QUICK REFERENCE SHEET

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(Formally known as FEL)

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Survey number  PA863

Household definition  Refer to Section 5

Household Reference Person  Standard  
(Highest Income Householder)

The Survey Structure  Face to face interview conducted with all consenting adults aged 16+ at one household per sampled address.  
Followed by a dental examination with willing respondent’s who have at least one natural tooth.

Proxy Interviews  Proxy interviews are not acceptable on the ADHS.

Adults with some natural teeth - The ‘Dentate’ – Eligible for Interview and Examination

Most of the people you interview will have some natural teeth. Some of them will have a combination of natural teeth and dentures. The extent of the replacement dentures that someone has can vary from one tooth in one jaw only, to a full denture in one jaw and all but half a dozen teeth in the other jaw as well.

Adults with no natural teeth - The ‘Edentulous’ – Eligible for Interview only

About 6 per cent of adults aged sixteen or over no longer have any of their natural teeth. In dental terms, they are edentulous. The vast majority of these people rely on full dentures for eating and appearance. The interview for these adults may be marginally shorter and they will NOT be asked to have a home dental examination.

Mainstage - Key Dates:

Tranche 1 Field period: 5th October – 11th December 2009
Tranche 2 Field period: 4th January – 12th March 2010
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CHAPTER 1 - INTRODUCTION

1.1 Introduction to the survey

The NHS Information Centre for health and social care (IC) has commissioned the Office for National Statistics (ONS) as the lead contractor in a research consortium to run the 2009 Adult Dental Health Survey (ADHS). The survey is due to go live in October 2009.

The ADHS is an epidemiological study of the dental health of the adult population amongst private households, and has been run approximately every ten years since 1968.

The survey consortium also consists of:

- The National Centre for Social Research (NatCen) and
- Northern Ireland Statistics and Research Agency (NISRA)

along with the ‘University Dental Centres’ with specialist expertise in dentistry:

- the University of Birmingham School of Dentistry,
- Cardiff University School of Dentistry,
- University of Dundee Dental Health Services Research Unit,
- Newcastle University School of Dental Sciences, and
- University College London Dental Public Health Group

The main aims of the 2009 survey are to:

- Provide accurate and up-to-date information on the state of dental health in the adult population of England, Wales and Northern Ireland.
- Measure changes in dental health that have taken place in those countries since the last survey within the series in 1998.
- Enable appropriate NHS bodies and devolved governments to explore detailed data to inform local planning of dental services.

More specifically, the survey aims to:

- Investigate, by interview, dental experiences, attitudes and knowledge (including access to dental treatment), dental care and oral hygiene;
- Establish, through an interview, those who have total loss of natural teeth and investigate their use of complete denture(s);
- Determine by examination the condition of the natural teeth and supporting tissues;
- Confirm by interview and dental examination the state and use made of denture(s)
worn in conjunction with natural teeth;

- Monitor the extent to which dental health targets set by governments are being met, and provide baseline information for the generation of new policies and targets.

### 1.2 Did you know….?

The first ADHS took place in 1968, 20 years after the beginning of the National Health Service. The reports from the 1968 and 1978 surveys show that both survey research and dentistry have changed significantly over the years.

For example, of the respondents who had lost all of their natural teeth in the 1968 results, 45% had lost them before 1948, never having had the opportunity of conservative dentistry under the NHS.

The 1968 survey also showed that those aged 16 to 34 years old who had received treatment through the School Dentist Service had, on average, two more missing teeth than those who had not received this treatment. This was probably a reflection of the earlier School Dental Policy stating that ‘...teeth which are technically saveable should not as a rule be filled where there is evidence of persistent neglect of oral hygiene on the part of the child…’

Among respondents with fillings in their teeth, only 58% had received a painkilling injection in 1968 compared with 78% in 1978.

In the ten years between 1968 and 1978, it appears that having no natural teeth was becoming a source of greater social anxiety. In 1968, 11% of respondents were ‘very worried’ about their family seeing them without their dentures, by 1978 this had risen to 21%.
The extent of missing teeth has varied geographically and over time, with those in Scotland having more missing teeth on average than people in the other countries in the UK.

1.3 Development of the survey

The ADHS has in the past provided a wealth of high quality data for assessing national trends in dental health. The 2009 survey is designed to be as similar as possible to previous surveys in the series, whilst incorporating changes reflecting advances in dentistry and how the delivery and organisation of dental services has changed over the last decade.

In practice, this has meant a comprehensive re-engineering of both the interview and examination stages of the survey, which will allow more relevant and appropriate information to be provided to the NHS planners who commission dental treatment services. The development program started in January 2009 and included:

- Expert reviews from within the research consortium;
- A consultation of key stakeholders from within the NHS and devolved governments;
- Cognitive question testing.

The resulting interview reflects a greater emphasis on health promotion aspects of dentistry, extending to the contribution certain risk behaviours such as smoking and diet
have on oral health. Respondents’ experience of dental services is also an area that has been greatly expanded.

The clinical examination for 2009 incorporates some innovations relevant to the needs of dental services, patients and the profession:

- A DVD to assist in the training of the dental examiners;
- Coding of the PUFA (Pain, Ulceration, Fistula, Abscess) index, which measures the clinical impact of various types of sepsis (e.g. abscess or fistula);
- Coding of the Basic Periodontal Assessment (BPE) to assess more advanced gum disease (to be conducted in the South Central Strategic Health Authority in England only);
- Coding of the Basic Erosive Wear Examination (BEWE), which is a newly agreed way of quantifying wear in tooth enamel (to be conducted in the West Midlands Strategic Health Authority in England only).

The final stage in the survey development process was the dress rehearsal, which was carried out in July 2009. It had four main aims:

- To test, and subsequently optimise, the working relationship between interviewers and dentists on the survey, with a view to maximising conversion to the dental examination and conducting fieldwork in the most efficient possible manner.
- To provide an indication of the likely response rate to the interview and conversion rate to the dental examination.
- To provide an indication of the length of both the ADHS interview and clinical examination.
- To establish through an experiment on half the sample, how response rates are affected by including a question on data linkage.

The sample design and fieldwork period for the dress rehearsal differed slightly from the mainstage, largely due to fieldwork and timetable constraints. Dress rehearsal fieldwork was conducted in 8 areas, each consisting of one postcode sector. In each area 50 addresses were drawn, but as the fieldwork period was relatively short, each interviewer had just 25 addresses.

1.4 Dress rehearsal results

Results from the dress rehearsal were mostly positive. Feedback on the four areas the dress rehearsal was interested in showed that:

- The success of a team (dentist and interviewer pairs) relied on good communication throughout. Different dentists had different levels of availability and some were able to manage more examinations in a day than others.
• Each organisation had variable response rates at household and individual level, and in terms of conversion to the examination. Overall the response rates were somewhat below expectations, although this is likely to have been partially down to the shorter field work period and issues around interviewer workloads and dentist availability. There are good reasons for expecting the response rate to be higher at mainstage.

• The dress rehearsal proved an individual interview met the required average of 30 minutes, whilst the exam coding process took approximately 20 minutes. The interview timings covered Iswitch through to the end of the interview and the exam timings the coding process. These results were extremely positive and meant no sections had to be removed from the questionnaire. When planning for the mainstage interviewers will need to allow extra time for their introductions, household interview and on the subsequent dental visit, time to set up the equipment and collect consent.

• There was no evidence from the dress rehearsal that including information on data linkage in the general purpose leaflet had a negative impact on response, and there were no significant problems with the consent question itself. As such the decision to include data linkage at mainstage as been made.

In addition to these findings, the feedback indicated:

• The survey was well received by the public, with any refusals not being survey specific.

• Some interviewers felt unfamiliar with dental terms and under prepared for the exam, whilst dentists weren’t prepared for the protocol of carrying out examinations in people’s homes. As such the training will further cover ‘dental glossary’ and ‘interviewing etiquette’ and the team meetings will be clearly structured.

• The majority of respondents were reluctant to complete the ‘OHIP’ questions under the self completion mode and as the feeling was so strong, the facility to self complete has been removed.

1.5 Ethical approval

A requirement from the sponsors of the ADHS was for the survey to attain ethical approval from the NHS National Research Ethics Service (NRES). NRES are responsible for granting research projects ethical approval. Attaining ethical approval ensures that ONS have taken appropriate measures to ensure that respondents are fully informed about what taking part in the survey means. It also helps to ensure the safety and well-being of vulnerable respondents.

In order to obtain this approval, amendments to the standard design of survey documentation and the blaise questionnaire had to be implemented. These
requirements have included mentioning the examination and data linkage up-front in the general survey leaflet, as well as stating the SEL can be contacted for complaints as well as queries. It was also necessary to record actual consent to the interview, although this has already been acquired at the point this check appears in the questionnaire as a formality.

1.6 Mainstage Fieldwork

The main stage sample is designed to allow statistical comparisons to be made:

- between the ten Strategic Health Authorities (SHAs)* in England, and
- between England, Wales and Northern Ireland.

* Strategic Health Authorities (SHA) are responsible for enacting the directives and spending policy of the Department of Health, and for the strategic supervision of the running and commissioning of NHS services by the Primary Care Trusts contained within the SHA's geographical boundaries.

Fieldwork will be conducted in 23 areas in each of the English SHAs and in Wales, and in 15 areas in Northern Ireland (so 268 areas in total). ONS and NatCen will each conduct 50% of the fieldwork in England and Wales, with NISRA conducting fieldwork in Northern Ireland.

Each area will usually consist of two paired postcode sectors¹, in which 50 addresses are drawn at random. An area of 50 addresses will usually represent a single quota of work on the survey, and so will be allocated to a single interviewer. However, the total fieldwork period for each quota is ten weeks rather than four. The fieldwork period will ideally work as follows:

### Ten week fieldwork period

<table>
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<th>Week</th>
<th>Interviewing</th>
<th>Examining</th>
<th>Mop up</th>
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This model states that interviewing will commence at the start of the fieldwork period and run for ideally 6 weeks. After the first fortnight, the dentists will be available to conduct examinations. We would expect the bulk of the interviewing and examining to be conducted in the first 8 weeks but this depends on interviewer, dentist and respondent availability. There is a two week mop up period at the end of the fieldwork period to clear up any outstanding cases.

An added complication to the survey design is that there will be 70 to 80 dentists to cover the 268 areas. This means that each dentist will cover 3 to 4 areas each, or 2 areas per fieldwork period. This design makes it necessary for interviewers to work in a team with their dentist to ensure that appointments are not duplicated on the same date and time in two different areas.

¹ Occasionally sample areas will consist of one postcode sector or more than two postcode sectors – this is always done for pragmatic reasons.
The survey sample design uses data from other social surveys (including previous ADHS studies) to make the following predictions:

- That 90% of the selected addresses will be eligible (e.g. residential);
- 65% of households at eligible addresses participate on some level in the survey;
- That there is (on average) 1.88 adults (aged 16 or more) in participating households;
- That 90% of those adults take part in the interview;
- 94% of these adults are eligible for the examination (they have at least one natural tooth);
- That 70% of those eligible to have an examination will take part.

If all these assumptions hold true, then we will achieve the following numbers of interviews and examinations:

<table>
<thead>
<tr>
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<th>Each English SHA and Wales</th>
<th>Northern Ireland</th>
<th>Per quota</th>
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<tr>
<td>Set sample of addresses</td>
<td>1,150</td>
<td>750</td>
<td>50</td>
</tr>
<tr>
<td>Interviewed adults with own teeth</td>
<td>1,070</td>
<td>698</td>
<td>46-47</td>
</tr>
<tr>
<td><strong>Fully responding sample</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed adults without own teeth (no exam)</td>
<td>68</td>
<td>45</td>
<td>3</td>
</tr>
<tr>
<td>Interview and examination completed</td>
<td>749</td>
<td>488</td>
<td>32/33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>817</td>
<td>533</td>
<td>35/36</td>
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**Key Dates**

**Tranche 1**

Field Period: 5th October – 11th December 2009
Interviewer briefings: 1st–4th and 17th September Various venues
Clinical Training: 8th–11th and 22nd–26th September Newport

**Tranche 2**

Field Period: 4th January – 12th March 2010
Interviewer briefings: 25th–26th November and 2nd–3rd December Various venues

Clinical training is designed for the dentists, but there is a requirement for one interviewer team member to attend to carry out the coding for the dentists. Clinical training is not available for Tranche 2, as it is an event for the dentists who all need to be trained in advance of tranche 1.

Feedback from the Dress Rehearsal also indicated that some interviewers felt they were less well prepared because they did not attend the Clinical Training. To address this concern the interviewer briefings will contain more practical information regarding the Dental Examination process. The team meeting with the dentist is an opportunity to talk through the examination and might involve some data entry, if further practise is required.
CHAPTER 2 – THE SURVEY STRUCTURE AND PROCEDURES

2.1 Survey design

The ADHS consists of two stages:

Stage 1: Face-to-face interviews conducted with all consenting adults (aged 16+) at one household per sampled address.

Stage 2: At the end of the interview, respondents who report having at least one natural tooth are asked if they would agree to have a home dental examination conducted by a qualified dentist. For this you will accompany the dentist to act as a data recorder during the examination.

It is by having both the data from the interview and dental examination that the survey can provide the kind of information that helps with the planning of future dental services.

It is worth noting at this point that co-operation with the survey examination is voluntary and you must seek both verbal permission from the respondent to arrange an appointment and also their written consent to participate, immediately prior to the examination.

Alongside the consent for the examination, the ADHS has three other consent requests, all of which are fully covered in the section Collecting Consent, starting on page 22.

2.2 Eligibility and the ADHS Proxy Rule

Adults with no natural teeth - The ‘edentulous’ Eligible for Interview only

About 6 per cent of adults aged sixteen or over no longer have any of their natural teeth. In dental terms, they are edentulous. The vast majority of these people rely on full dentures for eating and appearance. The interview for these adults may be marginally shorter and they will NOT be asked to have a home dental examination.

Adults with some natural teeth - The ‘dentate’– Eligible for Interview and Examination –

Most of the people you interview will have some natural teeth. Some of them will have a combination of natural teeth and dentures. The extent of the replacement dentures that someone has can vary from one tooth in one jaw only, to a full denture in one jaw and all but half a dozen teeth in the other jaw as well.

The interview with adults who have some natural teeth may be marginally longer, even so, at an average of 30 minutes, the questionnaire is not long. We have tried to keep
the questionnaire short because there may be several people to interview in the same household and at the end of the interview we want to ask people who have some natural teeth if they would be willing to have a home dental examination.

**Proxy rules**

Proxy interviews are **not** acceptable on the ADHS for three reasons:

- Informed consent must be obtained for each respondent
- The interview contains many opinion questions, the data for which cannot be collected accurately by proxy, and;
- We cannot conduct an examination on a proxy respondent.

**2.3 The Interview**

The 2009 interview questionnaire retains a significant core of questions consistent with previous surveys to maintain analysis of the key trends, but also includes significant numbers of new questions to meet additional data requirements for planning of dental services, and advances in available dental treatment.

The interview is expected to take about 30 minutes on average for each adult. As well as establishing respondent’s socio-demographic classification, the interview covers the following main topics:

- A self assessment of the presence of natural teeth, fillings and dentures;
- Participants’ satisfaction with their teeth and mouth, including appearance and the ability to speak, chew and swallow;
- Opinions on the need for dental treatment;
- Past dental experience and care received;
- Patterns of past, present and future dental attendance, focusing on the most recent dental visit;
- Attitudes to dental treatment;
- Barriers to receiving dental treatment;
- Dental hygiene and advice received;
- Patterns of NHS / private / mixed treatment.
2.4 The Dental Examination and Protocol

The clinical examination is expected to take about 20 minutes on average for each adult. This examination is unique to the ADHS and not like a regular dental check-up.

The dentists are recruited from the NHS salaried services with an emphasis on British Association for the Study of Community Dentistry (BASCD) trained examiners. The dentists are fully registered and deemed fit to conduct examinations. The bespoke examination for the ADHS will be well within their normal competencies.

Section 1.5 introduced you to the fact that you will need to coordinate your work with both the dentist covering your quota, and the interviewer who is sharing your dentist. A protocol for the dental examination detailing the interviewer and dentist roles and responsibilities follows.

You can find a full explanation of the order of the examination and the data collected in Appendix A. This explanation incorporates some useful definitions for dental terms that you are likely to come across during both the interview and examination.

2.4.1 Dental availability – Working as a team

The team of interviewers and dentist must have a meeting after the clinical training and prior to the field period, as detailed in the Home Study Guide. As part of this meeting the Dentist will provide their availability during the field period.

It will be the responsibility of the interviewers within the team to use this information to ensure that appointments are made at suitable times, and not duplicated. If you do not have a suitable diary to record the dentist’s availability and to keep a track of appointments that you have scheduled for the examination, you may also request a diary template from the Field Office (This would be a blank monthly calendar on A4 paper).

During this session the team must plan how they will distribute the dentist availability to schedule appointments and how you will all keep in touch with each other.

One way of achieving this would be to make an initial allocation of examining days to each interviewer in the team. So, if there were two interviewers in the team, and their dentist was available on twenty days, each interviewer would take ten days. The advantage of equally splitting the dentist availability is that appointments will then be relatively close together and travel costs and time will be minimised.

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2 British Association for the Study of Community Dentistry – examiners trained in epidemiological research techniques
For the fieldwork to be efficient and successful, it is particularly important that you communicate regularly with all members of your team. During the dress rehearsal, some interviewers found it useful to set a fixed time on which to get in touch each day.

Contact with the dentist would be required to provide details of appointments, any changes in your availability or a courtesy call advising that no appointments have been made, all such details must be confirmed in advance of the session of dentist availability. It would also be helpful to advise the other interviewer of these details to ensure they don’t make duplicate appointments and to allow them to try and fill any gaps you have spare. On the dress rehearsal some interviewers found it useful to use text messages to notify the examiner and other interviewer(s) about scheduled appointments, this is acceptable so long as team members ensure they reply to acknowledge the message.

If interviewers find they need different dentist availability slots throughout the field period, then they can always arrange to swap with the other interviewer or indeed ask the dentist if they can be available at an alternative time. The important thing to remember is the success of these arrangements relies on good communication amongst all team members.

In order to maintain respondent confidentiality, when advising dentists of scheduled appointments you must only tell them the address you are scheduled to visit. The dentists can then use this information as a security measure for advising family members where they are due to be, but they must destroy this information once the work is complete. You must only tell the dentist of the respondents names when you meet up to attend the appointment.

It would be better to contact team members by telephone to advise them of any booked appointments or indeed when you have not been able to secure any appointments. It would also be sensible to make a return call in relation to any messages left about appointments, to confirm that the team member received your message.

You can start making appointments as soon as you have established your share of the dentist’s availability. As the examination is short, you must aim to arrange several examinations on the same day to keep down the cost, whilst also allowing time to collect consent, set up the equipment and time to travel between appointments. As part of your arrangements with the dentist you should be clear as to how many appointments the dentist is physically able to manage in the course of a period of availability e.g. half a day or evening.

Please note that there will normally be some days between the interview and the examination, though this period may shorten towards the end of the field period. We expect most examinations to be conducted within a fortnight of the interview, with the majority being conducted within a few days.

2.4.2 Arranging the appointment

All the adults in the household who have some of their natural teeth will be asked if they will have the home dental examination.
The appointment(s) for the examination(s) should ideally be made at the end of the initial interview. Details of the appointment can be entered on the box on the last page of the examination leaflet, before giving the leaflet to the respondent. If appointments can not be scheduled at this point, then appointments should be made when you are next in the area or by telephone. Please keep in mind that using a subsequent telephone call to book appointments should not be treated as the preferred option, as it gives respondents an additional opportunity to refuse to take part in the examination. Where possible, please re-schedule any broken appointments.

It is obviously more economic if all the dental examinations in one household are carried out at the same visit. You should therefore also try to ensure that one appointment covers all eligible adults in the household. However, this will not always be possible and it is more important to obtain all the examinations than to only make one visit.

For each individual, the interview has to be completed before the examination is conducted. If someone is at home at the time of the dental visit who has not been interviewed, you will need to interview them after the examination appointment has been fulfilled or arrange another appointment.

It is important to note that having arranged the appointment for the home dental examination:

- the dentist must be accompanied to the home by an interviewer; and
- The necessary written consent must be obtained before the examination can proceed. You will obtain this when you return with the dentist.

2.4.3 The examination process

The examination can be conducted with the respondent sitting on an upright kitchen or dining chair, or in an easy chair. Generally the dentist will decide on the best location for the examination, although once you have attended some examinations you may be able to assess possible sites within the home on behalf of the dentist, during your first visit. With the possible exception of washing their hands, the dentist should not need to use either the bathroom or the kitchen in preparing for the examination as they will have everything that they require. Dentists will be provided with an alcohol hand gel for situations where the respondent is reluctant to allow them access to a sink to wash their hands.

On your first visit it is also important to mention the identity of the dentist. You may find that some respondents request a female dentist when the dentist you are working with is male, or vice versa. If this sort of request is made, make an appointment and contact the SEL. The arrangements will be put in place, although you should always ask for the respondent’s telephone number, in case the replacement dentist cannot cover the original appointment.

The dentist will need some space, preferably on a table, to lay out their equipment. You, as the recorder, will need to have sufficient secure space to be able to complete the recording on the laptop. You need to advise the dentist in advance about the likely
presence of small children and dogs as these may effect where they set out the equipment.

For the examination the adult will need to be seated and the dentist will need to plug in an ‘Anglepoise’ (daray) type lamp and clamp it to a table or other surface. The dentists have been provided with foam pads to use under the clamp to protect the table surfaces. It would be helpful if you could also check at the initial visit, that there is somewhere suitable for clamping the lamp and if there is a problem to let the dentist know in advance.

You should note that the dentist will be wearing disposable latex-free gloves. The dentist will use sterile instruments during the examination. All of these will be provided and the dentist is responsible for their sterilisation or disposal after each use.

The examination data is recorded into a blaise questionnaire, though paper copies are provided in case of laptop failure. The paper copies should not be used unless there is a technical problem as the forms could be lost and they do increase the risk of coding error when the data is transferred into the case. If a paper copy is used due to a full interview having been lost, the interview data would have to be re-collected as without that, it would not be possible to enter the examination data! (You will be guided to the paper examination during section 8 of the Home Study Guide)

You will need to be seated sufficiently close to the dentist to record the information for the dental examination. During the dental examination the Dentist should take the lead and direct you through calling out the necessary answers etc.

**Obviously it is important to accurately capture the data from the examination. If you mishear a code, need clarification or if the dentist is proceeding through the examination too quickly for you, then please interrupt the examination to make sure your coding is accurate. It is acceptable and indeed better to interrupt the dentist, rather than wait till the end.**

### 2.4.4 Introducing the examination

You will have previously met the respondent(s) undergoing an examination. Although the dentists are experienced at dealing with people who are nervous of dental examinations, you may have some indication of whether the person is likely to be nervous from when you collected their consent to return. It would be sensible if you highlighted any such information to the dentist in advance of entering the respondent’s home. You should also be aware that any respondent could become nervous of the examination regardless of how readily they gave consent.

You should lead on introducing the dentist to the respondent, although it is unlikely that you will have to make a full introduction to the examination itself, as you will have already explained about it when you asked for consent to return with the dentist. You
will, however, need to collect written consent for the examination before you can proceed.

You should be prepared to cover the main points listed below, if necessary:

- this survey is being carried out on behalf of the NHS Information Centre for health and social care;
- the main purpose is to find out about the people’s dental health and their experiences of dental care, including access to dental services;
- the information will be used to help the NHS plan its dental services for patients;
- the examination is likely to last 20 minutes but may vary depending on the number and condition of the person’s teeth, and the past treatment the respondent has received;
- the dentists working on the survey have been recruited from the NHS salaried services and are very experienced;
- the dentist will carry out a short visual inspection of the respondent(s) teeth and gums. No x-rays will be taken;
- there will be no dental treatment and the adults’ dentist will not be informed of the results, unless the dentist identifies anything which may affect the adults’ general health, in which case we will ask consent to inform their GP;

While the dentist sets up the equipment, you may be able to chat to the respondent(s), although you will need to set up the laptop.

The dentist carries out the examination with simple basic dental implements. Examinations are always carried out with the dentist wearing latex free gloves and the dental equipment will all be sterilised. The dentist is entirely responsible for the clinical aspects of the visit.

2.4.5 Examination feedback

In previous ADHS studies, the dentists did not comment about what they saw during the examination. The exception was if the examining dentist noticed a lesion (such as a suspected malignancy) which they considered to be a potentially serious threat to the general health of the respondent. In these cases, there was a protocol for collecting the respondent’s consent to contact their General Practitioner.

For the 2009 survey, in line with current ethical practice, feedback can be provided to each person who takes part in the examination. When recruiting respondents, the interviewer is permitted to say that the dentist may be able to offer them some advice on the best way of looking after their mouth or teeth. If after the examination the respondent wishes to know about the general condition of their dental health then the dentist can give an indication of whether there is room for improvement in terms of the
general oral hygiene/cleanliness using one of four statements, which generally categorise the respondent’s dental health and treatment needs (category 4 is equivalent to the serious pathology procedure in place for the 1998 survey).

There are four categories of feedback letters, they are:

1. No obvious oral problems (version A letter);
2. Minor issues requiring a dental check up (version B letter);
3. Obvious or progressive oral disease requiring a check up within 1 month (version C or C2 letter);
4. Suspected serious pathology (version D letter)

You will have copies of each letter in your pack of materials. The dentists will not carry any copies themselves. The dentist is responsible for deciding which level of feedback is appropriate for an examination whilst you are responsible for providing the dentist with the correct version of the letter to give to the respondent.

The letters contain the following paragraph to explain the limitations of the ADHS examination. You should bear this in mind if you mention the feedback when seeking consent for the examination:

*It is important that you understand that the survey is not designed to collect the sort of information on which dental treatment can be planned so this examination is not the same as visiting a high street dentist which is the best way of ensuring a thorough dental check-up. We cannot check the teeth as thoroughly as a dentist in a surgery and we cannot take x-rays.*

It is expected that the vast majority of respondents will receive either Version A or B of the feedback letters.

**Suspected serious pathology procedure (level 4)**

It should be noted that dentists are highly unlikely to encounter such serious pathology in this survey because:

- The incidence of such lesions is low
- The examination is not a screening exercise for such lesions
- The examination does not involve examination of the oral soft tissues (except the gums - periodontium)

However, there is a risk of a dentist making such an observation, so a procedure is in place, which will involve the dentist feeding back directly to the respondent.

The wording of the letter reads:

*Before I discuss the findings with you it is important that you understand that the survey is not as thorough as a normal examination with a high street dentist and it is difficult to examine all areas of the mouth in the same way.*
In this survey our policy is to inform your family doctor of any ulcers or inflamed areas. There is an area like this in your mouth and because I am not sure exactly what it is I would like to arrange for your doctor to look at this for you. Are you happy for me to do that?

The dentist will then seek the respondent’s permission to contact their GP about what they have seen. The chief survey dentist, Professor Jimmy Steele, will take responsibility for taking appropriate action on any report of serious pathology.

If the respondent does not have a GP they will be presented with an information letter (Letter E2) or if the respondent does not want their GP contacted, then they will be presented with an information letter (Letter E1), in both cases urging them to pursue a check up.

If further information is required by the respondent, the dentist has been directed to refer them to their own dentist for specific advice or treatment.

**GP contact consent form**

If a dentist examining a respondent makes an observation in a respondent’s mouth which they would like to have referred to the respondents GP, they will ask the respondent to sign a consent form and ask for their GPs contact details. You will have copies of this form in your work pack but it will be up to the dentist to complete it and give a copy to the respondent. The dentist will then take responsibility for sending the completed form and the Oral Lesion Report Form (which you will also have copies of) to the chief survey dentist. A third copy of the form should be retained by the interviewer and returned to the Field Office.

**2.4.6 Summary of dentist and interviewer responsibilities**

**Interviewer and dentist**

- Attend a team meeting with the dentist and interviewer partner(s) prior to field work.
- Each team member to inform the team of their availability for the whole field period.
- Agree methods of communication and make arrangements for sharing dentist availability.
- Discuss and agree manageable workload for examinations over a period of dentist availability, or agree to review this following the first few appointments.
- If necessary carry out further dental examination data entry practice.

**Interviewers**

- Book examination appointments after the interview and provide the respondent(s) with appointment details in the exam leaflet.
• Mention the identity of the dentist to allow the respondent to make any special request.
• Report to SEL, details of any respondent requiring an alternative dentist.
• Advise dentists of scheduled appointments or when slots have not been filled. Pass this information onto any other team interviewer(s) and advise the dentist if the other interviewer(s) are trying to make appointments where you have gaps.
• Only advise the dentist of the appointment time and address, do not disclose respondent details until you have met.
• Pre-warn the dentist of any respondent anxiety and any proposed location for the examination.
• Accompany the dentist to the examination appointment.
• Collect signed consent for the examination – Return white copies to HQ whilst providing the respondent with the pink carbon copy.
• Record the respondent’s response to the dentist regarding if they are happy to start or whether they would like to clean their teeth.
• Interrupt the examination as is necessary to ensure accurate data is recorded.
• Provide the dentist with the requested feedback letter for each respondent requiring this information.
• In any situations of suspected serious pathology, provide the dentist with the ‘Consent to contact GP’ form for completion with the respondent. The oral lesion report form must also be provided to the dentist.

**Dentists**
• Provide sterile instruments for the examination and dispose of them after use.
• Check whether the respondent is happy to start the examination, or whether they wish to clean their teeth.
• Provide feedback to respondents and request the relevant letter from the interviewer.
• Complete any Contact GP forms. Leave a carbon copy with the respondent and give a copy to the interviewer and return the top sheet to the Chief Survey Dentist, Jimmy Steele.
• Complete any Oral lesion forms. Leave a carbon copy with the respondent and give a copy to the interviewer and return the top sheet to the Chief Survey Dentist, Jimmy Steele.

### 2.5 Managing person level data collection – Iswitch and Eswitch

After collecting the information about the composition of the household, the majority of the rest of the data collection on the ADHS is at person level.

You will be familiar with Iswitch and the fact that you can control which person’s interview is ‘active’ at any one time by changing the standard settings. For the ADHS there is an additional variable for the dental examination called Eswitch, this functions in the same way as Iswitch.

At Eswitch, there are 6 settings:
• Yes, Now;
• Later (not able/ ready to start yet);
• Or did this person refuse the exam;
• Done (keep and display existing answers);
• No natural teeth, so ineligible for an exam*;
• Unable to conduct exam due to dentist availability**;

*Code programmed automatically when interview data states no natural teeth.

** Only use code 6 if the respondent has given consent for an examination, but an examination could not be conducted during the fieldwork period because the respondent could not be available on the days on which the dentist was available.

For the dress rehearsal ONS interviewers were asked to prioritise interviewing eligible respondents consecutively rather than concurrently. This was due to the concern that the quality of data provided may suffer due to respondents being influenced by answers given by other members of the household.

However feedback showed that this was not the case due to the data collected not being factual figures but rather opinions and dentistry experiences, which are unique to each individual.

Therefore for the mainstage survey, interviewers are permitted to carry out either consecutive or concurrent interviewing as they see necessary. Following standard guidance this would be concurrent for HRP and spouse but consecutive for adult children and/or those from other benefit units.

When you are ending a session, it is recommended that you set those who are in the process of being interviewed or those who have been interviewed to "Yes, now" at ISwitch. This is an attempt to avoid setting partially completed interviews as "Done", and to avoid any potential data loss. Once you resume the session, you can set those who have completed the interview as "Done" if required.

For ESwitch, it is recommended that you always set those who are in the process of being examined/have already been examined as "Yes, Now" and use the Parallel Blocks to access the examination for each individual. Again, this is to avoid data loss and partial exams.

Please bear in mind that you will not be able to code out a complete case set to ‘Done’ at ISwitch or ESwitch. When the time comes to code out the case as complete, ISwitch must always be reset to ‘Yes, now’ (or ‘no interview’) and also Eswitch reset to ‘Yes, now’ (or no exam for which ever reason), this in order to allow the questionnaire programme to check whether the interview and examination have been fully completed.

### 2.6 Collecting consent

The ADHS is interested in collecting four types of consent once the interview is complete. They are, in the order in which they are asked:
Consent for the return visit for the dental examination (Where applicable);
Consent to Data Linkage
Consent to follow up research;
Standard consent for follow up call by fieldwork organisation.

The first consent question is verbal, but is followed up at the subsequent appointment for the dental examination with written consent, the second requires written consent, and the latter two are verbal only.

Generally speaking, with each of the consent forms used on the ADHS:

1. Always complete the information required to identify the particular respondent back in the office, specifically, the quota and serial number, the respondent number and their sex and date of birth.

2. Enter the respondents name and advise them which parts they need to complete. Follow the instructions on each form to ensure all required blocks are completed with the respondents signature and any initials.

3. Respond to any questions or concerns the respondent may have.

4. Enter your details and sign the form to show you have collected the consent, or where necessary enter the details of the dentist.

5. Remember to date the form.

6. Provide the pink carbon copy to the respondent and return the white copy to HQ, using the pre-paid envelopes provided in your pack. Return forms to the field office on a fortnightly basis.

7. The oral lesion form and consent to contact GP each have 3 copies. With these the dentist should provide the respondent with a carbon copy and also give one to the interviewer for returning to HQ. The dentist will return the top copy to the chief survey dentist.

After the completion of each form, always check that the case details are correct and that the respondent has fully completed and signed the form. When the forms are returned to the field office, checks will be carried out and any errors or forms not signed may result in the consent having to be amended and classed as a refusal.

2.6.1 Dental examination consent

As the dental examination gathers clinical data about the respondent’s oral health, it is necessary for us to collect written consent for this stage of the survey. However, initially we just collect verbal permission to return to conduct the dental examination. To obtain this the following question is asked of eligible respondents:
INTERVIEWER: Collect and record consent for the dental examination:

I would like to ask your permission to return to your home at a time convenient to you, accompanied by a qualified dentist. The dentist would look at the condition of your teeth and gums. Although the information you provided in the interview is very important, there are some things only a dentist would see.

The assessment would take about 20 minutes, and involves no x-rays or treatment.

This leaflet provides more information.

1. Yes, appointment made
2. Yes, appointment not yet made
3. No

Once the respondent has granted permission you should arrange a suitable appointment, referring to the dentist availability diary as necessary. Details of the appointment can be added to the back of the Dental examination leaflet which you must leave with respondents once appointments have been made.

An additional statement has also been included which covers the possibility of illness or respondents feeling unwell prior to the dental examination appointment. This is to allow for potential issues with Swine Flu in the field. Respondents will be advised to contact the interviewer or the SEL to reschedule their appointment.

Then when you return to the respondent’s house with the dentist you should give the respondent an opportunity to discuss the examination with the dentist and have any questions they may have answered by the dentist. You should collect the written consent using the dental examination consent form immediately prior to the examination.

By collecting written consent at the examination appointment we have allowed the respondent time to reflect on their initial decision to participate and absorb the information in the examination leaflet before providing their written consent to take part.

You can complete most of the information required on the form in advance of entering the respondent’s home. This will save you time when you are trying to set up your laptop prior to the examination.

Remember:

- This question is not asked to the edentulous (no teeth), as they are not eligible for a dental examination.
2.6.2 Data linkage consent

The General Purpose Leaflet includes a paragraph detailing the inclusion of data linkage, explaining why we are trying to link data, and clarifying that it is voluntary and that it requires the respondent to give written consent. You should be prepared to discuss this when you approach a respondent to try and secure an interview, if they are concerned about it.

Data linkage consent is required for both NHS and private patients as consent given allows access to both past and future records and private patient’s circumstances could change in the future.

Interviewers should not be wary of data linkage as the dress rehearsal experiment showed that respondents were quite willing to consent to this and the inclusion of this on the leaflet did not compromise the survey response. The consent to data linkage rate was 67%, showing that two-thirds of respondents had no objection to this.

To obtain consent to data linkage, the following question is asked:

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DConsnt

The NHS Information Centre (IC) holds records on treatment and services delivered by the NHS in the UK. To make the information you have given us more complete, we would like your permission for the IC to add data from these records to the information you have already provided to us.

To do this, we need your written permission on this form to provide the NHS Information Centre with your name, address, sex, and date of birth (or age at last birthday if date of birth not provided), so that they can locate the correct record. Like all the answers you have given us, this information will be treated in strict confidence, as guaranteed under the Code of Practice for Official Statistics and the Data Protection Act, and will only be used for statistical research purposes.

1. Yes, consent given
2. No, consent refused
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There will be additional information regarding data linkage in the Blaise using the F9 function.

We need the respondent’s written consent for data linkage. For each person who agrees, you should ask them to complete a copy of the data linkage consent form.

2.6.3 Consent for follow-up surveys (verbal only)

The interview also includes the following question, to ask the respondent to give their permission for the IC (or their contractors) to contact them to take part in future surveys:
If the NHS Information Centre (or their contractors) need help with research in the future, would it be ok for them to contact you again?

Any future research would still be conducted under confidentiality rules consistent with the Code of Practice for Official Statistics.

(We may not contact you again but, if we do, you will still be free to decide whether you wish to participate in any follow-up study.)

1. Yes
2. No
3. Yes, with conditions - please specify

Anyone coded as providing permission would then have name, address and contact details passed to the IC in an encrypted data file that was separate from the other survey data. The IC will agree to manage this data as confidential in accordance with the law. The IC may then at a later date seek to commission further research with ADHS respondents.

Note that this further research would not necessarily be conducted by ONS, NatCen or NISRA, but that the IC would require any contracting fieldwork organisation to adhere to the Code of Practice for Official Statistics.

**2.6.4 Standard consent for follow-up call (verbal only)**

The final consent question is the standard question to allow us to contact the respondent to check that they are happy with how we have conducted the survey:

**Recall2**

And may I just check...

Our work is very important, so my office likes to get in touch with a percentage of the people who have helped us, just to check that you are happy with the way we do things.

Would it be OK for the office to contact you for this reason?

1. Yes
2. No

We will then collect information like name and contact details for any respondent who provides one or more of the four consents. However, the coding of the consent question will determine how this data is used, and who it is provided to. So, if the only permission given was for Recall2, then data like the respondent name will not be provided to anyone outside of the ADHS fieldwork organisations.

Identifying data like names will be stored separately from the survey data at HQ.
CHAPTER 3 - SELLING THE SURVEY

3.1 Profile of dentistry

Feedback from the dress rehearsal indicated that selling this survey on the doorstep was no more difficult than any other, with any refusals being general rather than survey specific.

However, there has been a considerable amount of change over the past 10 years in access to dentistry services and how those services are funded. These changes have led to consistent press coverage and for some members of the public access to NHS dentistry is quite a contentious issue.

Those that are affected by the press coverage may see the survey as the chance to have their say whilst the exam could be viewed as a minor check-up if they have not had one for some time.

Regular newspaper readers approached to take part in the ADHS may also refer to other dentistry stories. During the dress rehearsal and whilst preparing for the mainstage, at least three stories have hit the news, two of which have quoted Professor Jimmy Steele, whose name you will become familiar with throughout these instructions as the chief survey dentist.

Stories in the press include:

- ‘Dentist’s pay linked to amount of patients’

This article* tells of a government u-turn which would reward dentists for registering new patients and building relationships with existing ones, rather than allowing dentists to make more money carrying out more treatment on fewer patients. The 2006 contract was blamed for the millions of people denied access to treatment and left to queue in a race for limited NHS spaces. Review author Jimmy Steele said of this reform, “It’s an incentive to take more patients on”.

- ‘I’m a dentist tourist’

On the same day, this article* introduced the reader to people travelling abroad for treatment3, either because they have no dentist, to avoid dental practices charging them a fortune or even to avoid NHS waiting lists. It tells of their experiences but warns of the importance of doing thorough research before making any such arrangements. Finally the article compares the price of treatments in the UK to a number of other countries.

- ‘Hundreds of dentists who are earning more than £300,000 a year’

Most recently, this article** talks of bumper pay packets angering the millions of Britons suffering from poor dental health, as they can’t get an NHS appointment. The figures,

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3 British Association for the Study of Community Dentistry – examiners trained in epidemiological research techniques
provided by the NHS Information Centre, decrease and vary within the article and apply to NHS, private and self employed dentists but the headline grabs the emotions, trying to create a public anger similar to that provoked in the wake of the expenses scandal. Also within the article, an unquoted survey claims that 3 million people in England had tried but failed to find an NHS dentist in the past two years. A further 4.5 million are said not to have bothered trying due to bad past experiences. The article repeats the u-turn on the 2006 dentistry reform which is where Professor Jimmy Steele once again features.

* The Daily Express Tuesday 23rd June 2009
** The Daily Express Wednesday 5th August 2009

A final story on the issue of dentistry is the interesting and shocking tale reported by interviewers who worked on the 1998 ADHS. Some interviewers had vivid memories of respondents having told them of having had all their teeth removed, not for medical reasons but rather for their 21st birthday present.

3.2 Recruitment to the interview

The advance letter will be sent to all the sampled addresses in advance of the fieldwork period and a follow up introductory letter from yourself. If a household has not received the advance letter when you call, you will have spare copies to use on the doorstep. It is recommended that the introductory letters are phased over the first two or three weeks in case you are unable to visit each address within the first few days.

As with all our surveys, participation is voluntary, and you should be prepared to provide respondents with a full explanation of the nature and purpose of the survey, including the voluntary nature of their participation.

To minimise non contacts, be prepared to visit each sampled address on different days and different times of the day. You should leave a call today card and consider leaving a personalised note to encourage the residents to get in touch with you. If you only have the odd case to chase towards the end of the field period, you should ring the field office to discuss if more visits are worthwhile or if you have already made enough calls.

As with most social surveys, only those individuals who are judged able to provide informed consent will be asked to take part in the ADHS. Section 9 contains a formal protocol outlining how to make this judgement. The survey does include people who are judged as capable of providing informed consent despite being part of a vulnerable group, for example, those with a physical disability.

The general purpose leaflet contains essential information about the survey, which you can use to help answer questions that the respondent may have about taking part. The leaflet also clarifies that the ADHS consists of an interview and examination and also contains our contact details and descriptions of the principles by which we ensure data confidentiality. If a respondent questions you about the examination at this point you should be prepared to discuss it with them.
Any respondent who indicates that they are willing to have an interview, but not an examination, should still be interviewed. Having participated in the interview, the respondent may well change their mind about taking part in the examination but even if they don’t, the interview data is still useful.

### 3.3 The purpose leaflets

There are two purpose leaflets on the ADHS:

The Stage 1 General Purpose leaflet explains the survey and can be used when seeking consent to participate in the interview. It is also useful for leaving at addresses where you are having difficulties persuading respondents to take part or after numerous non contacts.

The Stage 2 Dental Examination leaflet gives additional information about the examination. You should use it when obtaining permission to return with the dentist to conduct the examination. There is space on the back of this leaflet for you to record the appointment details. Where this leaflet has been left, it is at your discretion whether to also leave a Stage 1 General Purpose leaflet, as much of the information conveyed is the same. If the examination is refused by the household, then you must instead leave the stage 1 leaflet so that all respondents are left with information on the ADHS. The leaving of the stage 1 leaflet is part of what ONS has agreed to regarding the ethical approval process.

### 3.4 Publication schedule

The consortium will produce a first release statistical overview of dental health in England, Wales and Northern Ireland, and within each Strategic Health Authority by the end of 2010.

There will also be a series of publications on aspects of adult dental health on the ONS website, similar to the successful ONS ‘Focus on’ series. For an example please see: [http://www.statistics.gov.uk/focuson/health](http://www.statistics.gov.uk/focuson/health)

Non-disclosive (confidential) data from the survey will be deposited at the UK data archive.
CHAPTER 4 - MULTI-HOUSEHOLDS

Key points

- For ADHS, you aim to interview a maximum of **one** household at each sample address
- ADHS uses standard procedures for dealing with divided and non-divided addresses on the address list
- For multi-occupancy addresses, ADHS uses standard listing procedures to identify the households within the address and a Kish Grid to select the household to interview

4.1 Multi-Household Procedures

Please note the multi-household procedures for the ADHS may be different to any of the established multi-household procedures you will be used to working with. Please read the following section carefully. If you have any queries concerning these instructions, please telephone the SEL. The key message is that whatever the situation described below, **only one household should be interviewed**.

4.2 Multi-Household Addresses

As an interviewer, your main role in sampling is to ensure that you find, and interview at, the correct address. However, as with all samples drawn from PAF, you also have a role when the sample address contains more than one household. This situation may occur if the sampled address is divided into separate dwellings (e.g. flats) that may or may not be listed separately on the PAF. This situation is still rare (about 2% of addresses are multi-occupied), although it is more common in major conurbations like London and the Scottish cities, or near university campuses.

**Table 4.1 Example of a divided address containing listed and unlisted flats**

<table>
<thead>
<tr>
<th>Dwelling</th>
<th>On PAF?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat A, 34, The High Street</td>
<td>Yes</td>
</tr>
<tr>
<td>Flat B, 34, The High Street</td>
<td>Yes</td>
</tr>
<tr>
<td>Flat C, 34, The High Street</td>
<td>No</td>
</tr>
</tbody>
</table>

In the example outlined in Table 4.1, we would be aware that the address ‘34, The High Street’ is a divided address containing Flats A and B. Both of these flats would have a chance of selection for the survey. Flat C, however, is not listed, so would have no chance of selection by our office sampling procedures.
In this situation, you must carry out the final stage of sampling using these instructions. Depending on the particular scenario, you may be required to contact SEL, and you should always do so if you are unclear about how to proceed.

**Divided (boxed-part) addresses**

The ADHS uses the standard procedure for dealing with divided (boxed-part) addresses.

Where one part of a known divided address is sampled for the survey, we print all the records which are part of this divided address on the address list for the quota, so that you know which parts are listed on the PAF.

In Table 4.1, Flats A and B would appear on your address list, with the sampled part of the address appearing within a box. This is referred to as the *boxed part*. The other known parts of the address would be printed underneath the boxed part (see Table 4.2).

There are two messages that can be printed within the boxed part. They are 'Divided address - Boxed part and any parts not listed on address list', or 'Divided address – Boxed part only'. The former message is printed when the sampled address has the highest address key (unique identifier) within the divided address, as in Table 4.2.

**Table 4.2: Boxed part listing**

```
001 Flat A, 34 The High Street, Madeupville, NT3 9XT 39359,47316 *
************ Divided Address - Boxed And Any Parts Not Listed Below
*************************************************************************
Flat B, 34 The High Street, Madeupville
```

What you do next depends on:

- which message you get printed in the boxed part (Whether the sampled address has the highest address key within the divided address), and
- whether you find any unlisted parts of the divided address

Consult Tables 4.3 and 4.4 below to determine your course of action.
**Table 4.3 Divided addresses – Boxed part only**

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Boxed (sampled) part</th>
<th>Others listed</th>
<th>You find</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>34 High Street</td>
<td>34a High Street</td>
<td>Flat 34a, Flat 34b, Flat 34c, Flat 34d</td>
<td>Phone SEL</td>
</tr>
<tr>
<td>2</td>
<td>34 High Street</td>
<td>34a High Street</td>
<td>34 High Street, Flat 34a, Flat 34b, Flat 34c</td>
<td>Interview at 34 High Street only</td>
</tr>
<tr>
<td>3</td>
<td>34 High Street</td>
<td>34a High Street</td>
<td>34 High Street, Flat 34a</td>
<td>Interview at 34 High Street only</td>
</tr>
</tbody>
</table>

**Table 4.4 Divided addresses – Boxed part and any parts not listed**

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Boxed (sampled) part</th>
<th>Others listed</th>
<th>You find</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>34 High Street</td>
<td>34a High Street</td>
<td>Flat 34a, Flat 34b, Flat 34c, Flat 34d</td>
<td>Phone SEL</td>
</tr>
<tr>
<td>5</td>
<td>34 High Street</td>
<td>34a High Street</td>
<td>34 High Street, Flat 34a, Flat 34b, Flat 34c</td>
<td>Households at 34 High Street, Flat 34b and Flat 35c will all be included (phone SEL to check if you wish)</td>
</tr>
<tr>
<td>6</td>
<td>34 High Street</td>
<td>34a High Street</td>
<td>34 High Street, Flat 34a</td>
<td>Interview at 34 High Street only</td>
</tr>
</tbody>
</table>

**Non-divided addresses**

Other addresses may be non-divided (i.e. contain only one part) on your address list, but in reality are multiple dwellings (and probably therefore multiple households). This might occur where a house had been recently split into flats, and the PAF had yet to be updated with that information.

Again, the action you take depends on what you find on the ground (see Table 4.5).
Table 4.5  Non-Divided addresses

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Boxed (sampled) part</th>
<th>You find</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>34 High Street</td>
<td>Flat 34a</td>
<td>Phone SEL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flat 34b</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flat 34c</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flat 34d</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>34 High Street</td>
<td>34 High Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flat 34a</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flat 34b</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flat 34c</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>34 High Street</td>
<td>34 High Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4 separate bedsits at same address)</td>
<td></td>
</tr>
</tbody>
</table>

Selecting a household for interview

Once you have confirmed where to interview, you will need to establish how many households are resident there. The standard household definition applies for the ADHS. Again, in most cases there will be one household and you can proceed with asking them to participate in the survey. However, sometimes there will be more than one household resident, and you will need to decide which one to interview.

On the ADHS, you should only ever interview one household at each of the addresses in your quota.

Table 4.6 makes it clear which households should be included in your selection, in relation to scenarios 1-9 in Tables 4.3, 4.4 and 4.5.

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Boxed (sampled) part</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 4, 7</td>
<td>To be confirmed by SEL</td>
</tr>
<tr>
<td>5</td>
<td>To be confirmed by SEL, but probably all households in 34 High Street, Flat 34b and Flat 35c only</td>
</tr>
<tr>
<td>8</td>
<td>Phone SEL to confirm what is held on the PAF, but 34 High Street and all 3 flats will probably be included</td>
</tr>
<tr>
<td>2, 3, 6, 9</td>
<td>All households in 34 High Street (including all 4 bedsits for scenario 9)</td>
</tr>
</tbody>
</table>
An address with multiple resident households is referred to as a concealed multi-household address.

4.3 Listing procedure for concealed multi-households

Where you have a concealed multi household address, you will use the Kish Grid provided in your work pack to pick the household to interview.

To do this you must first list all the households resident in the address in a systematic way. You might do this on a spare copy of the concealed multi-household sheet for another survey, or just in a notebook. The listing procedure will vary according to the particular layout of the address. However, you must ensure that it is done in accordance with the instructions set out below. This is important, as you (or another interviewer on a follow up) must be able to readily identify the household selected.

Important
If an address on your address list is shown as a ‘divided address’, only list the households for those parts at which you can interview.

- If the address is a block of numbered flats list them in numerical order. Start with flat 1, 2, 3..., or A, B, C...etc.

- If the address consists of unnumbered flats or bed-sits, whether in a purpose built block or a converted house, list the flats systematically. Start on the lowest floor and work in a clockwise direction round each floor starting from the front left-hand side of the property.

For example: If an address contains 8 flats with 4 on each floor, you should list them starting with the flat immediately on your left as you enter the main door.

If the address is difficult to list by any of these methods (such as a campsite or commune), consult SEL.

Note that we are not using the standard Concealed Multi-Household Sheet to select a household to interview on this survey. This is because the sheet is designed to allow random selection of up to three households at each address, and we only wish to select one.

If you do use a copy of the sheet to list the households, we do not require the sheet to be returned to the office. You will be asked to record how many households were resident at the sampled (part of the) address in the variable MultiHH in the survey admin. This information is required for weighting purposes.
Selecting the household

Once you have recorded all the resident households, you should consult the Kish Grid to select the household for interview.

The Kish Grid looks like this:

**Adult Dental Health Survey - Selection Grid**

<table>
<thead>
<tr>
<th>NUMBER OF HOUSEHOLDS AT ADDRESS</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
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<tr>
<td>13</td>
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<td>15</td>
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</tr>
<tr>
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<tr>
<td>18</td>
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<td>4</td>
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<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Etc, up to 50 addresses

In order to select the household to interview, you use the serial number of the case within the quota to select a row on the grid, and the number of resident households to select a column. So if address serial number 12 in the quota of 50 addresses contained 4 households. You would read down column 1 until you reached row 12, and then read across until you reached column 4. You would then select the 2nd household described in your systematic listing procedure to interview. None of the other households would be interviewed.
CHAPTER 5 - INSTITUTIONS AND DEFINITIONS OF THE HOUSEHOLD AND RESIDENCY

5.1 Household

The ADHS employs the definition of a household standard to social surveys, that is:

| One person or a group of people who have the accommodation as their only or main residence… |
| Plus, for a group of people: |
| … and that either share at least one meal a day or share the living accommodation⁴. |

The ADHS excludes those living away in halls of residence and children aged 16+ in boarding school from the household⁵. They are excluded because the survey does not allow proxy interviews and so in many cases it would be impossible to collect any data from these individuals.

You should include all children resident at the address in the household, unless they fulfil one or more of the exclusion criteria below. Household members aged under 16 will not be eligible for an interview or examination, but we still need to know about their presence at the address in order to be able to classify the household type.

You should exclude from the household:

- Students living in halls of residence, or who rent a room in residential accommodation owned by the university;
- All children aged 16 or more who are at boarding school;
- Student nurses who are living in NHS accommodation.

5.2 Residency

If you are not sure whether to include all of the people you find at the address in your sampled household, you should start by establishing residency. This is usually straightforward if you implement the rule that this accommodation is their only residence (in this country), but problems can arise where an individual has more than one address. With these individuals you should include them if they or the respondent regards this accommodation as their current main residence (in this country). However please also note the following rules which take priority over the respondent or individuals’ assessment and should always be applied:

⁴ ‘Living accommodation’ is a living room or sitting room, or kitchen-diner or similar arrangement.
⁵ This is contrary to the rules employed on CPS surveys.
Exclude:
- Children aged 16 and over who live away from home for purposes of work or study and come home only for holidays at their parents address. This means for example that you would exclude students away at university or college during term time even if they are at home when you call. You should also exclude those working away from home on a permanent basis and student nurses in NHS accommodation.
- Anyone who has been away from the address continuously for 6 months or more, even if the respondent continues to think of it as their main residence. For example exclude individuals who have been in hospital or prison for 6 months or more, members of the Forces on long tours of duty and children in care for an extended period.
- A respondent/household living at a temporary address in this country, here only for purposes of recreation, holiday, visits to friends and relatives, business, medical treatment or religious pilgrimage and who remain(s) resident abroad.
- Holiday homes and weekend retreats that are addresses used only as second homes should not be counted as a main residence.

Include:
- Children 16 and over working away from the parental home in a temporary job and those at boarding school aged under 16;
- Students who are in-between accommodation, who are treating their parents’ address as their main residence throughout the field period;
- Any respondent whose address in this country is a temporary one whilst they search for permanent accommodation. Refugees or migrant workers would be an example of this category. There is no longer a requirement for these people to have been living continuously in the UK for 6 months or more.

No matter how brief a time someone has been in the country or indeed what their intentions are regarding how long they stay, if they are in the UK for any other reason other than recreation, holidays, business, visiting friends or family etc, they should be included. For example, if a non-UK resident has been in the UK for a week and is an ‘au pair’ for a British family while on leave from University from their home country they should be included.
CHAPTER 6 – FIELDWORK

6.1 Preparation of work

Having been selected to work on the ADHS, you should be available throughout the ten week field period and in a position to start work early on during the first week. If you are unable to promptly start work on your ADHS addresses then you must contact the Field Office to advise them of this.

By the evening of Tuesday 29th September for Tranche one and/or Tuesday 29th December for Tranche Two, you should:

- Check that you have received the complete pack of survey materials and the correct paperwork for your quota of work.
- Check that the correct serial numbers and questionnaire have been transmitted to you.
- Open a case to check that you can fully access the work.
- Locate and mark all addresses on a map using the worksheet numbering.
- Work out an economical and effective order in which to tackle the addresses and complete a journey plan.
- Send introductory letters to all addresses*.

*In an ideal world, interviewers would contact all the addresses on their quota within the first 7 days. As an ADHS quota has a huge 50 addresses, and you may have ongoing work from the previous month, we recognise that this will be almost impossible. Advance letters are sent in one batch from HQ approximately 2 weeks prior to the start of field work and some respondents won’t remember these regardless of when you call. We would therefore strongly advise all interviewers to send a follow up letter introducing themselves and the fact you will shortly be calling. With this request, we advise you determine which addresses you will first call on and stagger the posting of these letters to ensure that you call on all addresses within a few days of them receiving your letter.

6.2 Working day

On your first day in the field:

- Plan to start at a time suitable for the area, time of year and number of addresses, and aim to make your initial call in the daylight.
- Judge what type of area you will be interviewing in.
- Make the first calls on your addresses, make appointments, and hopefully achieve some interviews and obtain appointments for dental examinations.

To complete work within the field period, you will need to plan your work carefully and liaise with your dentist to optimise their availability for examination appointments. Also referring to the interviewer whom you share a dentist with when alternative time slots to secure an appointment are required (as described in section 2.4.1)
If you feel that you are not getting through the work quickly enough, please contact the field office for advice.

### 6.3 Daily Procedures

- Prior to each day’s interviewing, ensure that your battery is fully charged in case you are unable to plug in during interviews or examinations.

After each day’s interviewing (and before the next):
- Enter in the appropriate questionnaire(s)
  - any missing information which you have now obtained; and
  - any corrections you need to make based on notes made during the interview.
- Make a list of outstanding information which you hope to obtain later on.
- Code the ‘current interview status’ at ‘Hstatus’ in the Admin Block for ALL addresses at which you have called, including those which you have not successfully contacted.
- Complete the admin block, including the industry and occupation coding for all complete cases and transmit to the office, ensuring Iswitch and Eswitch are correctly set.
- Complete information on unproductive cases but keep these for future attempts, unless they are ineligible addresses.
- Back-up your day’s work.

Difficulties will arise if your laptop becomes faulty and you haven't backed up your data - in some cases making it necessary to make a return visit to the household(s) that you have interviewed/examined. Always store your backup disc/memory stick in a different place from your laptop.

- Ideally you should transmit on a daily basis. However if this is not possible, the minimum requirement is that you should transmit twice a week. The last transmission being at the end of your working week so that the Field Office and FM have the latest information on your work progress.

NOTE: Transmission to HQ always includes an 'admin file' which lets us know how work is progressing on your quota, hence the importance of updating the current interview status for ALL addresses at which you have called, even if interviewing has not started.

With an examination to be scheduled after the completion of the interview, many cases will remain with interviewers and Hstatus will only report that interviewing has been started.

The ADHS therefore also has access to reports showing extra information such as the number of individuals in each household, those eligible for interview and the examination, those who consent to the examination, the coding of Iswitch and Eswitch and such like. Each transmission will provide an update on data within the questionnaire as well as the normal survey Hstatus.
6.4 Reissues

The ADHS will not be reissuing any cases. With a ten week field period interviewers are given sufficient time to pursue and minimise non contacts and to combat refusals, we are therefore not expecting a high number of cases which would even be suitable for reissue.

6.5 Extensions

The mainstage ADHS has a field period of ten weeks. The last two weeks are expected to be used for clearing up outstanding cases and therefore no extensions will be offered beyond these ten weeks.

It is therefore advisable to plan your work with the assumption that the last two weeks of the field period are your extension period and that you should actually be aiming to complete the quota within eight weeks.

It is important that every effort is made to complete the quota by the end of the field period and worth noting that we would not expect any cases coded as non contacts or circumstantial refusals to be returned within the first 7 weeks of the field period.

Reports will be monitored and any such cases would be checked and possibly returned to you for further attempts. The field office will also monitor the early return of ‘refusals to the interviewer’ and indeed ‘sick or away during the field period’, as we would expect pro-longed attempts at turning soft refusals around and that a ten week field period would allow the majority of respondents to be contacted at some point.

6.6 Survey Completion

At the end of the field period, any consent forms you have not yet returned must be numerically sorted and returned to the field office, using the pre-paid labels.

We would ask interviewers to keep their survey materials until March 12\textsuperscript{th}, even if you are not currently allocated any work for tranche two. After this date you may dispose of the documents, there is no need to ensure they are processed through confidential waste as the documents are just survey specific and not relating to any individual respondent.
CHAPTER 7 - ADMINISTRATION

7.1 Claims

The survey number to be entered on all ADHS claims is PA863.

7.2 Administration Time

You may claim up to 4 hours of admin time for a quota of ADHS.

This time is to cover:

• Planning your work, e.g. marking out map.
• Preparing introductory letters and envelopes for the full quota.
• Admin tasks done at home, e.g. putting A5 sheets into ring-binders; backing-up data; transmitting data to HQ.
• the cost of the electricity required to recharge the laptop battery for field work and to run the computer off the mains during administration work and input of (any) non-response data etc;

Also under admin time, you may claim ‘actual time’ spent communicating with team members throughout the field period.

In addition to this, you may claim time for each individual case:

15 minutes for cases with Full & Partial Interviews.
5 minutes for Non-responding and ineligible cases

This time is to cover coding calls and outcomes; making notes/comments; coding occupation, industry, household and personal outcomes; entering data into the non-response block of questions; entering missing data; checking identifiers on consent forms; sorting (into numerical sequence) and despatching consent forms to the office.

**NB** The times given for administration time and study time are for your guidance. If you find you are using significantly more time than suggested, you should contact your Field Manager for advice.

7.3 Claims for data transmission
Data transmission charges are charged for in the same way as ordinary telephone calls and will be included in your monthly or quarterly bills. To claim for this expense, calculate the cost of the call as you would a normal telephone call, using the information logged by the system, and enter 'data transmission' for the amount on your claim.

7.4 Response problems

If you receive two or more refusals in any one week you should telephone your Field Manager. They may be able to offer you some useful advice or may simply reaffirm that you have taken all possible courses of action to try to turn the situation around.

7.5 General problems

Situations may arise which are not addressed in these instructions. In such cases you should ring the field office, via the SEL for advice.

7.6 Training Cases

Training cases are for the sole purpose of practising the completion of an interview and examination, and to become familiar with the question wording and questionnaire routing. These are identifiable by the TRN prefix.

Under no circumstances should you use a training case to complete a live interview and examination, any attempted transmission of this work would fail and result in the data being lost down a black hole.

Any interviewer using training cases in this manner, will be asked to make a note of all the answers given and then to manually re-key the data onto the correct case.

7.7 Transposed serial numbers

When you commence an interview you must be careful to open the correct case and before proceeding the address must be checked and confirmed with the respondent. Failure to do this can result in the interview details being recorded against the wrong address.

Should you complete an interview on the wrong address then you must do a straight swap between this case and the one you should have used, you must also notify Field Office immediately so that they can arrange for the cases to be corrected following transmission.

When returning to complete the dental examinations you must also be sure to access the correct case. Any errors at this point would result in mismatched data which can only be corrected by manually noting all answers from the dental exam, and re-keying them onto the correct case.
7.8 **Backing-up Work**

The `<F2>` key, when pressed will save the data as it stands up to that point. Always use this facility if you have any worries or concerns with the power supply to your laptop, or the fittings of your adaptor and mains lead. In these instances, you should use the `<F2>` key intermittently during the course of the interview.

You must always back up your day’s work when you get home and before transmitting any cases to the office.

7.9 **Transmitting work**

Before transmitting, you should ensure all cases are updated.

- Ensure that you have fully completed the Admin Block on all complete.
- Ensure that Hstatus is updated on cases where any calls or work have been undertaken e.g. appointment made, interview started.

You should also complete timesheets for your work and expense claims using TaXI at least once a week (when working).

7.10 **Inappropriate comments**

There are strict rules regarding what may be included in any notes made – be it in the case on the laptop or in your written notebook.

The following instructions must be applied strictly when making any notes:

- Do not enter any information that would cause offence or concern if the respondent or any other person saw it.
- Only a verbatim record of information supplied by the respondent, or completely factual information about the location of a difficult or incomplete address, may be entered.
- You must never enter anything that would identify the actual address, household or individual.
- Do not enter any information received third-hand, such as from a neighbour or even by another member of the household.
- Comments about availability should be presented only as information on the "best time to call." You should never indicate times and dates when the respondent will be unavailable or only available.
• Never enter information or judgements that may be interpreted as showing the respondent in a bad light. Do not comment on drinking, drugs, illegal activity, or behaviour that reflects badly on the individual, household or address.
• Never enter information or judgements on the personal circumstances of a respondent. No reference may be made to ethnicity, mental or physical disabilities, sexual orientation, and monetary or benefit status, with notes.
• Do not provide any information on reasons for refusal beyond the allocated code.

7.11 Sundays and public holidays

Normal working days are Monday to Saturday. Appointments and your work should therefore be contained within these days.

Permission to work on Sundays should be regarded as exceptional. If a respondent requests a Sunday appointment, you should always try to see whether another day would be possible during the Field Period.

If all other options have been exhausted and the respondent still insists on a Sunday appointment, you should consult with your Field Manager before agreeing to their request.

Whilst permission for Sunday working can be granted in exceptional circumstances, dentist availability means that this does not extend to the dental examination, just the interview.
CHAPTER 8 – STATIONERY

8.1 Stationery

You will be supplied with a full set of materials before you begin work. This pack includes:

- Covering Letter;
- 15 Blank ADHS Advance Letters;
- 60 ADHS General Purpose leaflets
- 60 Dental Examination Purpose leaflets;
- 5 Pads of 25 Consent to Examination forms;
- 5 Pads of 25 Consent to Data linkage forms;
- 40 Dental examination feedback letters A and B;
- 30 Dental examination feedback letters C and C2;
- 5 Consent to contact GP forms;
- 4 Serious pathology – letter D;
- No Consent to GP Information Letter E1
- No GP Information Letter E2
- 4 Oral lesion report forms;
- 2 Pre-Paid envelopes for returning Consent forms;
- Kish grid.

Under separate cover Allocations will send:

- Address list;
- A5 Address sheets;

If any items are missing from the materials pack or you start to run short of supplies, please place an order with the Survey Support Team (SST) via the Survey Enquiry line.

Please note that the advance letter and all survey specific documentation will be translated into Welsh for sampled addresses in Wales.

Please see Appendix C for examples of the ADHS documents.
CHAPTER 9 - RESPONDENT CAPACITY

Please read this chapter carefully and if you work on Life Opportunities Survey (LOS), don’t assume the procedure is the same. LOS includes those who cannot provide informed consent, as they are measuring the incidence of disability. ADHS excludes them, on the basis that participation in a survey and dental examination would be an unreasonable burden.

9.1 Assessing respondent capacity

Individuals within the household selected for interview that do not have the capacity to provide you with consent to take part in the survey should be treated as ineligible for the survey.

The same applies at the point of collecting written consent to the follow up dental examination.

Please note: this is not the same as excluding all people from vulnerable groups (e.g. those with a specific learning difficulty) from taking part in the survey. We want people from such groups to be able to take part if possible, as long as informed consent can be provided.

9.2 Coding out individuals and Households

At the individual level, any respondent who lacks capacity will be treated as ineligible for ADHS. An additional code at the individual outcome variable IOut3 in the survey admin has been included to cater for this. The individual outcome codes will be two digits for ADHS, this is to allow Research to better group together codes for analysis purposes.

The code for those individuals who lack capacity at IOut3 is 41 ‘No interview – ineligible (mentally incapable)’. The full list of codes is at Appendix B.

However at the Household level there are differences depending on the circumstances as to how the Household will be coded.

At a household where all respondents lack capacity the Household would not be treated as ineligible. Where this household situation occurs the household should be

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6 As Ineligible households describe addresses that are not suitable for a household survey, rather than the characteristics of the residents. The exception is if the address is a communal establishment, e.g. a care home, in which case it would be coded as ineligible.
coded out as a circumstantial refusal 530 at HOut (Physically or mentally unable/incompetent). Therefore the key admin block codes would be as follows

Outsum = 1  
Nonsum = 3  
Othr1 = 3

A check will be included in the blaise to ensure that where IOut3 = 41 is used for all residents the admin block is coded accordingly.

At a Household where one adult lacks capacity but another takes part, the household will still be productive.

9.3 What is meant by ‘mental capacity’?

‘Capacity’ refers to the person’s mental capacity.

Mental capacity refers to a person’s ability to make a decision.

This refers to any decision – whether to get up in the morning, what to wear or whether to go to the doctor when feeling ill – as well as more serious or significant decisions, for example, decisions that have legal consequences, like having medical treatment, buying goods or making a will.

For our purpose it relates to making an informed decision about whether to participate in the survey.

9.4 What does ‘lack capacity’ mean and why is it important?

Section 2(1) of the Mental Capacity Act 2005 (MCA) states that:

“For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.”

This means that a person lacks capacity if:

- They have an impairment or disturbance (for example, a disability, condition or trauma) that affects the way their mind or brain works, and;
- The impairment or disturbance means that they are unable to make a specific decision at the time it needs to be made.

It should be noted that the impairment or disturbance does not have to be permanent. A person can lack capacity to make a decision at the time it needs to be made even if:

- the loss of capacity is partial;
• the loss of capacity is temporary;
• their capacity changes over time.

9.5 How to assess if a respondent lacks capacity?

You should assess whether the respondent lacks capacity before starting the interview.

The MCA states that the starting point must be to assume the respondent has the capacity to make a specific decision. Some people may require help to be able to make or communicate a decision. However, this does not necessarily mean that they lack capacity to do so. What matters is their ability to carry out the processes involved in making the decision.

The MCA also states that an assessment on whether a person lacks capacity should never be based simply on:

• their age;
• their appearance;
• assumptions about their condition, or;
• any aspect of their behaviour.

The word appearance is used because it covers all aspects of the way that people look, for example it includes the physical characteristics of certain conditions (scars, features linked to Down’s syndrome or muscle spasms caused by cerebral palsy) as well as aspects of appearance like skin colour, tattoos, and body piercing, or the way people dress (including religious dress).

The word ‘condition’ is also wide-ranging. It includes physical disabilities, learning difficulties and disabilities, illness related to age, and temporary conditions (for example drunkenness or unconsciousness). Aspects of behaviour might include extrovert (for example shouting or gesticulating) and withdrawn behaviour (for example talking to yourself or avoiding eye contact).

The emphasis on this guidance is about treating everybody equally.

There are two stages in assessing whether a respondent lacks capacity. If the conditions of both stages are met, then you should consider the respondent to lack capacity.

Stage 1) Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain?

Examples of an impairment or disturbance in the functioning of the mind or brain may include the following:

• Conditions associated with some forms of mental illness;
• Dementia;
• Significant learning disabilities;
• The long-term effects of brain damage;
• Physical or medical conditions that cause confusion, drowsiness or loss of consciousness;
• Delirium;
• Concussion following a head injury, and;
• The symptoms of alcohol or drug abuse.

Stage 2) Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

Stage 2 can only apply if all practical and appropriate support to help the person make the decision has failed.

For a person to lack capacity to make a decision, the Act says their impairment or disturbance must affect their ability to make the specific decision when they need to. But first people must be given all practical and appropriate support to help them make the decision for themselves. This support might include the use of non-verbal communication such as signers (for sign language) or perhaps the use of an interpreter. What does the Act mean by ‘inability to make a decision’?

A person is unable to make a decision if they cannot do any one of the following:

A) Understand information about the decision to be made.

It is important not to assess someone’s understanding before they have been given relevant information about a decision. You should provide respondents with information about the survey. You should make every effort to provide this information in a way that is most appropriate to help the respondent to understand. For example, a respondent with a learning difficulty may need you to read the purpose leaflet to them.

B) Retain that information in their mind.

The respondent must be able to hold the information in their mind long enough to make an effective decision.

C) Use or weigh that information as part of the decision making process.

For someone to have capacity, they must have the ability to weigh up information and use it to arrive at a decision. Sometimes people can understand information but an impairment or disturbance stops them using it. In other cases, the impairment or disturbance leads to a person making a specific decision without understanding or using the information they have been given.

For example some respondents who have serious brain damage might make impulsive decisions regardless of information they have been given or their understanding of it.
D) Communicate their decision (by talking, using sign language or any other means).

According to the MCA, if a respondent cannot communicate their decision in any way at all, they should be treated as if they are unable to make that decision. As mentioned previously, before arriving at this conclusion you should ensure that all practical efforts to make communication have been explored, for example the use of signers.

9.6 What to do when a respondent lacks capacity?

If a respondent is unable to perform any one of these four tasks, then they are unable to make a decision. If this is the case, you should treat them as ineligible for the survey.

If a respondent meets the criteria under stage 1 and stage 2 then you should assess them as lacking capacity to provide informed consent, and the person should be considered ineligible for the survey.

Note that because ‘capacity’ can change over a short period of time, particularly (but not exclusively) if the condition causing incapacity is associated with alcohol or drug consumption, then the respondent’s capacity could change during the course of the interview, or between the interview and the follow up examination.

If you identify that this is the case, you should withdraw and consult Field Office about whether it is appropriate to return on another date.
APPENDIX A: CODING THE DENTAL EXAMINATION (INCLUDING DEFINITIONS OF DENTAL TERMS)

1. Introduction
This is a summary of the content and purpose of each part of the dental examination.

The mouth divides into upper and lower jaws, right and left sides. Adults normally have 32 teeth. In each quarter of the mouth, starting in the middle and working backwards, there are two incisors (front teeth), one canine, two pre-molars and three molars. (The third molar, nearest the back of the mouth, is a wisdom tooth and may not be visible.)

The examination refers to teeth using systematic codes, indicating the quarter (quadrant) of the mouth (UR, UL, LL, LR) and a number from 1 (middle incisor) to 8 (rear molar).

2. Condition of tooth surfaces
The first part of the examination looks at each tooth in turn, starting with the rear right molar (UR8) and continuing round the upper teeth to the rear left molar (UL8), then on to the lower teeth, starting at the rear left molar (LL8) and continuing to the rear right molar (LR8). For each tooth, the following things are coded.
<table>
<thead>
<tr>
<th>Variable PL</th>
<th>Code called by the examiner</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the natural tooth is present...</td>
<td>is there plaque?</td>
<td>P</td>
</tr>
<tr>
<td>or is it clean?</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>If the natural tooth is absent, what is there instead?</td>
<td>nothing (tooth missing)</td>
<td>M</td>
</tr>
<tr>
<td>adhesive bridge pontic?</td>
<td>A</td>
<td>A false tooth kept in place by permanent adhesive fixing to adjoining teeth.</td>
</tr>
<tr>
<td>conventional bridge pontic or implant pontic?</td>
<td>B</td>
<td>A fixed false tooth anchored to new crowns on adjoining teeth or to adjoining implants.</td>
</tr>
<tr>
<td>implant</td>
<td>T</td>
<td>A false tooth fixed to a titanium post anchored in the bone of the jaw.</td>
</tr>
</tbody>
</table>

For each tooth that is present (codes P or C), the examiner then codes the condition of five surfaces: the distal (surface nearest the back of the mouth), occlusal (the top or biting surface), mesial (the surface nearest to the front or midline of the mouth), buccal (the side closest to the cheek), and lingual or palatal (the side closest to the tongue).

<table>
<thead>
<tr>
<th>Variables D, OI, M, B, L</th>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>sound</td>
<td>0 (zero)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amalgam filling</td>
<td>F</td>
<td>A grey filling made of mercury amalgam.</td>
<td>Needs follow-up code</td>
</tr>
<tr>
<td>full crown</td>
<td>K</td>
<td>A ceramic, metal or other restoration covering the original tooth, also known as a cap.</td>
<td>Needs follow-up code</td>
</tr>
<tr>
<td>intracoronal restoration</td>
<td>R</td>
<td>Another type of filling</td>
<td>Needs follow-up code</td>
</tr>
<tr>
<td>Visual Dentine Caries</td>
<td>4</td>
<td>Visible decay on the surface of the tooth</td>
<td>Dentine is the layer of tissue in the tooth between the hard outer enamel and the soft, sensitive pulp.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---</td>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Distinct Cavity with Visible Dentine</td>
<td>5</td>
<td>Less serious cavity (hole in tooth due to decay)</td>
<td></td>
</tr>
<tr>
<td>Extensive Cavity with Visible Dentine</td>
<td>6</td>
<td>More serious cavity (hole in tooth due to decay)</td>
<td></td>
</tr>
<tr>
<td>Veneers, Shims</td>
<td>V</td>
<td>Thin artificial layers applied to the surface of a tooth to improve its colour or shape.</td>
<td>Needs follow-up code</td>
</tr>
<tr>
<td>Sealants</td>
<td>X</td>
<td>Plastic coverings applied to protect teeth from decay.</td>
<td>Needs follow-up code</td>
</tr>
<tr>
<td>Not Possible to Code</td>
<td>9</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>All Surfaces Sound</td>
<td>Q</td>
<td>-</td>
<td>Shortcut that automatically codes all five surfaces of the tooth.</td>
</tr>
</tbody>
</table>

If there is a restoration (filling, crown, veneer or sealant), the examiner should call a follow-up code.

<table>
<thead>
<tr>
<th>Variables DM, OM, MM, BM, LM</th>
<th>Code Called by the Examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sound</td>
<td>0 (zero)</td>
<td>As above.</td>
<td>Decay as well as the restoration.</td>
</tr>
<tr>
<td>Visual Dentine Caries</td>
<td>4</td>
<td>As above.</td>
<td>Decay as well as the restoration.</td>
</tr>
<tr>
<td>Distinct Cavity with Visible Dentine</td>
<td>5</td>
<td>As above.</td>
<td>Decay as well as the restoration.</td>
</tr>
<tr>
<td>Extensive Cavity with Visible Dentine</td>
<td>6</td>
<td>As above.</td>
<td>Decay as well as the restoration.</td>
</tr>
<tr>
<td>Failed Restoration</td>
<td>Y</td>
<td>There is a problem with the restoration (e.g. it is broken or cracked), but no underlying decay.</td>
<td></td>
</tr>
</tbody>
</table>
3. **Condition of root surfaces**

The next part of the examination looks again at each tooth in turn, starting with the rear right molar (UR8) and continuing round the upper teeth to the rear left molar (UL8), then on to the lower teeth, starting at the rear left molar (LL8) and continuing to the rear right molar (LR8). This time the examiner codes the condition of the root of each tooth.

If a tooth was coded as missing at PL (see above), it will automatically show as missing in this part of the examination.

<table>
<thead>
<tr>
<th>Variable Root</th>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>exposed root surface</td>
<td>0 (zero)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no exposed root surface</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amalgam restoration</td>
<td>F</td>
<td>Restoration=filling</td>
<td>Needs follow-up code</td>
</tr>
<tr>
<td>other restoration</td>
<td>R</td>
<td></td>
<td>Needs follow-up code</td>
</tr>
<tr>
<td>caries (active)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hard arrested decay</td>
<td>H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>extensive cavity</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>worn to a depth of 2mm or more</td>
<td>W</td>
<td></td>
<td></td>
</tr>
<tr>
<td>not possible to code</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If there is a filling (codes F or R), the examiner should call out a follow-up code.

<table>
<thead>
<tr>
<th>Variable RootM</th>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>sound</td>
<td>0 (zero)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recurrent caries (no cavitation)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hard arrested decay</td>
<td>H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>extensive cavity</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>failed restoration</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Tooth wear**

In this part, the examiner records the degree to which teeth surfaces have become worn. This part of the examination looks at the front teeth only: for each quadrant, teeth 1 and 2 (incisors) and 3 (canines). Wear initially affects the **enamel** (the hard shiny surface layer of the tooth). As it progresses, it may expose the **dentine** (the next layer of tissue in the tooth) or the **pulp** (the soft, sensitive inner tissue).

For the upper teeth, three surfaces are coded: the buccal (lip side), incisal (biting surface) and lingual/palatal (tongue side). For the lower teeth, the examiner looks at all
three surfaces but calls out a single code for the worst one. Most of these codes stay the same for each surface coded, but there are a couple of codes which are described slightly differently according to what is being coded.

As in the root examination, if a tooth was earlier coded as missing, the CAPI will automatically show it as missing in this part of the examination.

<table>
<thead>
<tr>
<th>Variables T\text{WearB}, T\text{WearI}, T\text{WearL}</th>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>sound</td>
<td>0 (zero)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss of enamel</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss of enamel exposing dentine on 1/3 of surface</td>
<td>2</td>
<td>Buccal and lingual surfaces on upper teeth, and lower tooth summary code (T\text{WearB}, T\text{WearL})</td>
<td></td>
</tr>
<tr>
<td>loss of enamel and extensive loss of dentine</td>
<td>2</td>
<td>Incisal (biting) surfaces (T\text{WearI})</td>
<td></td>
</tr>
<tr>
<td>complete loss of enamel/pulp exposure/exposure of secondary dentine</td>
<td>3</td>
<td>Buccal and lingual surfaces on upper teeth, and lower tooth summary code (T\text{WearB}, T\text{WearL})</td>
<td></td>
</tr>
<tr>
<td>pulp exposure/exposure of secondary dentine</td>
<td>3</td>
<td>Incisal (biting) surfaces (T\text{WearI})</td>
<td></td>
</tr>
<tr>
<td>fractured tooth</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unscorable &gt;75% of surface obscured</td>
<td>9</td>
<td>For example, where there is a crown or large filling.</td>
<td></td>
</tr>
</tbody>
</table>

4b. **Basic Erosive Wear Exam (BEWE) – West Midlands SHA only**
A subsample of cases will include this part of the examination; it will come up automatically in the CAPI if applicable and the interviewer and examiner will know in advance if necessary.

The BEWE codes wear in the mouth by **sextant** – in order: upper right molars and premolars (UR8 to UR4); upper canines and incisors (UR3 to UL3); upper left premolars and molars (UL4 to UL8); lower left molars and premolars (LL8 to LL4); lower canines and incisors (LL3 to LR3); and lower right premolars and molars (LR4 to LR8). For each sextant, the examiner looks at all the teeth but will call one code only indicating the most severely affected surface. The dentist will not code sextants where there are fewer than two teeth, and there is a check question to record this.
### Variable Bol

<table>
<thead>
<tr>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>sound, no surface loss</td>
<td>0 (zero)</td>
<td></td>
</tr>
<tr>
<td>loss of enamel</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>distinct defect, hard tissue loss &lt;50% of surface</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hard tissue loss &gt;50% of surface</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>unscorable</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

(The CAPI produces a summary BEWE score by adding together the six individual scores.)

### 5. Contacts

The examiner checks each side of the mouth and records whether the upper and lower teeth meet in a **functional contact**, in other words, when the back teeth are closed normally, do the upper and lower teeth meet? Contacts are coded for the right premolars (upper and lower teeth 4 and 5), right molars (upper and lower teeth 6 to 8), left premolars (upper and lower teeth 4 and 5), and left molars (upper and lower teeth 6 to 8). Each segment is coded either 1 (contact) or 0 (no contact).

### 6. Spaces

Spaces are not the same as missing teeth; sometimes, if one or more teeth are missing, adjoining teeth may move into the gap. Because of this, if a tooth was earlier coded as missing, it will **not** automatically show as missing in this part of the examination.

The examiner looks at the positions of front five teeth in each quadrant (incisors, canines, and premolars), starting at the middle and working out in this order: UR1 to UR5; UL1 to UL5; LL1 to LL5; LR1 to LR5. The codes indicate the presence of natural teeth, gaps and the presence of false teeth (implants, dentures or bridges).

<table>
<thead>
<tr>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>no space</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>implant retained restoration replaces tooth so no space</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>space equal to or more than half the size of the expected tooth</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>space restored by a</td>
<td>D</td>
<td>Removable</td>
</tr>
</tbody>
</table>
7. Dentures
In this part of the examination the interviewer asks the dentist a series of questions to check whether the respondent wears dentures and, if so, some background information about their type and condition.

8. PUFA index
PUFA stands for Pulp, Ulceration, Fistula, Abscess. The examiner starts by asking “Do you have any problems or pain in your mouth at the moment?” and you code the response as either 0 (no pain or problem) or 1 (pain and/or problem).

For each of the four PUFA symptoms, the examiner looks for lesions – damaged tissue or injury:
- open pulp in any teeth
- obvious ulceration within mouth
- fistula in any teeth (a fistula is a passage from an area of infection such as an abscess to the surface of the gum)
- abscess in any teeth (an abscess is lump containing pus caused by infection)

<table>
<thead>
<tr>
<th>Variables Pulp, Ulc, Fist, Absc</th>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>no lesions evident</td>
<td>0</td>
<td>no lesions evident</td>
<td></td>
</tr>
<tr>
<td>single lesion</td>
<td>1</td>
<td>single lesion</td>
<td></td>
</tr>
<tr>
<td>two or more lesions</td>
<td>2</td>
<td>two or more lesions</td>
<td></td>
</tr>
</tbody>
</table>

(The CAPI produces a summary PUFA score by adding together the five individual scores.)

9. Periodontal examination
This part of the examination looks at the condition of the tissues that support the teeth. The teeth are assessed by sextant. The sextants are, in order: upper right molars and premolars (UR8 to UR4); upper canines and incisors (UR3 to UL3); upper left premolars and molars (UL4 to UL8); lower left molars and premolars (LL8 to LL4); lower canines and incisors (LL3 to LR3); and lower right premolars and molars (LR4 to LR8).

The examiner checks and measures pockets between the teeth and gums, and records the presence of calculus (hardened dental plaque that cannot be removed by brushing) and bleeding from the gums. For respondents aged 55 and over, the examiner also records loss of attachment (where pockets have become established, so that the gum has permanently parted from the teeth). Within each sextant, the examiner looks at two surfaces per tooth but will call one code only indicating the most severely affected within the sextant. The three or four codes are called for each
sextant in turn. The dentist will not code sextants where there are fewer than two teeth, and there is a check question to record this.

<table>
<thead>
<tr>
<th>Variables Pocket, LOA</th>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to 3.5mm</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 – 5.5mm</td>
<td>1</td>
<td>as above</td>
<td></td>
</tr>
<tr>
<td>6-8.5mm</td>
<td>2</td>
<td>as above</td>
<td></td>
</tr>
<tr>
<td>9+mm</td>
<td>3</td>
<td>as above</td>
<td></td>
</tr>
<tr>
<td>unscorable</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variables Calc, Bleed</th>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>absent</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>present</td>
<td>1</td>
<td>as above</td>
<td></td>
</tr>
<tr>
<td>unscorable</td>
<td>9</td>
<td>Calc only</td>
<td></td>
</tr>
</tbody>
</table>

9a. Basic Periodontal Examination (BPE) – South Central SHA only

A subsample of cases will include this part of the examination; it will come up automatically in the CAPI if applicable and the interviewer and examiner will know in advance if necessary.

The examiner will carry out assessment of additional surfaces on each tooth, but calls out one additional code only per sextant; this summarises the condition of the worst tooth in the sextant, taking into account pocketing, calculus and bleeding.

<table>
<thead>
<tr>
<th>Variable BPE</th>
<th>Code called by the examiner</th>
<th>Definition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>no bleeding or pocketing</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bleeding on probing – no pocketing &gt;3.5mm</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>plaque retentive factors present – no pocketing &gt;3.5mm</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pockets &gt; 3.5mm &lt; 5.5mm deep</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pockets &gt; 5.5mm deep</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(The CAPI produces a summary BPE score by adding together the six individual scores.)
APPENDIX B: ADHS OUTCOME CODES

The ADHS outcome codes differ slightly from other ONS surveys due to the two stage design of this survey. Summary of changes:

1. The ADHS uses a more detailed breakdown of individual outcomes within the household in a variable called IOut3. The questionnaire program maps this data onto the standard individual outcome variable IOut1, which is used to compute full and partially productive household outcome codes.

   List of Individual outcomes for ADH

   **Individual outcomes for ADH**

<table>
<thead>
<tr>
<th>Code</th>
<th>IOut3 (ADH specific)</th>
<th>Code</th>
<th>IOut1</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Full interview and full dental exam</td>
<td>1</td>
<td>Full interview</td>
</tr>
<tr>
<td></td>
<td>Interview only - ineligible for dental exam (no natural teeth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Interview only - partial dental exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Interview only - refused permission for exam during interview</td>
<td>2</td>
<td>Partial Interview</td>
</tr>
<tr>
<td>22</td>
<td>Interview only - refused permission for exam when examiner present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Interview only - no contact for exam after giving consent (inc. broken appointments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Interview only - other unproductive for exam after giving consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Interview only - other unproductive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Partial interview only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>No interview - ineligible (mentally incapable)</td>
<td>4</td>
<td>Ineligible</td>
</tr>
<tr>
<td>42</td>
<td>No interview - ineligible (under 16)</td>
<td>3</td>
<td>No interview age below 16</td>
</tr>
<tr>
<td>43</td>
<td>No interview - refusal (inc. broken appointment, no recontact)</td>
<td>5</td>
<td>Refusal</td>
</tr>
<tr>
<td>44</td>
<td>No interview - non contact</td>
<td>6</td>
<td>Non contact</td>
</tr>
<tr>
<td>45</td>
<td>No interview - other unproductive</td>
<td>5</td>
<td>Refusal</td>
</tr>
</tbody>
</table>

Note: For ADHS, IOut1 is computed and IOut3 is manually coded

2. Ineligible outcome codes changed from 700 range to 800 range.

3. Unknown eligibility codes split between unknown eligibility – non contact (remaining in 600 range, question Uncer1) and Unknown eligibility – contact (700 range, question Uncer2). There is a new filter question called UnCntct to differentiate between contacted and uncontacted addresses (used to route Uncer1 and Uncer2). Codes in Uncer1 and Uncer2 revised.

4. Addition of ‘other – please specify’ code to ineligibles, both unknown eligibility and circumstantial refusal categories, with follow up fields to describe the non response.
5. Partial code 214 is now 219. Code 211 will be computed if none of the other full and partial productive codes are computed and IndCheck = Yes (done some interviewing).

6. Other changes:
   - Removed one code and added one code to Ref3 (reason for refusal).
   - Removed code 3 from NonCl (reason for non contact). No longer need a code 330, the old code 3 is now counted under code 2 (code 320).
   - Minor change to wording of codes 1 and 4 in Othr1 (circumstantial refusals).
   - Amended ineligible codes at Inelig1.
   - Codes 561 and 562 now 591 and 592, but the meaning of the codes has not changed.

List of ADHS Household outcome codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complete interview</td>
</tr>
<tr>
<td>110</td>
<td>Complete interview by target respondent(s)</td>
</tr>
<tr>
<td>2</td>
<td>Partial interview</td>
</tr>
<tr>
<td>211</td>
<td>Partial household interview</td>
</tr>
<tr>
<td>212</td>
<td>Household interview but non contact with one or more elements</td>
</tr>
<tr>
<td>213</td>
<td>Household interview but either refusal or incomplete interview by one or more elements (all elements contacted)</td>
</tr>
<tr>
<td>219</td>
<td>Other partial interview by target respondent(s)</td>
</tr>
<tr>
<td>3</td>
<td>Non Contact</td>
</tr>
<tr>
<td>310</td>
<td>No contact with anyone at the address</td>
</tr>
<tr>
<td>320</td>
<td>Contact made at the address, but not with target respondent(s)</td>
</tr>
<tr>
<td>4</td>
<td>Refusal</td>
</tr>
<tr>
<td>410</td>
<td>Office refusal</td>
</tr>
<tr>
<td>421</td>
<td>Information refused about number of dwellings at</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>422</td>
<td>Information refused that would allow identification of target respondent(s) within household</td>
</tr>
<tr>
<td>428</td>
<td>Contact made at (selected) dwelling unit, but information refused about number of households</td>
</tr>
<tr>
<td>431</td>
<td>Refusal by target respondent(s)</td>
</tr>
<tr>
<td>432</td>
<td>Refusal by proxy</td>
</tr>
<tr>
<td>440</td>
<td>Refusal during interview</td>
</tr>
<tr>
<td>450</td>
<td>Broken appointment, no re-contact</td>
</tr>
<tr>
<td>5</td>
<td>Other Non-Response</td>
</tr>
<tr>
<td>510</td>
<td>Ill at home during field period</td>
</tr>
<tr>
<td>520</td>
<td>Away/in hospital throughout field period</td>
</tr>
<tr>
<td>530</td>
<td>Physically or mentally unable/incompetent</td>
</tr>
<tr>
<td>540</td>
<td>Language difficulties/barrier</td>
</tr>
<tr>
<td>550</td>
<td>Lost interview</td>
</tr>
<tr>
<td>591</td>
<td>Full interview achieved but respondent requested data be deleted</td>
</tr>
<tr>
<td>592</td>
<td>Partial interview achieved but respondent requested data be deleted</td>
</tr>
<tr>
<td>599</td>
<td>Unproductive for some other reason (please specify)</td>
</tr>
<tr>
<td>6</td>
<td>Unknown eligibility; non-contact</td>
</tr>
<tr>
<td>611</td>
<td>Not issued to an interviewer (HQ use only)</td>
</tr>
<tr>
<td>612</td>
<td>Issued but not attempted</td>
</tr>
<tr>
<td>620</td>
<td>Inaccessible</td>
</tr>
<tr>
<td>630</td>
<td>Unable to locate address</td>
</tr>
<tr>
<td>640</td>
<td>Unknown whether address is residential due to non-contact</td>
</tr>
<tr>
<td>650</td>
<td>Residential - unknown if eligible person(s) due to non-contact</td>
</tr>
<tr>
<td>690</td>
<td>Other unknown eligibility, non-contact (please specify)</td>
</tr>
<tr>
<td>7</td>
<td>Unknown Eligibility; Contact</td>
</tr>
<tr>
<td>710</td>
<td>Unknown if residential; information was refused</td>
</tr>
<tr>
<td>720</td>
<td>Unknown if residential; contact made but not with someone who can confirm presence of a resident household</td>
</tr>
<tr>
<td>730</td>
<td>Residential address; unable to confirm eligibility of resident(s) because information was refused</td>
</tr>
<tr>
<td>740</td>
<td>Residential address; unable to confirm eligibility of resident(s) due to lack of knowledge</td>
</tr>
<tr>
<td>750</td>
<td>Residential address; unable to confirm eligibility of resident(s) due to a language barrier</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>790</td>
<td>Other unknown eligibility, contact (please specify)</td>
</tr>
<tr>
<td>8</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>810</td>
<td>Not yet built/under construction</td>
</tr>
<tr>
<td>820</td>
<td>Demolished/derelict</td>
</tr>
<tr>
<td>830</td>
<td>Vacant/empty</td>
</tr>
<tr>
<td>840</td>
<td>Non-residential</td>
</tr>
<tr>
<td>850</td>
<td>Address occupied, but no resident household</td>
</tr>
<tr>
<td>860</td>
<td>Communal establishment/institution</td>
</tr>
<tr>
<td>880</td>
<td>Directed not to sample at address /Withdrawn by HQ</td>
</tr>
<tr>
<td>890</td>
<td>Other ineligible (please specify)</td>
</tr>
</tbody>
</table>
Dear Resident(s)

I am writing to ask for your help with the Adult Dental Health Survey.

This national survey collects information every ten years on the condition of people’s teeth, along with opinions on past experiences of dental care and access to dentists. The information you provide will enable us to paint a picture of adult dental health and how it has changed over time. It is being carried out in England, Wales and Northern Ireland.

The survey is being carried out by the Office for National Statistics (ONS) on behalf of the NHS Information Centre for Health and Social Care. ONS is the government department responsible for collecting information and publishing statistics on almost all aspects of life in the UK. We also carry out the ten-yearly census in England and Wales.

Your address has been selected at random from the Royal Mail’s list of addresses. Your participation in this survey is very important in ensuring that all groups in the community are properly represented. The information you provide will be treated in complete confidence.

One of our interviewers will contact you to conduct the survey and provide further information. If you are busy when they visit, the interviewer will be happy to arrange a more convenient time to suit you. All our interviewers carry an official identification card that includes their photograph and the ONS logo. Please ask to see this.

If you have any further questions, please call our Survey Enquiry Line on 0800 298 5313. Opening times are Monday to Thursday – 9am to 9pm; Friday – 9am to 8pm; and Saturday – 9am to 1pm.

Thank you for your help.

Yours faithfully

Jil Matheson
National Statistician
The ADHS General Survey Purpose Leaflet

Why your help is important
This leaflet answers some of the questions you may have about taking part in the survey.

Who are we?
The Office for National Statistics (ONS) is the government’s largest producer of statistics.

We compile independent information about the UK’s society and economy which provides evidence for policy and decision making, and for directing resources to where they are needed most. The 10-yearly census, measures of inflation, the National Accounts, and population and migration statistics are some of our most high-profile outputs.

What is the survey about?
This is the fifth in a series of dental surveys carried out every ten years. It investigates people’s dental health and their experiences of dental care, including access to dental services. The survey consists of two parts: an interview, and a short, painless, dental examination. The survey has been approved by the Oxford Research Ethics Committee B (09/H0605/50).

Why is the survey important?
The survey provides high quality information on the dental health of the population. Information collected will be used to monitor the extent to which government dental health targets are being met, and to help health authorities effectively plan local dental health services.

Results from the latest survey will also be compared with those from previous surveys allowing for changes in dental health over time to be understood.

Our survey partners
ONS are carrying out this study with the National Centre for Social Research and the Northern Ireland Statistics and Research Agency, on behalf of The NHS Information Centre for health and social care. Information from the survey will be shared among these organisations. The survey team also includes dental experts from the Universities of Birmingham, Cardiff, Dundee, Newcastle, and University College London.

Who uses the results?
A number of government departments will use the results, as will local health authorities. Survey information may also be shared with researchers who are viewed by ONS as fit to carry out suitable research.

Here is one example of the type of results produced from the information collected. The chart shows how dental health in terms of tooth loss improved between 1978 and 1998.
Publications based on the research data will be made available on the ONS website (www.ons.gov.uk) from the end of 2010.

**Why did we choose you?**
As it is not possible to ask everyone to take part in the survey, a sample of addresses is selected to represent the entire country. Your address is one of these and was selected at random from a list of private addresses held by the Post Office.

You are important for the survey because the random sample is a cross-section of the community. We are interested in people from all age groups and all parts of the country, whether families or those who live on their own.

Participation in the interview and examination is voluntary, although the success of the survey depends on the goodwill and co-operation of those invited to take part. Not everybody will be asked to take part in the examination.

**Is the survey confidential?**
Yes, the information you give us will be treated as strictly confidential as directed by the Code of Practice for Official Statistics. It will be used to produce statistics that will not identify you or anyone in your household. Survey information is also provided to other approved organisations for statistical purposes only. All such statistics produced are subject to the Code and the same standards of protection are applied to your information at all times.

The NHS Information Centre would like to link your information to other NHS data sets. You do not have to agree to this; you will be asked to sign a written consent form if you do. Only your name, address and date of birth (but no other information) would be passed on to the NHS Information Centre so that they could link your data with the
NHS Central Register, or other NHS/general health databases such as the Hospital Episodes Statistics Register. This would help the NHS Information Centre follow up your health status in the future.

**Contact us**
If you have any queries about taking part in this survey, or complaints, please call our freephone Survey Enquiry Line on **0800 298 5313**. Opening times are 9am–9pm on Monday to Thursday, 9am–8pm on Friday, and 9am–1pm on Saturday.

Alternatively, you can write to:
ADH Field Office, Room 4100W
Office for National Statistics
Segensworth Road
Titchfield
Hampshire
PO15 5RR

To find out more about the Office for National Statistics, visit our website: [www.ons.gov.uk/about](http://www.ons.gov.uk/about)

Thank you for your help.
The ADHS Examination Leaflet

Adult Dental Health Survey 2009

About the dental exam

Thank you for taking part in the interview which was the first part of the study. We hope you will be able to complete the second part of the study which consists of a short dental examination. If you agree to take part, we would like our interviewer to come back to your home, accompanied by a qualified dentist, at a time to suit you.

What is this purpose of this part of the study?
During the interview, you kindly told us about your experiences and opinions in relation to your dental health, and now with your agreement, we would like to carry out a short inspection of your mouth. While the information you provided during your interview is very important to us, it is also valuable to have the results from a visual inspection of your teeth and gums.

What will happen in the dental examination?
The dentist will carry out a short visual inspection of your mouth and the interviewer will record the results on a computer. The inspection involves examining and recording the condition of your teeth and gums. The dentist will not take any x-rays or carry out any treatment. The inspection takes about 20 minutes on average.

Do I have to take part in the dental examination?
As with the first part of the survey, we rely on voluntary co-operation, which is essential if our research is to be successful. To protect your rights and to ensure that we have your considered opinion, we will ask you to sign a consent form before undertaking the examination. Even after signing, you can still withdraw your permission, or ask the dental examiner to stop, at any time.

Will I get any feedback after the dental examination?
The examination in the study is not designed to collect the sort of information on which dental treatment can be planned. It is not the same as visiting a 'high street' dentist, which is the best way of ensuring a thorough dental check-up. We cannot check the teeth as thoroughly as a dentist in a surgery, and we cannot take x-rays.

However, the dentist can tell you about the general condition of your teeth and gums, and give you a recommendation about when you should next consider going for a check up.

If the dentist observes something they would like your GP to be made aware of, we will ask for your consent for the survey's lead clinician, to contact your GP. In this case you will be asked to provide your GP contact details.

Ethical assurance
This survey has been approved by the Oxford Research Ethics Committee B (09/H0605/50), who provide independent advice to ensure research complies with
recognised ethical standards.

**Contact us**
If you have any queries about taking part in the examination or any complaints, please call our freephone Survey Enquiry Line on 0800 298 5313. Opening times are 9am–9pm on Monday to Thursday, 9am–8pm on Friday, and 9am–1pm on Saturday.

Alternatively, you can write to:
ADH Field Office, Room 4100W
Office for National Statistics
Segensworth Road
Titchfield
Hampshire
PO15 5RR

To find out more about the Office for National Statistics, visit our website:
www.ons.gov.uk/about

Produced by the Office for National Statistics on behalf of The NHS Information Centre for health and social care.

**Details of the next visit**
(interviewer to complete)

Reference number:

Appointment date:

Appointment time:

Interviewer contact details:
CONSENT FOR DENTAL EXAMINATION FORM

This survey has been approved by the Oxford Research Ethics Committee B (09/H0605/50)
To be completed by interviewer (please use capital letters and write in ink):

<table>
<thead>
<tr>
<th>QUOTA NUMBER</th>
<th>SERIAL NUMBER</th>
<th>RESPONDENT No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sex  
Male 1  
Female 2

Date of birth: DAY  MONTH  YEAR

Print participant’s name and instruct them to initial the boxes appropriate to their decision:

1. I (name) ____________________ confirm that I have read and understood the information in the Dental Examination Information Leaflet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I (name) ___________________ consent to _______________ (qualified dentist) carrying out a dental examination of my teeth, gums and dentures (where applicable) on behalf of the Adult Dental Health (ADH) survey team.

3. I have agreed to take part in this study but understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

4. I understand that the data collected during this study may be looked at by individuals from the ADH survey team where it is relevant to my taking part in this study. I give permission for these individuals to have access to these data.

5. I understand that this information will be treated in strict confidence by the survey team and will only be used for statistical research purposes.

6. I understand that I may, under certain circumstances, be asked to give consent for my GP to be contacted.

Signed ______________________________________ Date ______________ 
(To be signed by participant)

Signed ______________________________________ Date ______________ 
(To be signed by person collecting consent)

Name of person collecting consent: __________________________________________

When completed, 1 for participant; 1 for researcher
Consent to Data Linkage Form

ADULT DENTAL HEALTH SURVEY 2009
CONSENT FOR DATA LINKAGE

This survey has been approved by the Oxford Research Ethics Committee B (09/H0605/50)

To be completed by interviewer (please use capital letters and write in ink):

QUOTA NUMBER SERIAL NUMBER RESPONDENT No.

Day Month Year

Sex Male 1 Date of birth: DAY MONTH YEAR

Female 2

Print participant name and instruct them to initial the boxes appropriate to their decision:

(1) I (name) _____________________________________________ consent to allow the information I have provided in this survey to be linked to data about me held on the National Health Service Central Register or other NHS general health databases such as the Hospital Statistics register by the NHS Information Centre.

(2) I understand the ADH survey team will need to provide my personal details to the NHS Information Centre. This will allow the survey data to be matched to the correct NHS record.

(3) I understand that this information will be treated in strict confidence by the NHS Information Centre, and will be only be used for statistical research purposes. I understand that no results that identify me will ever be made available to other civil servants, local authorities, commercial organisations, the press or members of the public.

(4) I understand that I can cancel this permission at any time by writing to the Adult Dental Health survey team at the following address:

Adult Dental Health Survey, NHS Information Centre, 1 Trevelyan Square, Boar Lane Leeds, LS1 6AE

Signed ______________________________________ Date ______________
(To be signed by participant)

Signed ______________________________________ Date ______________
(To be signed by person collecting consent)

Printed name of person collecting consent: ______________________________________

When completed, 1 for participant; 1 for researcher site file
Dear

Thank you for taking part in this survey. I am able to give you some feedback about the examination if you would like.

It is important to understand that the survey is not designed to collect information on which dental treatment can be planned. The examination is not the same as visiting a high street dentist, which is the best way of ensuring a thorough dental check-up. We cannot check the teeth as thoroughly as a dentist in a surgery and we cannot take X-rays.

Having looked at your mouth today it does appear overall to be healthy, and there are no teeth that obviously require urgent attention. However, current evidence-based guidance suggests that you should see a dentist for a complete check-up at least once every two years. If you have not seen a dentist within the last two years you should do so in the coming months.

Yours sincerely,

Adult Dental Health Survey Dentist

This survey was approved by the Oxford Research Ethics Committee B (reference 09/H0605/50)
Dear

Thank you for taking part in this survey. I am able to give you some feedback about the examination if you would like.

It is important to understand that the survey is not designed to collect information on which dental treatment can be planned. The examination is not the same as visiting a high street dentist which is the best way of ensuring a thorough dental check-up. We cannot check the teeth as thoroughly as a dentist in a surgery and we cannot take X-rays.

Having looked at your mouth today there are no teeth that require urgent attention, but I think you would benefit from a thorough check-up. I would recommend that you organise an appointment with a dentist within the next couple of months.

Yours sincerely,

Adult Dental Health Survey Dentist

This survey was approved by the Oxford Research Ethics Committee B (reference 09/H0605/50)
Dear

Thank you for taking part in this survey. I am able to give you some feedback about the examination if you would like.

It is important to understand that the survey is not designed to collect information on which dental treatment can be planned. We are not in a dental surgery, so we do not have access to air (to dry the teeth) or radiographs (to help us see beyond a clinical examination in some areas). The examination is not the same as visiting a general dental practitioner which is the best way of ensuring a thorough dental check-up.

Having looked at your mouth there are some teeth that would benefit from a closer inspection and I would recommend that you make an appointment to see a dentist in the next couple of weeks.

Yours sincerely,

Adult Dental Health Survey Dentist

This survey was approved by the Oxford Research Ethics Committee B (reference 09/H0605/50)
Dear

Thank you for taking part in this survey. I am able to give you some feedback about the examination if you would like.

It is important to understand that the survey is not designed to collect the sort of information on which dental treatment can be planned. We are not in a dental surgery so we do not have access to air (to dry the teeth) or radiographs (to help us see beyond a clinical examination in some areas). The examination is not the same as visiting a general dental practitioner which is the best way of ensuring a thorough dental check-up.

On the basis that you said you were having pain from your mouth you should arrange to see a dentist in the next couple of weeks.

Yours sincerely,

Adult Dental Health Survey Dentist

This survey was approved by the Oxford Research Ethics Committee B (reference 09/H0605/50)
Consent to contact GP Form

ADULT DENTAL HEALTH SURVEY 2009

GP CONSENT FORM

This survey has been approved by the Oxford Research Ethics Committee B (09/H0605/50)

Dental examiner to complete (please use capital letters and write in ink):

QUOTA NUMBER SERIAL NUMBER RESPONDENT No.

Sex Male 1 Date of birth: DAY MONTH YEAR
Female 2

Print participant’s name and instruct them to initial the box appropriate to their decision:

1. I (name) _____________________________________________ consent to the Adult Dental Health (ADH) survey team informing my General Practitioner (GP) of any findings from the dental examination which might affect my general health. [ ]

   (If does not want GP contacted)

2. I confirm that I do not want my GP contacted about any findings from the ADH dental examination which might affect my general health. [ ]

   (If does not have a GP)

3. I confirm that I do not have a GP and have been given the further information letter and been urged to pursue a check-up. [ ]

Signed ______________________________________ Date ______________
(To be signed by the participant)

Signed ______________________________________ Date ______________
(To be signed by the dental examiner collecting consent)

Name of person collecting consent: ______________________________________

GP NAME AND ADDRESS:

Name of GP (Dr)__________________________________________________________
Practice Name __________________________________________________________
Address __________________________________________________________________
_________________________________________________ Postcode: ______________
Telephone number (include area code) ______________________________________

When completed, 1 for participant; 1 for researcher  
Dear
Thank you for taking part in this survey. I am able to give you some feedback about the examination if you would like.
Before I discuss the findings with you it is important that you understand that the survey is not as thorough as a normal examination with a high street dentist and it is difficult to examine all areas of the mouth in the same way.
In this survey our policy is to inform your family doctor of any ulcers or inflamed areas. There is an area like this in your mouth and because I am not sure exactly what it is I would like to arrange for your doctor to look at this for you.

Yours sincerely,

Adult Dental Health Survey Dentist

This survey was approved by the Oxford Research Ethics Committee B (reference 09/H0605/50)
Dear
Thank you for taking part in this survey, the information that we collect is important. It is important that you understand that the survey is not as thorough as a normal examination with your own dentist and it is difficult to examine all areas of the mouth in the same way. In this survey our policy is to inform your family doctor of any ulcers or inflamed areas in your mouth. There is an area like this in your mouth and although you have said that you do not want to have your doctor contacted I would urge you to pursue a check-up with a doctor.

Yours sincerely,

Adult Dental Health Survey Dentist

This survey was approved by the Oxford Research Ethics Committee B (reference 09/H0605/50)
Dear
Thank you for taking part in this survey, the information that we collect is important. It is important that you understand that the survey is not as thorough as a normal examination with your own dentist and it is difficult to examine all areas of the mouth in the same way. In this survey our policy is to inform your family doctor of any ulcers or inflamed areas in your mouth. There is an area like this in your mouth and I would urge you to pursue a check-up with a doctor.

Yours sincerely,

Adult Dental Health Survey Dentist

This survey was approved by the Oxford Research Ethics Committee B (reference 09/H0605/50)
Oral Lesion Report

ADULT DENTAL HEALTH SURVEY 2009
ORAL LESION REPORT FORM

This survey has been approved by the Oxford Research Ethics Committee B (09/H0605/50)

To be completed by dental examiner (please use capital letters and write in ink):

<table>
<thead>
<tr>
<th>QUOTA NUMBER</th>
<th>SERIAL NUMBER</th>
<th>RESPONDENT No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Sex
- Male 1
- Female 2

Date of birth: DAY MONTH YEAR

To be completed by the dental examiner:

Participant Name _________________________________________________________

Lesion __________________________________________________________________

Site __________________________________________________________________

Size __________________________________________________________________

Location ________________________________________________________________

Description ______________________________________________________________
(I.e. ulcerated, indurated, haemorrhagic, rolled edges etc)

Further information for the interviewer:

This form must be sent immediately, with the GP consent form to:

Professor Jimmy Steele
School of Dental Sciences
Framlington Place
Newcastle upon Tyne
NE2 4BW
Telephone: 0191 222 8199 or 0771 8535756

If permission to contact GP given: The consultant will write to the participant's GP explaining the situation and include a copy of these forms. Please check by telephone that the consultant will be able to deal with the paperwork quickly before you send it to them.

If permission refused: The participant should be advised to attend a GP or other health professional to discuss the oral lesion.