



National Dental Epidemiology Programme

Oral health survey of adults aged 65 years and older living in care homes, 2024 to 2025.

Questionnaire

Lower tier local authority name

Examiner name

Care home name

Care home postcode

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Type of care home

- 0 - Residential
- 1 - Nursing
- 2 - Mixed

Examination date

d	d	m	m	y	y	y	y

Unique ID number

Lower tier local authority code								Number of participant			

Sample group code

- 0 - Main sample
- 1 - Additional sample A
- 2 - Additional sample B
- 3 - Additional sample C
- 4 - Additional sample D
- 5 - Special care home

QUESTIONNAIRE

The interviewer should complete this section of the questionnaire with the participant directly.

Questions for completion at interview with the participant

Introduce yourself to the participant. Explain you are here to ask some questions about their oral health as part of a survey. Explain that the answers are anonymous, and you won't write their name on this form.

INTERVIEWER: I am now going to ask you some questions about your mouth and teeth.

ASK THE PARTICIPANT

A1. How do you get to the hospital if needed?

- Taxi / dial a ride / family or friend / care home worker takes me in their car
- Specialised transport which includes specialist equipment if needed
- Ambulance
- Not answered

A2. How is the health of your mouth in general?

Please read out all options to the participant.

Please select one answer.

- Very good
- Good
- Fair
- Bad
- Very bad

A3. In the last 12 months (since last)

	Never or hardly ever	Occasionally	Fairly often	Very often	Prefer not to say	Not answered
a) ... have you had painful aching in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ... have you had to interrupt meals or avoid eating with others because of problems with your teeth, mouth, or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ...have you had trouble pronouncing any words because of problems with your teeth, mouth, or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ... have you found it uncomfortable to eat any foods because of problems with your teeth, mouth, or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) ... have you been self-conscious or embarrassed because of your teeth, mouth, or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4. How often does your mouth feel dry?

- Never
- Occasionally
- Frequently
- Always

A5. How often are your teeth cleaned?

Please select one answer

- More than twice a day
- Twice a day
- Once a day
- Less than once a day
- Never
- Not answered
- Resident has no natural teeth

A6. Do you need help from a care worker to clean your teeth?

- Yes
- No
- Not answered

A7. How often are your dentures cleaned?

Please select one answer

- More than twice a day
- Twice a day
- Once a day
- Less than once a day
- Never
- Not answered
- Participant has no dentures

QUESTIONS 8 to 11: Ask only participants who have dentures.

A8. Do you need help from a care worker to clean your dentures?

- Yes
- No
- Not answered

A9. Do you remove your dentures at night?

- Yes
- No
- Sometimes
- Not answered

A10. Are you content with the fit of your denture(s)?

- Yes
- So-so
- Not at all
- Not answered

A11. Is / Are your denture(s) comfortable?

- Yes
- So-so
- Not at all
- Not answered

QUESTION 12: Ask ALL participants.

A12. Roughly how long has it been since you last saw a dentist?

- Up to and including 12 months ago
- More than 1, but less than 2 years ago
- 2 years or more, but less than 5 years ago
- 5 years ago or more
- Not answered

QUESTION 13: Ask only participants who have not seen a dentist in the last 2 years.

A13. What are the reasons why you have not seen a dentist in the last two years?

Wait for participant response first, prompt only for clarification.

Tick all that apply.

- I have no need to go to the dentist/there is nothing wrong with my teeth
- I have no one to arrange an appointment for me
- I can't find a dentist
- I can't afford the charges
- I can't afford arranging an appointment (for example, transport, carer costs)
- I don't have the time to go
- I am afraid of going to the dentist
- I keep forgetting or haven't got around to it
- It's difficult to get to and from the dentist
- It's difficult to get around within the dental practice
- I've had a bad experience with the dentist
- My dentist changed to private/refused to do NHS work
- I prefer to see the GP for mouth problems
- I don't want to bother the dentist
- Something else
- Not answered

A14. In the United Kingdom, dental care is provided by the NHS or privately.

The last time you saw a dentist, in clinic or at home, which of these best describes the type of care you received?

Please select one answer.

- NHS dental care that was free
- NHS dental care that you paid for
- Mixed private and NHS dental care
- Private dental care
- Some other type of care (for example, dental hospital)
- I am not sure what type of care I received
- Not answered

A15. If you went to the dentist tomorrow, do you think you would need any treatment?

- Yes
- No
- Not answered

A16. How old were you at your last birthday?

Please write in using numbers in years.

- Not answered

A17. Ask or record sex of participant.

- Male
- Female
- Other

A18. What is your ethnic group?

Please tick the answer that applies.

A. White	A1. English, Welsh, Scottish, Northern Irish or British	
	A2. Irish	
	A3. Gypsy or Irish traveller	
	A4. Roma	
	A5. Any other white background	
B. Mixed or multiple ethnic groups	B1. White and black Caribbean	
	B2. White and black African	
	B3. White and Asian	
	B4. Any other mixed or multiple ethnic background	
C. Asian or Asian British	C1. Indian	
	C2. Pakistani	
	C3. Bangladeshi	
	C4. Chinese	
	C5. Any other Asian background	
D. Black, black British, Caribbean, or African	D1. African	
	D2. Caribbean	
	D3. Any other black background	
E. Other ethnic group	E1. Arab	
	E2. Any other ethnic group	
A, B, C, D or E	F. Specific other ethnic group – locally defined	
	G. Specific other ethnic group – locally defined	
	H. Specific other ethnic group – locally defined	
X. Not answered	X. Not answered	

Thank you for completing the interview.

A19. This questionnaire was

- Not started as the participant withdrew agreement to take part in the questionnaire
- Not started as the participant could not co-operate and/or comprehend
- Completed in its entirety
- Partially completed as the participant decided not to continue and withdrew agreement to take part
- Partially completed as the participant could not cooperate and/or comprehend