



DENTAL SCREENING FORM (DSRA Screen 2 of 3)

10. Have you had a heart, kidney, or other organ transplant? Yes  Y — Exclude. No  N — Go to Item 15. Unknown  U
11. Do you have a surgically implanted heart valve, stent, shunt or artificial joint? Yes  Y — Exclude. No  N — Go to Item 15. Unknown  U
12. Are you on kidney dialysis? Yes  Y — Exclude. No  N — Go to Item 15. Unknown  U
13. Have you had major surgery, radiation, or chemotherapy for cancer within the last 2 months? Yes  Y — Exclude. No  N — Go to Item 15. Unknown  U
14. Are you taking prednisone or an immunosuppressive medication? Yes  Y — Exclude. No  N — Go to Item 15. Unknown  U

15. The participant meets an exclusion criterion from the screening interview?

Yes  Y ----> EXCLUDE, read exclusion statement

No  N ----> RECRUIT, read recruitment statement

EXCLUSION STATEMENT:

Because you (SELECT THE RELEVANT STATEMENT BELOW):

-- do not have any of your natural teeth

-- have been told by a dentist that you need to take antibiotics before every dental visit

-- have a medical condition that might require you to have antibiotics before a dental examination

it may not be useful or safe for you to participate in this portion of the study. However, we will be asking you some questions about your dental history as part of the ARIC visit. [GO TO ITEM 17.]

DENTAL SCREENING FORM (DSRA Screen 3 of 3)

RECRUITMENT STATEMENT:

You are eligible to take part in this new study on the effect of infections on heart disease. Read DESCRIPTION OF DENTAL EXAM. Do you have any questions?

[CONTINUE WITH ITEM 16.]

16. May I schedule you for the dental exam? Yes  Y ---> READ REMINDER  
No  N ---> EXCLUDE

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17. Date of telephone interview: \_\_\_/\_\_\_/\_\_\_

18. Code Number of person completing telephone interview: \_\_\_

DESCRIPTION OF DENTAL EXAM for ITEM 16.

This portion of the study includes a simple examination of your mouth to see if there are any cavities, gum disease or spaces between your teeth and gums. We will also collect a little plaque and pick up some fluid from around your teeth. Most people find these procedures quite comfortable.

REMINDER FOR PARTICIPANTS SCHEDULED FOR DENTAL EXAM.

The usual procedure in ARIC is to send your doctor a copy of your results reports. If you would like us to send your dentist a copy of your dental exam report, please bring his or her name and address with you when you come for your appointment.