|  |
| --- |
| **Oral Health** |

|  |
| --- |
| **Oral Health** |
| The next questions ask about your oral health status, problems with your teeth, gums or mouth, any treatment that you may have received for problems and oral hygiene behaviours. |
| **Question** | **Response** | **Code** |
| How do you rate your oral health (conditions of teeth, gums and mouth) right now?*Read out all the answer options and select the appropriate response.* |  Excellent | 1  | O1 |
| Very good | 2 |
| Good | 3 |
| Fair  | 4 |
| Poor | 5 |
| During the past twelve months, did you experience one or more of the following issues because of your teeth, gums or mouth? Please mark all that apply.*Ask the participant to think of the past 12 months only and report if they experienced one or more of the listed issues because of their teeth, gums or mouth. Read out all the answer options and select the appropriate responses.* | Pain | 1 | O2 |
| Difficulty eating food | 2 |
| Difficulty speaking | 3 |
| Avoided smiling | 4 |
|  Difficulty doing other usual activities | 5 |
| None | 6 *If None, go to O5* |
| Other | 7 *If Other, go to O2other* |
| Don't Know | 77 |
| Other (please specify) | └─┴─┴─┴─┴─┘ | O2other |
| During the past twelve months, have you used health care services because of a problem with your teeth, gums or mouth?*Select the appropriate response.*  | Yes | 1 *If Yes, go to O5* | O3 |
| No  | 2 |
| What were the reasons for not using a health care services? Please mark all that apply*Read out all the answer options and select the appropriate responses.* | No service available | 1 | O4 |
| Too expensive | 2 |
| Service too far away | 3 |
| Poor service quality | 4 |
| Fear (afraid of dental care) | 5 |
| No appointment available | 6 |
| Relief from self medication | 7 |
| Other | 8 *If Other, go to O4other* |
| Other (please specify) | └─┴─┴─┴─┴─┘ | O4other |
| Please indicate which of the toothpastes shown do you use to clean your teeth? *Ask to show the product they use to compare it to a showcards containing the most common toothpaste products available locally*. *Select the appropriate response.*  | Image 1 | 1 | O5 |
| Image 2 | 2 |
| Image 3 | 3 |
| Image 4 | 4 |
| Image 5 | 5 |
| Other | 6 *If other, go to O5other* |
| Do not use toothpaste | 7 |
| Other (specify) |  | O5other |

|  |
| --- |
| **Oral Health Assessment** |

|  |
| --- |
| **Clinical Oral Health Assessment** |
| **Question** | **Response** | **Code** |
| Tooth count *Examiner counts teeth present based on the detailed assessment instructions.* | 0  | 1 *If 0, go to O9* | O6 |
| 1 - 9  | 2 |
| 10 – 19 | 3 |
| ≥ 20 | 4 |
| Refused | 88 *If 88, end assessment* |
| Presence of untreated dental caries*Examiner assesses presence of caries based on the Stop-After-First Encounter (SAFE) method detailed in the assessment instructions.* | Yes | 1  | O7 |
| No | 2 *If No, go to O9* |
| Presence of severe dental caries*Examiner assesses severity of caries using the PUFA index as detailed in the assessment instructions with PUFA method.* | Yes | 1  | O8 |
| No | 2  |
| Presence of severe pain, swelling, damage or unusual lesion in or around the mouth*Examiner assesses the presence of severe pain, swelling, damage or unusual lesion in or around the mouth based on a visual inspection and the declaration of the participant.* | Yes | 1 *If Yes, go to O10* | O9 |
| No | 2 *If O7=2 and O8=2, end assessment*  |
| Need for urgent / immediate oral health care / referral | Yes | 1 *If O7=1 or O8 = 1 or O9 = 1* | O10 |
| No | 2  |