**QUESTIONNAIRE CODES**

1. Interview Location (ILOC):

CARECEN = 1

AHSDC = 2

BURRE = 3

NAHC = 4

2. Interview conducted in language (ILANG):

English = 1

Spanish = 2

Cantonese = 3

Mandarin = 4

Other = 5

English/ Spanish = 6

English/ Cantonese = 7

English/ Mandarin = 8

3. Gender of study child (GENDER):

Male = 1

Female = 2

Prefer not to answer = 77

4. Ethnic group (ETHG):

Caucasian = 1

Asian = 2

African = 3

Latino = 4

Other = 5

Caucasian/ Asian = 6

*Don’t Know = 0*

*Prefer not to answer = 77*

5. Child’s race (RACE):

White = 1

Black/African American = 2

American Indian = 3

Alaska Native = 4

Native Hawaiian = 5

Other Pacific Islander = 6

Guamanian = 6a

Samoan = 6b

Other (specify) = 6c

Asian = 7

Asian Indian = 7a

Chinese = 7b

Filipino = 7c

Japanese = 7d

Korean = 7e

Vietnamese = 7f

Other Asian = 7g

Other = 8

Don’t Know = 0

Prefer not to answer = 77

6. Relationship with child (RWC):

Mother = 1

Father = 2

Grandmother = 3

Grandfather = 4

Aunt = 5

Uncle = 6

Cousin = 10

Sister = 7

Brother = 8

Guardian = 9

Other = 10 (includes cousins)

Stepmother = 11

Stepfather = 12

Prefer no to answer = 77

7. Birth order of the study child (CBRO):

First born = 1

Second born = 2

Third born = 3

Fourth born = 4

Fifth born = 5

Sixth born = 6

Other = 7

Don’t know = 0

Prefer not to answer = 77

Missing = 99

8. Country of child’s birth (CCBR):

USA = 1

Outside USA \*

China = 2

Korea = 3

Philippines = 4

Japan = 5

Thailand = 6

Vietnam = 7

Laos = 8

Cambodia = 9

Tibet = 10

Mongolia = 11

Mexico = 12

Guatemala = 13

El Salvador = 14

Belize =15

Honduras = 16

Nicaragua = 17

Costa Rica = 18

Panama = 19

Colombia = 20

Venezuela = 21

Peru = 22

Ecuador = 23

Argentina = 24

Brazil = 25

Bolivia = 26

Chile = 27

Uruguay = 28

Paraguay = 29

Trinidad and Tobago = 30

Other, specify= 31

9. Date of Birth of Child (CA):

Don’t know = 0

Prefer not to answer = 77

10. School Grades ():

No formal education = 9

Kindergarten = 10

1 Grade = 1

2 Grade = 2

3 Grade = 3

4 Grade = 4

5 Grade = 5

6 Grade = 6

7 Grade = 7

8 Grade = 8

Don’t know = 0

Prefer not to answer = 77

11. Language the Child Speaks (LANGC):

English = 1

Spanish = 2

Cantonese = 3

Mandarin = 4

Vietnamese = 5

Korean = 6

Chiuchow = 7

Khmer (Cambodian) = 8

Mien = 9

Mongolian = 10

Tagalog = 11

Laotian = 12

Thai = 13

Other = 14

English/ Spanish = 15

English/ Cantonese = 16

Cantonese/ Mandarin = 17

English/ Tagalog = 18

English/ Mongolian = 19

English/ Karen = 20

English/ mandarin = 21

English/ Hmong = 22

12. New or Old Patient (NOP)

Old patient = 1

New Patient = 2

13. Health of child’s teeth and gums (HCTG):

Excellent = 1

Very good= 2

Good = 3

Fair = 4

Poor = 5

Don’t know = 0

Prefer not to answer =77

14. Does your child visit the dentist at least once a year? (VDOY)

Yes = 1

No = 2

Don’t know = 0

15. Does your child take any medications that make their mouth abnormally dry? (MMAD)   
Yes = 1

No = 2

Don’t know = 0

16. Does your child take medicine that is in a sweet syrup form? (MSSF)

Yes = 1

No = 2

Don’t know = 0

17. Has your child had braces or treatment to straighten their teeth? CBST)

Yes = 1

No = 2

Don’t know = 0

18. Child’s health in general (CHG):

Excellent = 1

Very good= 2

Good = 3

Fair = 4

Poor = 5

Don’t know = 0

Prefer not to answer = 77

15. Reason child do not want to go to dentist (CNOD):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | No | Yes | Don’t know | Skipped | Prefer not to answer | Missing |
| a. Fear, Apprehension, nervousness, pain, dislike going | 1 | 2 | 0 | 98 | 77 | 99 |
| b. Cost | 1 | 2 | 0 | 98 | 77 | 99 |
| c. Do not have/know a dentist | 1 | 2 | 0 | 98 | 77 | 99 |
| d. Cannot get to the office/clinic- too far away | 1 | 2 | 0 | 98 | 77 | 99 |
| e. Cannot get to the office/clinic –no transportation | 1 | 2 | 0 | 98 | 77 | 99 |
| f. Inconvenient times, no appointments available, or too long waiting period | 1 | 2 | 0 | 98 | 77 | 99 |
| g. No reason to go (no problems, no teeth) | 1 | 2 | 0 | 98 | 77 | 99 |
| h. Other Priorities | 1 | 2 | 0 | 98 | 77 | 99 |
| i. Have not thought of it | 1 | 2 | 0 | 98 | 77 | 99 |
| j. No insurance | 1 | 2 | 0 | 98 | 77 | 99 |
| k. Health Plan Problem | 1 | 2 | 0 | 98 | 77 | 99 |
| l.Can’t find dentist who accepts Child’s insurance | 1 | 2 | 0 | 98 | 77 | 99 |
| m. Other, please specify:\_\_\_\_\_\_\_ | 1 | 2 | 0 | 98 | 77 | 99 |

16. Any insurance that pays for all or part of child’s dental care (INSR):

Yes = 1

No = 2

Prefer not to answer = 77

Don’t Know = 0

17. Type of insurance (TINSR):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No | Yes | Don’t Know | Missing |
| a. Medicaid –Dental care through Medi-cal | 1 | 2 | 0 | 99 |
| b. SCHIP (e.g. Healthy families for CA) | 1 | 2 | 0 | 99 |
| c. Indian Health Service | 1 | 2 | 0 | 99 |
| d. Private Insurance such as Blue Cross, Blue Shield, Delta Dental, etc | 1 | 2 | 0 | 99 |
| e. Other- such as healthy kids; please specify | 1 | 2 | 0 | 99 |

18. Has your child ever had his/her teeth checked (CTDC):

Yes = 1

No = 2

Prefer not to answer = 77

Don’t know (answer questions from 18-21 and then skip to question 36) = 0

19. Child seen at a hospital emergency room because of cavity (ERV):

Yes = 1

No (skip to question 20) = 2

Don’t Know (skip to question 20) = 0

20. How many times during the past year has your child been in the hospital emergency room (VTH):

\_\_\_\_\_\_\_\_\_\_\_\_ Number (1-75)

Don’t know = 0

Skipped = 98

Missing = 99

21. Did your child receive care in hospital operating room (VTHOR):

Yes = 1

No (skip to question 22) = 2

Don’t know (skip to question 22) = 0

Missing = 99

22. How many times has your child been treated in the hospital operating room (THOR):

\_\_\_\_\_\_\_\_\_\_\_\_ Number (1 to 52)

Don’t know = 0

Skipped = 98

Missing = 99

23. How old was your child when he/she first saw someone for dental care (CADC):

Less than 1 year old = 4

1 year old = 1

2 years old = 2

3 years old = 3

4 years old =4

5 years old = 5

6 years old = 6

Older than 6 = 7

Less than 1 year old = 8

Don’t know = 0

Prefer not to answer = 77

Skipped= 98

Missing = 99

24. Has your child had fluoride varnish on his/her teeth (CFV):

Yes = 1

No (skip to question 25) = 2

Don’t know (skip to question 25) = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

25. How many times has your child had fluoride put on his/her teeth (FVA):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number (1 to 52)

Prefer not to answer = 77

Skipped = 98

Missing = 99

26. Has your child been to the dentist for a routine checkup or cleaning (CRCUC):

Yes = 1

No = 2

Don’t know = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

27. Did your child see a dentist for a cavity or toothache (SEEDC):

Yes = 1

No (skip to question 31) = 2

Don’t know (skip to question 31) = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

28. Did your child receive dental care for cavity within the past year (RCDC):

Yes = 1

No (skip to question 31) = 2

Don’t know (skip to question 31) = 0

Prefer not to answer = 77

Skipped = 98

Missing = 99

29. How many times during the past year did your child go to the dental office or clinic because of cavity or toothache (TCDC):

\_\_\_\_\_\_\_\_\_\_\_ Number (1 to 52) =1

Don’t know = 0

Skipped = 98

Missing = 99

30. Was your child’s tooth pulled due to cavity or toothache (CTR):

Yes, due to decay = 1

No (skip to question 31) = 2

Don’t know (skip to question 31) = 0

Prefer not to answer (skip to question 31) = 77

Skipped = 98

Missing = 99

31. Number of teeth pulled from child (NTR):

\_\_\_\_\_\_\_\_\_ Number (Valid range: integer values 1 to 20)

None = 1

Don’t know = 0

Skipped = 98

Missing = 99

32. Were their injuries to child’s tooth (INJT):

Yes = 1

No = 2

If yes, please specify (include if tooth was lost): \_\_\_\_\_\_\_

33. Transportation used from your home to your child’s dentist (THD):

Drive = 1

Am driven = 2

Bus, train, other public transport = 3

Taxi = 4

Walk = 5

None = 6

Don’t know = 0

Prefer not to answer = 77

Skipped = 98

34. Time to travel to the dental office (TDO):

0-15 minutes = 1

16-30 minutes = 2

31-60 minutes = 3

61-90 minutes (more than 1hour to 1.5 hours) = 4

91-120 minutes (more than 1.5 hours to 2 hours) = 5

More than 120 minutes (more than 2 hours) = 6

Don’t know = 0

Prefer not to answer = 77

Skipped = 98

35. Total time of dental visit (TAL):

0-15 minutes = 1

16-30 minutes = 2

31-60 minutes = 3

61-90 minutes (more than 1hour to 1.5 hours) = 4

91-120 minutes (more than 1.5 hours to 2 hours) = 5

More than 120 minutes (more than 2 hours) = 6

Don’t know = 0

Prefer not to answer = 77

Skipped = 98

36. Number times child missed school to go to dentist (TMS):

\_\_\_\_\_\_\_\_\_ Number of times (Valid range: integer value 0-52)

Not applicable = 97

Don’t know = 0

Prefer not to answer = 77

37. Times parent checked child’s gum and teeth (TCG):

\_\_\_\_\_\_\_\_\_\_\_\_\_ Times (0-200)

38. How often are you child’s teeth brushed (OCTB):

Never (skip to question 40) = 1

Sometimes, but not everyday = 2

Once a day = 3

Twice a day = 4

More than twice a day = 5

Don’t know = 0

Prefer not to answer = 77

39. Is fluoride paste used for your child during brushing (BFT):

Yes = 1

No = 2

Don’t know = 0

Prefer not to answer = 77

40. Number of times child brushes teeth before sleep (TBFS):

0 times (never) = 1

1-3 times = 2

4-6 times = 3

7 times (every day) = 4

Don’t know = 0

Prefer not to answer = 77

41. Number of times your child eats or drinks before going to bed (TDBB):

0 times (never) = 1

1-3 times = 2

4-6 times = 3

Don’t know = 4

Prefer not to answer = 5

42. Eat sweet or sugary foods (EATSF):

Rarely or never = 1

At least once a week, but not everyday = 2

Once a day = 3

Twice a day = 4

Three times a day = 5

Four times a day = 6

Five or more times a day = 7

Don’t know = 0

Prefer not to answer = 77

43. Drink sweet or sugary drinks (DSD)

Rarely or never = 1

At least once a week, but not everyday = 2

Once a day = 3

Twice a day = 4

Three times a day = 5

Four times a day = 6

Five or more times a day = 7

Don’t know = 0

Prefer not to answer = 77

44. Does your child currently take fluoride tablets or drops (FLTB):

Yes = 1

No = 2

Don’t know = 3

Prefer not to answer = 77

Missing= 99

45. Parent’s health of gums and teeth (PHGT):

Excellent = 1

Very good= 2

Good = 3

Fair = 4

Poor = 5

Don’t know = 0

Prefer not to answer = 77

46. Parent health in general health (PHG):

Excellent = 1

Very good= 2

Good = 3

Fair = 4

Poor = 5

Don’t know = 0

Prefer not to answer = 77

47. Help in reading instructions (HRI)

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

Don’t know = 0

Prefer not to answer = 77

48. Number of years since last dental visit (YLD):

Within the past year (1-12 months ago) = 1

More than 1 year but less than 2 years ago = 2

More than 2 years but less than 5 years ago = 3

5 or more years ago = 4

Never seen a dentist = 5

Don’t know = 0

Prefer not to answer = 77

49. Occurrence of parent brushing their teeth (HOTB):

Never =1

Sometimes, but not everyday = 2

Once a day = 3

Twice a day = 4

More than twice a day = 5

50. Languages spoken of parent (SPL):

English = 1

Spanish = 2

Cantonese = 3

Mandarin = 4

Vietnamese = 5

Korean = 6

Chiuchow = 7

Khmer (Cambodian) = 8

Mien = 9

Mongolian = 10

Tagalog = 11

Laotian = 12

Thai = 13

Other = 14

English/ Spanish = 15

English/ Mongolian = 16

English/ Cantonese = 17

Cantonese/ Mandarin = 18

English/ Tagalog = 19

English/ Mongolian = 20

English/ Cantonese/ Mandarin = 21

English/ Karen = 22

Sign/ English = 23

English Laotian = 24

English/ Hmong = 25

English/ Choctan = 26

English/ French= 27

51. Parent age in years (PA)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years

Don’t know = 0

Prefer not to answer = 77

52. Parent School Grade (PSG)

No Formal Education = 14

Kindergarten = 15

1stGrade = 1

2ndGrade = 2

3rdGrade = 3

4thGrade = 4

5thGrade = 5

6thGrade = 6

7thGrade = 7

8thGrade = 8

9thGrade = 9

10thGrade = 10

11thGrade = 11

12thGrade = 12

GED = 13

Some vocational/technical school = 16

Vocational/technical certificate = 17

Some college (no degree) = 18

College degree = 19

Graduate or advanced degree = 20

Don’t know = 0

Prefer not to answer = 77

53. Employment Status (ES):

Employed 32 hours or more per week = 1

Employed less than 32 hours per week = 2

Full time student = 3

Part time student = 4

Homemaker = 5

Disabled = 6

On medical leave = 7

Retired = 8

Unemployed = 9

Prefer not to answer = 77

54. Family members living in household (FAM)

Please respond with integers (for example: 2, 3, 4, etc.)

\_\_\_\_\_\_\_\_\_ # of members

Prefer not to answer = 77

55. How many years have you lived in your current residence (YLCR):

\_\_\_\_\_\_\_\_\_ Amount of time (0 to 90 years)

Don’t know = 0

Less than one year = 93

56. Combined income of family (CIFF):

Yes = 1

No = 2

Prefer not to know = 3

Don’t know = 0

57. Missed work to take your child for dental care (PMW)

\_\_\_\_\_\_\_\_\_ Number of times (Valid range: integer value 0-52)

Not applicable = 97

Don’t know = 0

Prefer not to answer = 77

58. Learn about this study (LSTU):

CARECEN = 1

NAHC = 2

AHC = 3

Comprehensive Health Center = 4

Head Start/Early Head Start Program = 5

Referred by dentist = 6

Friend or relative told me about it = 7

Advertisement = 8

Referred by doctor = 9

Daycare = 10

BURRE = 11

Other = 14

Missing = 99

CLINICAL EVALUATION CODES. (Baseline, 6 and 12 month follow up)

59. Treatment (TREAT):

ART = 1

Amalgam = 2

60.Tooth No. (International tooth numbering system) (TOTNO):

54 = 1-A

55 = 2-B

64 = 3-I

65 = 4-J

74 = 5-K

75 = 6-L

84 = 7-S

85 = 8-T

61. Type of Jaw (TYOJ):

Maxilla = 1

Mandible = 2

62. Tooth Lesion Depth (TLD):

Middle third dentin = 1

Inner third dentin = 2

Outer third dentin = 3

64. Restoration Type (RESTT):

Occlusal = 1

Mesio-occlusal = 2

Disto-occlusal = 3

Mesial = 4

Distal = 5

Mesio-occlusal-distal = 6

Occlusal-lingual = 7

Occlusal- buccal = 8

Buccal= 9

Occlusal-lingual-distal = 10

Mesio-occlusal- Buccal = 11

65. Sensitivity Experience (SENSE) (Wong- Baker Faces):

Face 0 = 1

Face 1 = 2

Face 2 = 3

Face 3 = 4

Face 4 = 5

Face 5 = 6

66. Radiograph (RX):

Yes = 1

No = 2

67. Marginal Adaptation (MARGA):

Well Adapted = 1

Gap at Marginal crevice, dentin not visible = 2

Fractured or lost restoration = 3

68. Anatomical Form (ANATF):

Continuous restoration with existing tooth anatomy = 1

Not continuous restoration & need replacement = 2

69. Caries at cavosurface margin (CCM):

No Caries present = 1

Caries present = 2