MAIN STUDY - ROUND 7

COMMUNITY COMPONENT

DU. DENTAL UTILIZATION AND EVENTS

DUINTRO.   The next questions are about any medical care (you/SP) may have had between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION). (Now would be a good time to get out the calendar that we left at the last interview.)

First we'll talk about dental care.

[PRESS ENTER TO CONTINUE.]

DU1.   Please look at this card. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]

SHOW CARD DU	**DUPROBE**	YES	1	(DU2)
		NO	2	***BOX ER1***
		REFUSED	-7	***BOX ER1***
		DON'T KNOW	-8	***BOX ER1***

DU2.   Who did (you/SP) see? [ENTER ONLY ONE DENTAL PROVIDER.]
PROVNAME
PROVSPEC

BOX DU1	a.	SP HAS USED V.A. FACILITIES (HI36 = 1)	1	(b)
		SP HAS NOT USED V.A. (HI36 = 2 OR MISSING)	2	***BOX DU2***
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1	***BOX DU2***
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(DU3)

DU3.   Is (PROVIDER) associated with a facility of the Veterans Administration?

VAPLACE	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

	a.	SP BELONGS TO AN HMO (HI24 = 1 FOR ANY PLAN	1	(b)
		SP DOES NOT BELONG TO AN HMO (HI25 = 2 OR		
		MISSING FOR <u>ALL</u> PLANS)	2	(DU6)
BOX				
DU2	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER	1	(DU6)
		"HMO FLAG" CODED NO OR DON'T KNOW		
		FOR THIS PROVIDER	2	(DU5)
		"HMO FLAG" NOT SET FOR THIS PROVIDER	3	(DU4)

DU4.   Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

       HMOASSOC   YES   1   (DU6)
                                                 NO   2   (DU5)
                                                 REFUSED ....   -7   (DU5)
                                                 DON'T KNOW...   -8   (DU5)

DU5.   (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

       HMOREFER   YES   1
                                                  NO   2
                                                 REFUSED ....   -7
                                                 DON'T KNOW ....   -8

DU6.   When did (you/SP) see (PROVIDER NAMED IN DU2)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [ENTER ALL DATES.]

DU7.   For (your/SP's) visit on (FIRST/NEXT VISIT DATE), what did (you/SP) have done?
        [CODE ALL THAT APPLY.]
        [PRESS CTRL/L TO LEAVE SCREEN.]

DVXRAYS	X-RAYS TAKEN......................................	1
DVCLEAN	CLEANING TEETH	2
DVEXAM	EXAMINATION	3
DVFILLNG	FILLINGS	4
DVEXTRAC	EXTRACTIONS	5
DVRTCNAL	ROOT CANALS	6
DVCROWN	CROWNS	7
DVBRIDGE	BRIDGES, DENTURES, PLATES, ETC. --	
	EITHER NEW ONES OR REPAIR WORK......	8
DVORTHO	ORTHODONTIA -- BITE ADJUSTMENT,	
	BRACES, RETAINERS, ETC...........................	9
DVPERIOD	PERIODONTIA	10
DVBONDNG	BONDING	11
DVOTHER	OTHER (SPECIFY) _____	
	....	.91
EVNTQUES	REFUSED	-7 *BOX DU3A*
EVOSTEXT	DON'T KNOW	-8

BOX DU3	IF DU7 CODED 1, REGARDLESS OF OTHER CODES SELECTED, GO TO ***BOX DU3A***. IF 1 NOT CODED AT DU7, GO TO DU8.

DU8.   Were X-rays taken on this visit?

XRAYS	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW...	-8

BOX DU3A	IF THIS VISIT ADDED THROUGH DU1, GO TO DU9. IF THIS VISIT ADDED THROUGH UTS, CRTK/I, ST, OR NS, GO TO ***BOX DU4***.

DU9.   Were any medicines prescribed for (you/SP) when (you/he/she) went to (DENTAL PROVIDER) on (EVENT DATE)?

PRESMDCN	YES	1 (DU10)
	NO	2 ***BOX DU4***
	REFUSED	-7 ***BOX DU4***
	DON'T KNOW...	-8 ***BOX DU4***

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DU10.   Were any of the prescriptions filled?

PRESFILL   YES 1 (DU11)
                        NO .... 2 **BOX DU4**
                        REFUSED .... -7 **BOX DU4**
                        DON'T KNOW.. -8 **BOX DU4**

DU11.   Please tell me the names of these medicines.
         [ENTER ALL MEDICINES.] [CHECK SPELLING.]
         PMEDNAME
         PMROTYPE

	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS DENTAL PROVIDER IS:
BOX DU4	0 .... (GO TO **BOX DU5(b)**) 1-4 .... (RETURN TO DU7 FOR NEXT VISIT) 5 OR MORE REMAINING .... (GO TO DU12)

DU12.   You told me that (you/SP) also visited (NAME OF DENTAL PROVIDER FROM DU2) on [READ DATES BELOW].
         Were any of these visits made for the same reason as the one you've just told me about?

SAMEREAS   YES 1 (DU13)
                        NO .... 2 (DU7 FOR NEXT VISIT)
                        REFUSED .... -7 (DU7 FOR NEXT VISIT)
                        DON'T KNOW.. -8 (DU7 FOR NEXT VISIT)

DU13.   Which visits were for the same reason? What were the dates?

BOX DU5	a. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO DU7 FOR NEXT UNFLAGGED VISIT. b. IF THIS VISIT ADDED THROUGH DU1, GO TO DU14. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO **BOX ST12**. IF THIS VISIT ADDED THROUGH NS, GO TO **BOX NS11**.

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DU14.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other dental care visits to this or any other provider?

YES 1 (DU2)
NO ....   2 *BOX ER1*
REFUSED .... -7 *BOX ER1*
DON'T KNOW .... -8 *BOX ER1*