

Appendix B2: Screening questions from general models

General model 1

These are the series of questions identified to assist in discriminating between those patients able to wait longer than 7+ months and those who should be seen within 6 months. Note that the responses given in the 'Response' boxes are only an example.

If a patient gave these responses to the questions it is predicted that they would require care within 6 months (based on a cut-off value of 0.5 – modifying the cut-off value may change the urgency prediction).

	Response
In the last four weeks, have you had...	
• a toothache	Yes
• pain in teeth with hot food or fluids	No
• pain in teeth with cold food or fluids	Yes
• pain in teeth with sweet foods	No
• pain in jaw while chewing	Yes
• pain in jaw when opening mouth wide	No
• pain in front of ear	No
• burning sensation in tongue/mouth	No
• shooting pain in face or cheeks	No
• pain or discomfort from denture	No
During the past year...	
• have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?	Never
• have you felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures?	Never
• have you had a painful aching in your mouth?	Hardly ever
• have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?	Occasionally
• have you been self conscious because of your teeth, mouth or dentures?	Never
• have you felt tense because of problems with your teeth, mouth or dentures?	Never
• has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?	Never
• have you had to interrupt meals because of problems with your teeth, mouth or dentures?	Never
• have you found it difficult to relax because of problems with your teeth, mouth or dentures?	Never
• have you been a bit embarrassed because of problems with your teeth, mouth or dentures?	Never
• have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?	Never
• have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?	Never
• have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?	Never
• have you been totally unable to function because of problems with your teeth, mouth or dentures?	Never
What is your usual reason for visiting the dentist?	Check-up/Problem
How long has it been since your last dental visit?	1-<3 years
Do you smoke tobacco?	No
URGENCY: LE 6 months	