

## SURVEY QUESTIONNAIRE FOR HDML RECIPIENTS

Date: \_\_\_\_\_

Examiner: \_\_\_\_\_ Subject ID:

**Good morning, Mr/Mrs/Dr \_\_\_\_.** We had an appointment today to ask you some questions about your mouth, teeth and dentures. Do you still have time today (If respondent replies “yes”, continue with interview; if “no”, ask to make an appointment for another day, and thank them for their participation).

**“First, some questions about where you receive dental care”**

1. When was the last time you went to the dentist? How many months ago?  
 Code ‘0’ for less than 2 weeks ago  
 Code ‘7777’ for don’t know/don’t remember  
 Code ‘8888’ for refusal  
 Code ‘9999’ for not applicable (never visited dentist)

**RECORD MONTHS SINCE LAST VISIT:**

2. Why did you make this visit?

Routine care – tooth/denture cleaning/check-up	1
Emergency – toothache/aching gums/broken denture	2
Other (specify)	3
Refusal	8888
Not applicable (Never went to the dentist)	9999

3. When you do go to the dentist, where do you go? **CODE ALL THAT APPLY**

Private dentist’s office	1
Public dental clinic	2
Hospital dental clinic	3
Dental school clinic	4
Emergency room	5
Other (specify) _____	6
Don’t know	7777
Refusal	8888
Not applicable	9999

4. How do you normally get to the dentist?

Walking	1
Bus	2
Taxi	3
Subway	4

Access-A-Ride	5
My child/friend/relative drives me	6
I drive myself	7
Other (specify) _____	8
Refusal	8888
Not applicable	9999

5. If you do not visit the dentist regularly (at least once a year), what are the reasons why you do not go? **EXAMINER: PROBE PRIMARY AND SECONDARY REASON**

	Primary Reason	Second Reason
I wear dentures/I do not have my own teeth	1	1
I do not have time	2	2
It costs too much	3	3
I have to travel too far	4	4
I am afraid of the dentist	5	5
I don't think I need to see a dentist	6	6
Dental treatment is not a priority for me	7	7
I am afraid I will contract a disease	8	8
I have to wait a long time at the dentist's office	9	9
Other (specify) _____	10	10
Unknown	7777	7777
Refusal	8888	8888
Not applicable (visits dentist regularly)	9999	9999

6. Do you have all your teeth?

Yes	0
No	1

If no: are you missing all your upper teeth?

Yes	0
No	1

If no: are you missing all your lower teeth?

Yes	0
No	1

7. Do you wear dentures?

Yes	0
No	1

If yes: do you have upper dentures, lower dentures, or both?

Upper Only	0
Lower Only	1
Both	2

8. Do you brush your teeth and/or your dentures yourself, or do you need assistance

I brush my teeth and/or dentures myself	1
My home health aide assists me with brushing my teeth and/or dentures	2
A family member or friend assists me with brushing my teeth and/or dentures	3
Unknown	7777
Refusal	8888
Not applicable (does not brush teeth and/or dentures)	9999

**I will now ask you some questions about your teeth, mouth or dentures**

	Over the past 12 months...	Very often	Fairly often	Occasionally	Hardly ever	Never	DK	N/A
*11	Have you had difficulty chewing any foods because of problems with your teeth, mouth or dentures?	4	3	2	1	0	7777	9999
12.	Have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?	4	3	2	1	0	7777	9999
13.	Have you felt that your sense of taste has worsened because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
14.	Have you had food catching in your teeth or dentures?	4	3	2	1	0	7777	9999
15.	Have you felt that your digestion has worsened because of problems with your teeth, mouth or dentures?	4	3	2	1	0	7777	9999
16.	IF HAVE DENTURES: Have you felt that your dentures have not been fitting properly?	4	3	2	1	0	7777	9999
17.	Have you had painful aching in your mouth?	4	3	2	1	0	7777	9999
18.	Have you had a sore jaw?	4	3	2	1	0	7777	9999
19.	Have you had headaches because of problems with your teeth, mouth or dentures?	4	3	2	1	0	7777	9999
20.	IF HAVE TEETH: Have you had sensitive teeth, e.g. due to hot or cold foods or drinks?	4	3	2	1	0	7777	9999
21.	IF HAVE TEETH: Have you had toothache?	4	3	2	1	0	7777	9999
22.	Have you had painful gums?	4	3	2	1	0	7777	9999
*23	Have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?	4	3	2	1	0	7777	9999
24.	Have you had sore spots in your mouth?	4	3	2	1	0	7777	9999
25.	IF HAVE DENTURES: Have you had uncomfortable dentures?	4	3	2	1	0	7777	9999
26.	Have you been self-conscious because of your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
27.	Have you felt tense because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
28.	Have you felt that there has been less flavor in your food because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
*29	Have you had to avoid eating some foods because of problems with your teeth, mouth or dentures?	4	3	2	1	0	7777	9999
30.	Has your diet been unsatisfactory because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
31.	Have you had uncomfortable dentures?	4	3	2	1	0	7777	9999
32.	Have you had to interrupt meals because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
33.	Have you found it difficult to relax because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999

34.	Have you been a bit embarrassed because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
35.	Have you been a bit irritable with other people because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
36.	Have you had difficulty doing your usual jobs because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
37.	Have you felt that your general health has worsened because of problems with your teeth, mouth or dentures?	4	3	2	1	0	7777	9999
38.	Have you felt that life in general was less satisfying because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999
39.	Have you been totally unable to function because of problems with your teeth, mouth, or dentures?	4	3	2	1	0	7777	9999

**Examiner: If respondent responds to items 11, 23 and/or 29 with 4 (very often), 3 (fairly often) or 2 (sometimes), ask the following items:**

**40. Do you have difficulty chewing fruits because of your teeth, mouth or dentures?**

Yes	0 (go to 40a)
No	1 (go to 41)
Don't know	7777
Refusal	8888
Not applicable	9999

**40a. If YES to 40 ASK:** Have you also had trouble chewing fruits that come in your home delivered meal because of your teeth, mouth or dentures?

Yes	0 (ask 40b & c)
No	1 (go to 41)
Don't know	7777
Refusal	8888
Not applicable	9999

**40b. If YES to 40a ASK:** Which fruits in the home delivered meal have you had trouble chewing because of your teeth, mouth or dentures?

**40c. If YES to 40a ASK:** Have you ever had such difficulty chewing the fruit in your home delivered meal because of your teeth, mouth or dentures that you could not eat that part of the meal?

Yes	0 (ask 40d)
No	1 (go to 40e)
Don't know	7777
Refusal	8888
Not applicable	9999



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**40d. If YES to 40c ASK:** How often in a typical week do you **not eat** the fruit in your home delivered meal due to difficulty chewing because of your teeth, mouth or dentures?

Almost every day (5-7 times a week)	3 (go to 40e)
Some of the time (3-4 days a week)	2 (go to 40e)
A little of the time (1-2 days a week)	1 (go to 40e)
Don't know	7777(go to 40e)
Refusal	8888(go to 40e)
Not applicable	9999(go to 40e)

**40e. Ask of Everyone:** When you have difficulty chewing fruits in your home delivered meal, do you or someone else modify or change the fruits in any way so you can eat them more easily?

Yes	0 (go to 40e)
No	1 (go to 40f)
Don't know	7777
Refusal	8888
Not applicable	9999

**40e. If YES to 40e ask:** How do you or someone else modify the fruits in your home delivered meal so you can eat them?

I cut up the food into small pieces	0
I puree the food using a blender	1
I boil or steam the food to soften it	2
Other (specify _____ _____)	3
Don't know	4
Refusal	8888
Not applicable	9999

**41. Do you have difficulty chewing vegetables because of your teeth, mouth or dentures?**

Yes	0 (go to 41a)
No	1 (go to 42)
Don't know	7777
Refusal	8888
Not applicable	9999

**41a. If YES to 41 ASK:** Have you also had trouble chewing vegetables that come in your home delivered meal because of your teeth, mouth or dentures?

Yes	0 (ask 41b & c)
No	1 (go to 42)
Don't know	7777
Refusal	8888
Not applicable	9999

41b. If YES to 41a ASK: Which vegetables in the home delivered meal have you had trouble chewing because of your teeth, mouth or dentures?

41c. If YES to 41a ASK: Have you ever had such difficulty chewing the vegetables in your home delivered meal because of your teeth, mouth or dentures that you could not eat that part of the meal?

Yes	0 (ask 41d)
No	1 (go to 41e)
Don't know	7777
Refusal	8888
Not applicable	9999

41d. If YES to 41c ASK: How often in a typical week do you **not eat** the vegetables in your home delivered meal due to difficulty chewing because of your teeth, mouth or dentures?

Almost every day (5-7 times a week)	3 (go to 41e)
Some of the time (3-4 days a week)	2 (go to 41e)
A little of the time (1-2 days a week)	1 (go to 41e)
Don't know	7777(go to 41e)
Refusal	8888(go to 41e)
Not applicable	9999(go to 41e)

41e. Ask of Everyone who had difficulty: When you have difficulty chewing vegetables in your home delivered meal, do you or someone else modify or change the vegetables in any way so you can eat them more easily?

Yes	0 (go to 41f)
No	1 (go to 42)
Don't know	7777
Refusal	8888
Not applicable	9999

41f. If YES to 41e ask: How do you or someone else modify the vegetables in your home delivered meal so you can eat them?

I cut up the food into small pieces	0
I puree the food using a blender	1
I boil or steam the food to soften it	2
Other (specify _____ _____)	3
Don't know	4
Refusal	8888
Not applicable	9999

**42. Do have difficulty chewing meats because of your teeth, mouth or dentures?**

Yes	0 (go to 42a)
No	1 (go to 43)
Don't know	7777
Refusal	8888
Not applicable	9999

**42a. If YES to 42 ASK:** Have you also had trouble chewing meats that come in your home delivered meal because of your teeth, mouth or dentures?

Yes	0 (ask 42b & c)
No	1 (go to 43)
Don't know	7777
Refusal	8888
Not applicable	9999

**42b. If YES to 42a ASK:** Which meats in the home delivered meal have you had trouble chewing because of your teeth, mouth or dentures?

**42c. If YES to 42a ASK:** Have you ever had such difficulty chewing the meats in your home delivered meal because of your teeth, mouth or dentures that you do not eat that part of the meal?

Yes	0 (ask 42d)
No	1 (go to 42e)
Don't know	7777
Refusal	8888
Not applicable	9999

**42d. If YES to 41c ASK:** How often in a typical week do you **not eat** the meats in your home delivered meal due to difficulty chewing because of your teeth, mouth or dentures?

Almost every day (5-7 times a week)	3 (go to 42e)
Some of the time (3-4 days a week)	2 (go to 42e)
A little of the time (1-2 days a week)	1 (go to 42e)
Don't know	7777(go to 42e)
Refusal	8888(go to 42e)
Not applicable	9999(go to 42e)

**42e. Ask of Everyone who had difficulty:** When you have difficulty chewing meats in your home delivered meal, do you or someone else modify or change the meats in any way so you can eat them more easily?

Yes	0 (go to 42f)
No	1 (go to 43)
Don't know	7777
Refusal	8888
Not applicable	9999

**42f. If YES to 42e ask:** How do you or someone else modify the meats in your home delivered meal so you can eat them?

I cut up the food into small pieces	0
I puree the food using a blender	1
I boil or steam the food to soften it	2
Other (specify _____ _____)	3
Don't know	4
Refusal	8888
Not applicable	9999

**43. Do you have difficulty eating nuts because of your teeth, mouth or dentures?**

Yes	0
No	1
Don't know	7777
Refusal	8888
Not applicable	9999

**Next we want to ask you a general question about your home delivered meal.**

**44. On a typical day do you eat:**

All of the home delivered meal	0 (go to 45)
At least half of the home delivered meal	1 (go to 45)
Less than half of the home delivered	2 (ask 44a)
Don't know	4(go to 45)
Refusal	8888(go to 45)

**44a: Is this mainly due to difficulty chewing because of your teeth, mouth or dentures or other health related issues?**

Oral health	0
Other Health related issues	1
Don't know	7777
Refusal	8888
Not applicable	9999



**I am now going to ask you a few more questions about the last three months.**

45. In the last three months did you have problems eating due to oral or other health problems?

Yes	0
No	1
Don't know	7777
Refusal	8888
Not applicable	9999

46. If yes, please indicate why you had problems eating (Examiner: select all that apply)

Allergies to certain foods	1
Dietary restrictions	2
General mouth pain and/or painful sores in the mouth	3
Illness causing pain when eating/digesting	4
Loose/ill fitting dentures	5
Missing teeth and no partial denture	6
No appetite due to medication or medication side effect	7
No teeth at all and no dentures	8
Problems swallowing	9
Don't know	7777
Refusal	8888
Not applicable	9999

47. In the last three months have you been able to brush your teeth and/or clean your dentures regularly (at least once a day)?

Yes	0
No	1
Don't know	7777
Refusal	8888
Not applicable	9999

48. If client answered No to question 47, Examiner ask: Why not?

Cannot hold toothbrush/denture brush	1
Trouble remembering	2
No toothbrush/.denture brush	3
No toothpaste/denture cleaner	4
Don't know	7777
Refusal	8888
Not applicable	9999

**“We are almost finished, but now I have a few questions about you that we need for our records”**

49. What is your date of birth?

dd/mm/yy

**50. Examiner please record subject gender**

Male	0
Female	1

51. How long have you been receiving Home Delivered Meals?

Months receiving HDM

52. Including yourself, how many people live in your household?

Number in household

53. Were you born in the United States?

54. If not born in the United States, where were you born?

Please specify \_\_\_\_\_

55. How long have you lived in the United States?

Number years in the US

56. What is your race?

White	1
African-American/Black	2
Asian or Pacific Islander	3
Native American/Alaskan Native	4
Other (specify)	5
Unknown	7777
Refusal	8888



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57. Are you of Spanish/Hispanic descent?

Yes	0
No	1

**58. IF YES:**

Do you consider yourself:

Puerto Rican	1
Cuban	2
Mexican	3
Dominican	4
Other (specify) _____	5
Not applicable (Not Hispanic)	9999

59. How many years of school were you able to complete? (**Prompt: “What was the last grade you completed?”**)

**Record number of years:**

For example:

- 0 No schooling
- 8 Completed 8<sup>th</sup> grade
- 12 Completed 12<sup>th</sup> grade
- 16 Completed college
- Code 7777 if Unknown
- Code 8888 if Refusal

60. What is the highest degree you have?

High School	1
Technical Degree	2
AA	3
BA/BS	4
MA/MS/MBA	5
Doctorate (PhD/MD/DDS/JD)	6
Other (specify) _____	7
Unknown	7777
Refusal	8888
Not applicable (less than high school)	9999



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52. What type(s) of medical insurance do you have? **CODE ALL THAT APPLY**

Medicaid	1
Medicare	2
HMO	3
Private Health insurance	4
Don't know	5
Other (specify)	6
Unknown	7777
Refusal	8888
Not applicable (no medical insurance)	9999

53. Do you have dental insurance?

Yes	0
No	1
Don't know	2
Refusal	8888

54. **If Yes**, what type of dental insurance do you have?

Medicaid	1
Private dental insurance	2
Don't know	3
Other (specify)	4
Unknown	7777
Refusal	8888
Not applicable (no dental insurance)	9999



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