PAAS OHIP-5 Form

Date: __ __/__ __/ __ __ __ __

Participant ID: __ __ __ __

In the last month, how frequently have you experienced the problems listed?

1. Have you had difficulty chewing any foods because of problems with your teeth, mouth, dentures, or jaw?	0 ☐ Never 1 ☐ Hardly ever 2 ☐ Occasionally 3 ☐ Fairly often 4 ☐ Very Often
2. Have you had pain in your mouth?	0 ☐ Never 1 ☐ Hardly ever 2 ☐ Occasionally 3 ☐ Fairly often 4 ☐ Very Often
3. Have you felt uncomfortable about the appearance of your teeth, mouth dentures or jaws?	0 ☐ Never 1 ☐ Hardly ever 2 ☐ Occasionally 3 ☐ Fairly often 4 ☐ Very Often
4. Have you felt that there has been less flavor in your food because of problems with your teeth, mouth, dentures, or jaws?	0 ☐ Never 1 ☐ Hardly ever 2 ☐ Occasionally 3 ☐ Fairly often 4 ☐ Very Often
5. Have you had difficulty doing your usual jobs because of problems with your teeth, mouth, dentures, or jaws?	0 ☐ Never 1 ☐ Hardly ever 2 ☐ Occasionally 3 ☐ Fairly often 4 ☐ Very Often

Patient Participant ID: __ __ __ __ __

1. What is your gender?

Male ❒
Female ❒
Nonbinary❒
Prefer not to answer ❒

2. What is your date of birth?

____ ____ /_________/ ____ ____ ____ ____

3. Are you of Hispanic or Latino origin?

Yes ❒
No ❒
Prefer not to answer ❒

4. What racial categories best describe you?
(Check all that apply)

American Indian or Alaska Native ❒
Asian ❒
Native Hawaiian or Other Pacific Islander ❒
Black or African American ❒
White or Caucasian ❒
Prefer not to answer ❒

5. What type of dental insurance do you have?

No dental insurance ❐
Private insurance (e.g., employer sponsored, commercial, HMO, etc.) ❐
Public/government insurance (Medicaid, military, or veterans' benefit, etc.) ❐
Private and Public/Government (e.g., private plus Medicare) ❐
Other ❐
I don't know ❐
Prefer not to answer ❐

6. Indicate your highest level of formal education

Less than high school diploma ❐
High school diploma or GED ❐
Some college/Associate degree ❐
Bachelor's degree ❐
Graduate degree ❐
Prefer not to answer ❐

7. How would you describe the neighborhood where you live?

Urban ❐
Suburban ❐
Rural ❐

8. What is the ZIP Code where you live? ______________________________

9. Including you, how many people live in your household?

10. What is your family's current annual household income from all sources?

Up-to (less than or equal to) $25,000 ❐
$25,001-$50,000 ❐
$50,001-$100,000 ❐
Over $100,000 ❐
Prefer not to answer ❐

Health History	
Are you currently taking any of the following medications for any of the following conditions (note: examples are listed but not limited to the following) :	
☐Yes ☐No	Anti-hypertension (e.g., hydrochlorothiazide, atenolol, Toprol etc.)
☐Yes ☐No	Anti-depression/anxiety (e.g., Lexapro, Prozac,Paxil, Cymbalta, Effexor)
☐Yes ☐No	Thyroid-related meds (e.g., Synthroid)
☐Yes ☐No	Diabetes medications (e.g., metformin, insulin, etc.)
☐Yes ☐No	GERD medications (e.g., Nexium, Prevacid, Prilosec)

☐ Yes ☐ No	Rheumatoid arthritis (e.g., Humira, Remicade)
☐ Yes ☐ No	Steroids (e.g., Prednisolone, Betamethasone)
☐ Yes ☐ No	Osteoporosis medications (e.g., Fosamax®, Fosamax Plus D, Boniva, Actonel®)
☐ Yes ☐ No	Other (please specify medication, condition):
Smoking History	
Please answer the following about your cigarette smoking history	
Do you smoke every day, some days, or not at all?	
1 ☐	Every day
2 ☐	Some days
3 ☐	Not at all
4 ☐	Don’t know
5 ☐	Decline to answer
[If chose item 1 or 2 above – ask:] On average, about how many cigarettes do you now smoke each day? Enter the number of cigarettes per day __ __ (1-99) ☐ Decline to answer	
Dental History	
Please answer the following questions about your oral health	
On average, how frequently do you brush your teeth?	
1 ☐	I do not brush my teeth
2 ☐	<1x per day
3 ☐	1x per day
4 ☐	2x or more per day
[Skip pattern If chose items 2, 3 or 4 above – ask:] **When you do brush your teeth, do you generally use:**	
☐	Manual toothbrush
☐	Electric toothbrush
☐	I use both a manual and an electric toothbrush
☐	Other:

How frequently do you clean between your teeth?	
☐	I do not clean between my teeth
☐	<1x/day
☐	1x per day
☐	2x per day

[If chose items 2, 3 or 4 above – ask:] **Which of the following do you use to clean between your teeth? (Multiple can be selected)**	
☐	String floss / floss picks
☐	Interdental Brushes
☐	Water flosser
☐	Toothpick
☐	None
☐	Other: __________
How frequently do you see the dentist for dental cleanings?	
☐	Once a year
☐	Twice a year
☐	3 or more times a year
☐	I do not have my teeth cleaned on a yearly basis
Have you been treated for gum disease with bone loss/periodontitis in the past 5 years?	
☐	Yes
☐	No
☐	I don’t know

Participant Contact Form

1. Name: First:________________________ Middle: ________________________

Last:______________________________________ Suffix: ________

2. Home address: Street: ____

City: ____

State:_____________________________ Zip: ____________________

3. Primary phone number: ________ —_________— __________

3a. Phone type:

Cell ❒1
Home ❒2
Work ❒3
Other ❒4

3b. Do you want to receive text messages at this number?
(standard rates may apply)

Yes ❒1
No ❒0

4. Secondary phone number (optional): ________—_________— __________

4a. Phone type:

Cell ❒1
Home ❒2
Work ❒3
Other ❒4

4b. Do you want to receive text messages at this number?
(standard rates may apply)

Yes ❒1
No ❒0

5. Email address: ____

6. What is the best method to contact you?

Phone call ❒1
Text (standard rates may apply) ❒2
Email ❒3
No preference ❒4

Backup Contact

Please provide contact information of a friend or family member who would know how to contact you. Please let them know that you are in a study and that we will contact them ONLY if we cannot reach you. We will not reveal the topic of the study or any information about you related to the study.

7. Name of Contact: ____________________

Please provide the best phone number OR email address to contact them.

7a. Phone number: ________ —________— ____________

7b. Email address: ____________________

7c. Relationship to you: ____________________