

Section J. Dental Services

TIME THIS SECTION BEGINS RECORDED HERE

TSST06J

J1. CHECK A9.

B06J02

(Circle One)

A9 IS CODED 1 1

A9 IS CODED 2 2 → SKIP TO J8

These next questions are about the dental care you have received during the last 6 months.

J2. During the last 6 months, how many times did you see the dentist, dental surgeon, oral surgeon, orthodontist, periodontist, endodontist, dental hygienist, dental technician, denturist, or any other person for dental care for a dental check-up?

VISITS: _____

J3. ITEM DROPPED.

J4. ITEM DROPPED.

J5. ITEM DROPPED.

J6. ITEM DROPPED.

J7. Who else has paid or will pay for these visits? READ LIST.

(Circle All That Apply)

B06J07A Private dental insurance, 1

B06J07B Medicaid or other welfare, 2

B06J07C Free from provider or clinic, 3

B06J07D Ryan White funds, 4

B06J07E VA or Champus, 5

B06J07F Some other source 6

VERSION 6 - 10:

B06J07G NO OTHER SOURCE 7

VERSION 11 - 13:

B06J07G I PAID / WILL PAY 7

VERSION 6 - 9: *J8 skipped if only outpatient utilization reported was dental care.*
VERSION 10 - 13: *J8 asked if any kind of outpatient utilization reported.*

J8. Think about all the visits you have made in the last 6 months to clinics, offices, or HMO's for medical care, dental care, or for help with emotional problems. Include care or help you may have received at home, and any medical supplies you bought. In total, how much have you paid or will you pay for such care or services? Do not include payments you expect to be reimbursed by insurance. Do include payments made by family or friends that will not be reimbursed by insurance or anyone else.

\$ _____ → SKIP TO K1

B06J08

OR

REFUSED -1

DON'T KNOW -2

J9. Do you think the total is more than \$1,000?

B06J09

(Circle One)

YES 1

NO 2 → SKIP TO J11

J10. Is the total more than \$2,500?

B06J10

(Circle One)

YES 1 → SKIP TO K1

NO 2 → SKIP TO K1

J11. Is the total less than \$500?

B06J11

(Circle One)

YES 1

NO 2