

**Cohort, Exam 4****Dental History Form: FORM CODE=DHS VERSION=A**

**Instructions:** This form is completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

<i>DHSA1</i>		<i>Have you lost any of your natural teeth?</i> <i>Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
866	N	No [ <i>skip to Q5</i> ]
10549	Y	Yes
50		Missing

**Did you lose any teeth because of:**

<i>DHSA2A</i>		<i>Cavities</i> <i>Q2a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2567	N	No
332	U	Unknown
7650	Y	Yes
916		Missing

<i>DHSA2B</i>		<i>Gum Disease</i> <i>Q2b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8768	N	No
241	U	Unknown
1540	Y	Yes
916		Missing

<i>DHSA2C</i>		<i>Accident</i> <i>Q2c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
9533	N	No
28	U	Unknown
985	Y	Yes
919		Missing

**Cohort, Exam 4**

<i>DHSA2D</i>		<i>Wisdom Teeth Pulled</i> <i>Q2d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2261	N	No
353	U	Unknown
7931	Y	Yes
920		Missing

<i>DHSA2E</i>		<i>Extracted Because Of Overcrowding</i> <i>Q2e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8583	N	No
232	U	Unknown
1731	Y	Yes
919		Missing

<i>DHSA2F</i>		<i>Other</i> <i>Q2f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
8894	N	No
79	U	Unknown
1566	Y	Yes
926		Missing

<i>DHSA3</i>		<i>Do you have false teeth?</i> <i>Q3</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4465	N	No [ <i>skip to Q5</i> ]
6080	Y	Yes
920		Missing

<i>DHSA4</i>		<i>How old were you when you got your first false teeth?</i> <i>Q4</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5858	Range	8 - 74 ( median=40 mean=38.9 std=14.6 )
5607		Missing

**Cohort, Exam 4**

DHSA5		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 Q5
N	Value	Description
9291	N	No
56	U	Unknown
2057	Y	Yes
61		Missing

DHSA6A		Have you ever had a root canal done? Q6a
N	Value	Description
6410	N	No [skip to Q7]
66	U	Unknown [skip to Q7]
4937	Y	Yes
52		Missing

DHSA6B		Didi you have a root canal done on more than one tooth? Q6b
N	Value	Description
2059	N	No
88	U	Unknown
2781	Y	Yes
6537		Missing

DHSA7		Have you ever had a dental implant? Q7
N	Value	Description
11139	N	No
1	U	
261	Y	Yes
64		Missing

DHSA8		How often did you brush your teeth yesterday? Q8
N	Value	Description
880	A	Not at all
3205	B	One time
5954	C	Two times
1355	D	Three times or more
71		Missing

**Cohort, Exam 4**

<i>DHSA9</i>		<i>How often did you use dental floss last week? Q9</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5131	A	Not at all
805	B	One time
932	C	Two times
4497	D	Three times or more
100		Missing

<i>DHSA10</i>		<i>When was the last time you went to the dentist for any reason? Q10</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6120	A	Within the last 6 months
1613	B	6 months to less than 1 year ago
955	C	1 to less than 2 years ago
605	D	2 to less than 3 years ago
582	E	3 to less than 5 years ago
1510	F	5 or more years ago
80		Missing

<i>DHSA11</i>		<i>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? Q11</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
7078	A	Regular basis
943	B	Only when in discomfort
2895	C	When something needs to be fixed
390	D	Don't go to the dentist
99	E	Other
60		Missing

<i>DHSA12</i>		<i>Do you have a dentist? Q12</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1989	N	No
9380	Y	Yes
96		Missing

**Cohort, Exam 4**

<i>DHSA13</i>		<i>Date Of Data Collection</i> <i>Q13</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11412	Range	01/06/1996 - 02/16/1999
53		Missing

<i>DHSA14</i>		<i>Type Of Administration</i> <i>Q14</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6932	C	Computer
4478	P	Paper
55		Missing

<i>DHSA15</i>		<i>Code Of Person Completing Form</i> <i>Q15</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11412	Present	Text suppressed
53		Missing

<i>DHSACY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11465	10	

<i>DHSAFLAG</i>		<i>1= DHSA Form Is Present</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11465	1	

<i>ID</i>		<i>Aric Participant ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11465	Present	Text suppressed