### DENTAL HISTORY FORM (DHSA screen 1 of 4)

1. Have you lost any of your natural teeth?  . . . . . . . . . . Yes Y
   *Go to Item 5, Screen 1.*
   
   2. Did you lose any teeth because of:
      
      |                  | Yes | No | Unknown |
      |------------------|-----|----|---------|
      | a. Cavities      | Y   | N  | U       |
      | b. Gum disease   | Y   | N  | U       |
      | c. Accident      | Y   | N  | U       |
      | d. Wisdom teeth pulled | Y | N | U |
      | e. Extracted because of overcrowding | Y | N | U |
      | f. Other         | Y   | N  | U       |

3. Do you have false teeth?  . . . . . . . . Yes Y
   *Go to Item 5, Screen 1.*

4. How old were you when you got your first false teeth?  . . . . . . age

5. Have you ever noticed any of your teeth were loose? Do not include the times when you lost your baby teeth, had braces, or had a tooth hit and made loose.  .. . . . . . Yes Y
   No N
   Unknown U
6.a. Have you ever had a root canal done? .... Yes Y

   Go to Item 7.

   No N

   Unknown U

b. Did you have a root canal done on more than one tooth? ............ Yes Y

   No N

   Unknown U

7. Have you ever had a dental implant? ........ Yes Y

   No N

8. How often did you brush your teeth yesterday?

   Not at all ................. A

   One time .................. B

   Two times .................. C

   Three times or more .......... D

9. How often did you use dental floss last week?

   Not at all ................. A

   One time .................. B

   Two times .................. C

   Three times or more .......... D

10. When was the last time you went to the dentist for any reason?

    Within the last 6 months ........ A

    6 months to less than 1 year ago ... B

    1 to less than 2 years ago .......... C

    2 to less than 3 years ago .......... D

    3 to less than 5 years ago .......... E

    5 or more years ago ............... F

11. Would you say that you use a dentist on a regular basis, or do you only go when you are in discomfort or when you need something fixed?

    Regular basis .................. A

    Only when in discomfort .......... B

    When something needs to be fixed .... C

    Don't go to the dentist ........... D

    Other .......................... E

12. Do you have a dentist? ........ Yes Y

    No N
DENTAL HISTORY FORM (DHSA Screen 4 of 4)

13. Date of collection: [Blank]

14. Method of data collection: ...... Computer C
   Paper P

15. Code Number of person completing this form: ...... [Blank]