

## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid investigators to integrate the collection of PhenX measures in your study. The PhenX measures that you selected and added to your Cart are presented in the DCW in alphabetical order. The DCW includes worksheets for data collection. Variables derived from the collected data are shown in the Data Dictionary (DD) with variable names and unique PhenX variable identifiers. The collection of DCWs produced by the Toolkit is not designed as a data collection instrument. Each investigator will decide how to integrate PhenX measures into data collection for their study.

1. Do you have any remaining natural teeth?

- 1  Yes
- 0  No
- 7  Refused

2. Do you wear dentures?

- 1  Yes (if yes, go to Q2b)
- 0  No (if no, go to Q3)
- 7  Refused (if refused, go to Q3)

2b. Do you have problems with the fit or pain from your dentures?

- 1  Yes
- 0  No

3. Do you have pain when you chew?

- 1  Yes
- 0  No
- 7  Refused

4. How would you rate your overall oral health (teeth, gums, inside of mouth)? (Interviewer note: Read response options.)

- 1  Excellent
- 3  Good
- 4  Fair
- 5  Poor
- 8  Don't know
- 7  Refused

5. Do you limit the kinds or amounts of food you eat because of problems with your teeth or dentures? Would you say? (Interviewer note: Read response options.)

- 4  Always

- 3 [ ] Often
- 2 [ ] Sometimes
- 1 [ ] Seldom
- 0 [ ] Never
- 8 [ ] Don't know
- 7 [ ] Refused

6. Do you have trouble biting or chewing any kinds of foods, such as firm meat or apples?  
(Interviewer note: Read response options.)

- 4 [ ] Always
- 3 [ ] Often
- 2 [ ] Sometimes
- 1 [ ] Seldom
- 0 [ ] Never
- 8 [ ] Don't know
- 7 [ ] Refused

7. During the past 3 months, how much pain have you had in your gums or teeth? (Interviewer note: read response options)

- 3 [ ] A great deal of pain
- 2 [ ] Some pain
- 1 [ ] A little pain
- 0 [ ] No pain at all
- 8 [ ] Don't know
- 7 [ ] Refused

8. During the past 3 months, how often have you had trouble chewing food or eating because of problems with your teeth or gums? (Interviewer note: Read response options.)

- 3 [ ] Most of the time
- 2 [ ] Some of the time
- 1 [ ] A little of the time
- 0 [ ] None of the time
- 8 [ ] Don't know
- 7 [ ] Refused

9. During the past 3 months, how much of the time have problems with the way your teeth or gums look caused you to avoid conversation with people? (Interviewer note: Read response options)

- 3 [ ] Most of the time
- 2 [ ] Some of the time
- 1 [ ] A little of the time
- 0 [ ] None of the time
- 8 [ ] Don't know
- 7 [ ] Refused

Protocol source: <https://www.phenxtoolkit.org/protocols/view/251301#Source>