMMENTS

Thank you for your co-operation and time in answering this questionnaire.