

SENSORY AND DENTAL (SDQ)

The next few questions ask about your vision, hearing, and exposure to noise.

VISION

SDQ.010. At the **present time**, would you say your eyesight, with glasses or contact lenses, if you wear them, is...?

- | | | | |
|------------|-----|---------------|-------------------|
| Excellent | 1 | <i>SDQ010</i> | <i>FMT_EGFPVP</i> |
| Good | 2 | | |
| Fair | 3 | | |
| Poor | 4 | | |
| Very poor | 5 | | |
| Refused | 777 | | |
| Don't Know | 999 | | |

SDQ.020. How much difficulty do you have...

- a. Reading ordinary print in newspapers?
- b. Doing work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?
- c. Going down steps, stairs, or curbs in dim light or at night?
- d. Noticing objects off to the side while you are walking?
- e. Finding something on a crowded shelf?

[HAND CARD & READ CATEGORIES TO RESPONDENT IF NECESSARY.]

- | | |
|------------------------------------|-----|
| No difficulty | 1 |
| A little difficulty | 2 |
| Moderate difficulty | 3 |
| Extreme difficulty | 4 |
| Unable to do because of eyesight | 5 |
| Does not do this for other reasons | 6 |
| Refused | 777 |
| Don't Know | 999 |

SDQ020A FMT_SDQ020_
SDQ020B FMT_SDQ020_
SDQ020C FMT_SDQ020_
SDQ020D FMT_SDQ020_
SDQ020E FMT_SDQ020_

SDQ.030. How limited are you in how long you can work or do other daily activities such as housework, child care, school, or community activities because of your vision? Would you say you are limited...?

- | | | | |
|----------------------|-----|---------------|-------------------|
| None of the time | 0 | <i>SDQ030</i> | <i>FMT_SDQ030</i> |
| A little of the time | 1 | | |
| Some of the time | 2 | | |
| Most of the time | 3 | | |
| All of the time | 4 | | |
| Refused | 777 | | |
| Don't Know | 999 | | |

SDQ.040. Has a doctor or other health professional ever told you that you had an eye problem

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(other than needing glasses)? *SDQ040* *FMT_YES_NO*
 Yes 1
 No 2 (Skip to SDQ.046)
 Refused 777 (Skip to SDQ.046)
 Don't Know 999 (Skip to SDQ.046)

SDQ.041. Do you still have an eye problem? *SDQ041* *FMT_YES_NO*
 Yes 1
 No 2
 Refused 777
 Don't Know 999

SDQ.042a-h. Which type of eye problem was it? Name all that apply. **[HAND CARD]**
 Glaucoma 1
 Macular degeneration 2
 Diabetic retinopathy 3
 Cataract 4
 Retinal detachment 5
 Traumatic injury to eye 6
 Bleeding at the back of eye 7
 Other (Specify: _____) 8
 Refused 777
 Don't Know 999

1st response *SDQ042_A* *FMT_SDQ042_*
2nd response *SDQ042_B* *FMT_SDQ042_*
3rd response *SDQ042_C* *FMT_SDQ042_*
4th response *SDQ042_D* *FMT_SDQ042_*
5th response *SDQ042_E* *FMT_SDQ042_*
6th response *SDQ042_F* *FMT_SDQ042_*
7th response *SDQ042_G* *FMT_SDQ042_*
8th response *SDQ042_H* *FMT_SDQ042_*
Other response *SDQ042_OTHER* *FMT_CHAR*

[Loop back and repeat SDQ.043-SDQ.044 for each named eye problem (a-h) in SDQ.042.]

SDQ.043a-h. How old were you when you were first told you had {the named eye problem}?
 |__|__|
 Enter age in years
 Refused 77
 Don't Know 99

SDQ043_1 *FMT_NUMERIC*
SDQ043_2 *FMT_NUMERIC*
SDQ043_3 *FMT_NUMERIC*
SDQ043_4 *FMT_NUMERIC*
SDQ043_5 *FMT_NUMERIC*

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SDQ043_6 FMT_NUMERIC
SDQ043_7 FMT_NUMERIC
SDQ043_8 FMT_NUMERIC

SDQ.044a-h. Was it in one or both eyes?
 One eye 1
 Both eyes 2
 Refused 777
 Don't Know 999

SDQ044_1 FMT_SDQ044_
SDQ044_2 FMT_SDQ044_
SDQ044_3 FMT_SDQ044_
SDQ044_4 FMT_SDQ044_
SDQ044_5 FMT_SDQ044_
SDQ044_6 FMT_SDQ044_
SDQ044_7 FMT_SDQ044_
SDQ044_8 FMT_SDQ044_

SDQ.045. Are you blind in one or both eyes? *SDQ045 FMT_SDQ045*
 Yes, in one eye 1
 Yes, in both eyes 2
 No 3
 Refused 777
 Don't Know 999

HEARING

SDQ.046. Do you feel you have a hearing loss? *SDQ046 FMT_YES_NO*
 Yes 1
 No 2 (Skip to SDQ.050)
 Refused 777 (Skip to SDQ.050)
 Don't Know 999 (Skip to SDQ.050)

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SDQ.047.	Which is your better ear?	<i>SDQ047</i>	<i>FMT_SDQ047</i>
	Left ear		1
	Right ear		2
	No difference		3
	Refused		777
	Don't Know		999
SDQ.048.	Was your hearing loss sudden or gradual?	<i>SDQ048</i>	<i>FMT_SDQ048</i>
	Sudden		1
	Gradual		2
	Refused		777
	Don't Know		999
SDQ.049.	How old were you when your hearing loss developed?	<i>SDQ049</i>	<i>FMT_SDQ049</i>
	Less than 5 years old		0
	5 to 19		1
	20 to 29		2
	30 to 39		3
	40 to 49		4
	50 to 59		5
	60 to 69		6
	70 years or more		7
	Refused		777
	Don't Know		999
SDQ.050.	Which statement best describes your hearing (without a hearing aid)? Would you say your hearing is excellent, good, that you have a little trouble, moderate trouble, a lot of trouble, or are you deaf?	<i>SDQ050</i>	<i>FMT_SDQ050</i>
	Excellent		1
	Good		2
	A little trouble		3
	Moderate trouble		4
	A lot of trouble		5
	Deaf		6
	Refused		777
	Don't Know		999
SDQ.060.	Has a doctor or other health professional ever told you that you had a hearing or ear problem?	<i>SDQ060</i>	<i>FMT_YES_NO</i>
	Yes		1
	No		2 (Skip to SDQ.070)
	Refused		777 (Skip to SDQ.070)
	Don't Know		999 (Skip to SDQ.070)
SDQ.061.	Do you still have an ear or hearing problem?	<i>SDQ061</i>	<i>FMT_YES_NO</i>
	Yes		1
	No		2

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Refused 777
 Don't Know 999

SDQ.062a-i. Which type of ear or hearing problem was it? **[HAND CARD]**

Tubes in ears 1
 Drainage/discharge from ear 2
 Partial hearing loss 3
 Deaf 4
 Acoustic neuroma 5
 Choisteatoma 6
 Meniere's disease 7
 Otosclerosis 8
 Other (Specify: _____) 9
 Refused 777
 Don't Know 999

1st response *SDQ062_A* *FMT_SDQ062_*
2nd response *SDQ062_B* *FMT_SDQ062_*
3rd response *SDQ062_C* *FMT_SDQ062_*
4th response *SDQ062_D* *FMT_SDQ062_*
5th response *SDQ062_E* *FMT_SDQ062_*
6th response *SDQ062_F* *FMT_SDQ062_*
7th response *SDQ062_G* *FMT_SDQ062_*
8th response *SDQ062_H* *FMT_SDQ062_*
9th response *SDQ062_I* *FMT_SDQ062_*
Other response *SDQ062_OTHER* *FMT_CHAR*

[Loop back and repeat SDQ.063 for each named ear/hearing problem (a-i) in SDQ.062.]

SDQ.063a-i. How old were you when you were first told you had this {ear/hearing} problem?

|_|_|_|

Enter age in years

Refused 77
 Don't Know 99

SDQ063_2 *FMT_NUMERIC*
SDQ063_3 *FMT_NUMERIC*
SDQ063_4 *FMT_NUMERIC*
SDQ063_5 *FMT_NUMERIC*
SDQ063_6 *FMT_NUMERIC*
SDQ063_7 *FMT_NUMERIC*
SDQ063_8 *FMT_NUMERIC*
SDQ063_9 *FMT_NUMERIC*
SDQ063_10 *FMT_NUMERIC*

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- SDQ.070. Have you ever worn a hearing aid? *SDQ070* *FMT_YES_NO*
- | | |
|------------|-----------------------|
| Yes | 1 |
| No | 2 (Skip to SDQ.080) |
| Refused | 777 (Skip to SDQ.080) |
| Don't Know | 999 (Skip to SDQ.080) |
- SDQ.071. In the last 12 months, have you worn a hearing aid?
- | | |
|------------|---------------------------------|
| | <i>SDQ071</i> <i>FMT_YES_NO</i> |
| Yes | 1 |
| No | 2 |
| Refused | 777 |
| Don't Know | 999 |
- SDQ.080. In the last 12 months, have you had buzzing, ringing, or noise in your ears?
- | | |
|------------|---------------------------------|
| | <i>SDQ080</i> <i>FMT_YES_NO</i> |
| Yes | 1 |
| No | 2 (Skip to SDQ.090) |
| Refused | 777 (Skip to SDQ.090) |
| Don't Know | 999 (Skip to SDQ.090) |
- SDQ.081. Do you hear this noise only following very loud sounds (i.e., concerts, shooting, or noise at work)? *SDQ081* *FMT_YES_NO*
- | | |
|------------|-----|
| Yes | 1 |
| No | 2 |
| Refused | 777 |
| Don't Know | 999 |

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SDQ.090. During the past 12 months have you had dizziness, difficulty with balance and/or difficulty with falling? *SDQ090 FMT_YES_NO*

Yes	1
No	2 (Skip to SDQ.094)
Refused	777 (Skip to SDQ.094)
Don't Know	999 (Skip to SDQ.094)

SDQ.091a-c. Which of these problems have you had? **[Enter all that apply]**

Dizziness	1
Difficulty with balance	2
Falling	3 (Skip to SDQ.093)
Refused	777
Don't Know	999
<i>SDQ091_A</i>	<i>FMT_SDQ091_</i>
<i>SDQ091_B</i>	<i>FMT_SDQ091_</i>
<i>SDQ091_C</i>	<i>FMT_SDQ091_</i>

SDQ.092a-b. How long did the {named problem} last? Would you say...?

Less than 2 weeks	1
2 weeks to 3 months	2
More than 3 months	3
Refused	777
Don't Know	999
<i>SDQ092_1</i>	<i>FMT_SDQ092_</i>
<i>SDQ092_2</i>	<i>FMT_SDQ092_</i>

SDQ.093a-c. How often have you fallen in the last 12 months? *SDQ093 FMT_NUMERIC*

|_|_|_|_|
 Enter number of times

Refused	777
Don't Know	999

SDQ.094. Have you ever been treated by a doctor or other health professional for a dizziness, a balance problem, or falling? *SDQ094 FMT_YES_NO*

Yes	1
No	2 (Skip to SDQ.100)
Refused	777 (Skip to SDQ.100)
Don't Know	999 (Skip to SDQ.100)

SDQ.095. How long ago were you treated? Would you say...? *SDQ095 FMT_SDQ095*

Less than 1 year ago	1
1 to 5 years ago	2
More than 5 years ago	3
Refused	777
Don't Know	999

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NOISE EXPOSURE

SDQ.100. At your current job, how often is it too noisy (so that you need to speak in a raised voice or louder to be heard when a person is two feet away)? **[HAND CARD]**

- None of the time 1 **(Skip to SDQ.121)**
- 25% of the time 2
- 50% of the time 3
- 75% of the time 4
- 100% of the time 5
- Occasionally 6
- Refused 777
- Don't Know 999

SDQ100 FMT_SQ121_FREQ

SDQ.110. At your current job, how often do you wear hearing (ear) protection? **[HAND CARD]**

- None of the time 1
- 25% of the time 2
- 50% of the time 3
- 75% of the time 4
- 100% of the time 5
- Occasionally 6
- Refused 777
- Don't Know 999

SDQ110 FMT_SQ121_FREQ

SDQ.121. How often was it noisy at your longest held job (you needed to speak in a raised voice or louder to be heard when a person was two feet away)? **[HAND CARD]**

- Same as current job 0 **[Skip to SDQ 130]**
- None of the time 1
- 25% of the time 2
- 50% of the time 3
- 75% of the time 4
- 100% of the time 5
- Occasionally 6
- Refused 777
- Don't Know 999

SDQ121 FMT_SQ121_FREQ

SDQ.122. At that job (longest held), how often did you wear hearing (ear) protection? **[HAND CARD]**

- None of the time 1
- 25% of the time 2
- 50% of the time 3
- 75% of the time 4
- 100% of the time 5
- Occasionally 6
- Refused 777
- Don't Know 999

SDQ122 FMT_SQ121_FREQ

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SDQ.130. Have you held any other noisy jobs (1 year or longer) where you had to speak in a raised voice (or louder) to be heard? *SDQ130 FMT_YES_NO*

Yes	1
No	2 (Skip to SDQ.140)
Refused	777 (Skip to SDQ.140)
Don't Know	999 (Skip to SDQ.140)

SDQ.131. What type of work did you do the longest on those other jobs?

Refused	777	<i>SDQ131</i>	<i>FMT_SDQ131_</i>
Don't Know	999	<i>SDQ131_TEXT</i>	<i>FMT_CHAR</i>

SDQ.132. How many hours/week did you work? *SDQ132 FMT_NUMERIC*

|_|_|_|_|
Enter hours/week

Refused	777
Don't Know	999

SDQ.133. How many years did you do this job? *SDQ133 FMT_NUMERIC*

|_|_|_|
Enter years

Refused	77
Don't Know	99

SDQ.140. Have you ever fired a gun? *SDQ140 FMT_YES_NO*

Yes	1
No	2 (Skip to SDQ.150)
Refused	777 (Skip to SDQ.150)
Don't Know	999 (Skip to SDQ.150)

SDQ.141. In the past year, how many days have you fired a gun?

SDQ141 FMT_NUMERIC

|_|_|_|_|
Enter days

Refused	777
Don't Know	999

SDQ.150. Outside of work have you ever been exposed to loud noise, such as noise from power tools or loud music for an average of at least once a month for a year?

SDQ150 FMT_YES_NO

Yes	1
No	2 (Skip to SDQ.160)
Refused	777 (Skip to SDQ.160)
Don't Know	999 (Skip to SDQ.160)

SDQ.151. Have you ever worn hearing protection devices when exposed to these loud noises? *SDQ151 FMT_YES_NO*

Yes	1
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No	2
Refused	777
Don't Know	999

SDQ.160. Did you listen to a personal music system (e.g., iPod, MP3, or CD) using earphones during the past seven days? *SDQ160 FMT_YES_NO*

Yes	1
No	2 (Skip to SDQ.270)
Refused	777 (Skip to SDQ.270)
Don't Know	999 (Skip to SDQ.270)

SDQ.161. Approximately how many hours did you spend listening to your system in the past week? *SDQ161 FMT_NUMERIC*

|_|_|_|_| **(Skip to SDQ.270)**

Enter hours

Refused	777 (Skip to SDQ.270)
Don't Know	999

SDQ.162. Did you listen...? **[HAND CARD]** *SDQ162 FMT_SDQ162*

Less than 1 hour	1
1 to 2 hours	2
2 to 4 hours	3
4 to 6 hours	4
6 to 8 hours	5
8 to 10 hours	6
More than 10 hours	7
Refused	777
Don't Know	999

DENTAL

SDQ.270. How would you describe the condition of your teeth? Would you say...?

Excellent	1	<i>SDQ270</i>	<i>FMT_EVGGFP</i>
Very Good	2		
Good	3		
Fair	4		
Poor	5		
Refused	777		
Don't Know	999		

SDQ.280. How often during the last 12 months have you had painful aching anywhere in your mouth? Would you say...? **[HAND CARD]** *SDQ280 FMT_SDQ280_FREQ*

Very often	1
Fairly often	2
Occasionally	3
Hardly ever	4
Never	5
Refused	777
Don't Know	999

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SDQ.290. How often during the last 12 months have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures? Would you say...? **[HAND CARD]** *SDQ290* *FMT_SDQ290_FREQ*

- Very often 1
- Fairly often 2
- Occasionally 3
- Hardly ever 4
- Never 5
- Refused 777
- Don't Know 999

SDQ.300. How often during the last 12 months have you had difficulty doing your usual job or attending school because of problems with your teeth, mouth or dentures? Would you say...? **[HAND CARD]** *SDQ300* *FMT_SDQ290_FREQ*

- Very often 1
- Fairly often 2
- Occasionally 3
- Hardly ever 4
- Never 5
- Not applicable (not in a job or attending school) 6
- Refused 777
- Don't Know 999

SDQ.310. How often during the last 12 months have you avoided particular foods or have you found it uncomfortable to eat any food because of problems with your teeth, mouth, or dentures? Would you say...? **[HAND CARD]**

SDQ310 *FMT_SDQ290_FREQ*

- Very Often 1
- Fairly often 2
- Occasionally 3
- Hardly Ever 4
- Never 5
- Refused 777
- Don't Know 999

SDQ.320. Have you lost any of your natural (adult, permanent) teeth? (Include wisdom teeth.)

- Yes, but only my wisdom teeth 1 *SDQ320* *FMT_SDQ320_*
- Yes, other teeth beside or in addition to wisdom teeth 2
- No 3 **(Skip to SDQ.330)**
- Refused 777 **(Skip to SDQ.330)**
- Don't Know 999 **(Skip to SDQ.330)**

SDQ.321. How many of your natural teeth have you lost?

- SDQ321* *FMT_NUMERIC*
- Enter number
- Refused 77
- Don't Know 99

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SDQ.322. Did you lose your teeth because...? **[ENTER ALL THAT APPLY]**

- Cavities 1
- Gum disease 2
- An accident 3
- Wisdom tooth (teeth) pulled 4
- Pulled because of over crowding 5
- Other (Specify:_____) 6
- Refused 777
- Don't Know 999

1st response *SDQ322_A* *FMT_SDQ322*
2nd response *SDQ322_B* *FMT_SDQ322*
3rd response *SDQ322_C* *FMT_SDQ322*
4th response *SDQ322_D* *FMT_SDQ322*
5th response *SDQ322_E* *FMT_SDQ322*
6th response *SDQ322_F* *FMT_SDQ322*
Other response *SDQ322_OTHER* *FMT_CHAR*

SDQ.330. Have you ever noticed any of your teeth were loose? Do not include the times when you lost your baby teeth, had braces or had a tooth hit and made loose.

- Yes 1 *SDQ330* *FMT_YES_NO*
- No 2 **(Skip to SDQ.340)**
- Refused 777 **(Skip to SDQ.340)**
- Don't Know 999 **(Skip to SDQ.340)**

SDQ.331. Do you currently have loose teeth? *SDQ331* *FMT_YES_NO*

- Yes 1
- No 2
- Refused 777
- Don't Know 999

SDQ.340. Have you ever been diagnosed by a dentist as having gum (periodontal) disease?

- Yes 1 *SDQ340* *FMT_YES_NO*
- No 2 **(Go to SDQ.350)**
- Refused 777 **(Go to SDQ.350)**
- Don't Know 999 **(Go to SDQ.350)**

SDQ.341. How old were you when you were first diagnosed with gum disease?

- SDQ341* *FMT_NUMERIC*
- Enter age in years
- Refused 77
- Don't Know 99

SDQ.342. Have you ever been treated for your gum disease? **[Enter all that apply]**

- No 1
- Yes, with frequent cleanings (by dental hygienist) 2
- Yes, with surgery 3

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Yes, with other treatment	4
Refused	777
Don't Know	999

<i>1st response</i> SDQ342_A	FMT_SDQ342_
<i>2^d response</i> SDQ342_B	FMT_SDQ342_
<i>3^d response</i> SDQ342_C	FMT_SDQ342_

SDQ.350. Have you ever had any of the following? **[ENTER ALL THAT APPLY. HAND CARD]**

None	1
Braces	2
Bridge/false tooth (teeth)	3
Crown (cap)	4
Dental implant	5
Root canal	6
Denture	7
Refused	777
Don't Know	999

<i>1st response</i>	SDQ350_A	FMT_SDQ350_
<i>2nd response</i>	SDQ350_B	FMT_SDQ350_
<i>3^d response</i>	SDQ350_C	FMT_SDQ350_
<i>4th response</i>	SDQ350_D	FMT_SDQ350_
<i>5th response</i>	SDQ350_E	FMT_SDQ350_
<i>6th response</i>	SDQ350_F	FMT_SDQ350_

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SDQ.360. During the past 12 months, was there a time when you needed dental care but did not get it at that time? *SDQ360* *FMT_YES_NO*

- Yes 1
- No 2 (End of Questionnaire)
- Refused 777 (End of Questionnaire)
- Don't Know 999 (End of Questionnaire)

SDQ.361. What were the reasons that you could not get the dental care you needed?
[ENTER ALL THAT APPLY. HAND CARD]

- Could not afford the cost 1
- Did not want to spend the money 2
- Do not have insurance 3
- Insurance did not cover recommended procedures 4
- Insurance only covers a portion of the cost 5
- Dental office is too far away 6
- Dental office is not open at convenient times 7
- Another dentist recommended not doing it 8
- Afraid, or do not like dentists 9
- Unable to take time off from work 10
- Too busy 11
- I did not think anything serious was wrong--expected dental problems to go away 12
- The dentist would not accept my insurance 13
- Other (Specify: _____) 14
- Refused 777
- Don't Know 999

- 1st response* *SDQ361_A* *FMT_SDQ361_*
- 2nd response* *SDQ361_B* *FMT_SDQ361_*
- 3rd response* *SDQ361_C* *FMT_SDQ361_*
- 4th response* *SDQ361_D* *FMT_SDQ361_*
- 5th response* *SDQ361_E* *FMT_SDQ361_*
- 6th response* *SDQ361_F* *FMT_SDQ361_*
- 7th response* *SDQ361_G* *FMT_SDQ361_*
- 8th response* *SDQ361_H* *FMT_SDQ361_*
- 9th response* *SDQ361_I* *FMT_SDQ361_*
- 10th response* *SDQ361_J* *FMT_SDQ361_*
- 11th response* *SDQ361_K* *FMT_SDQ361_*
- 12th response* *SDQ361_L* *FMT_SDQ361_*
- 13th response* *SDQ361_M* *FMT_SDQ361_*
- 14th response* *SDQ361_N* *FMT_SDQ361_*
- Other response* *SDQ361_OTHER* *FMT_CHAR*

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SDQ.362. Which of the following dental care or dental procedures did you need but did not get during the last 12 months? **[ENTER ALL THAT APPLY. HAND CARD]**

- Teeth cleaning 1
- Teeth pulled 2
- Cavities filled 3
- Teeth replaced (crown, bridge, implant) 4
- Dentures (plates made) 5
- Braces 6
- Gum (periodontal) treatment 7
- Relief of pain (oral pain) 8
- Other 9
- None 10
- Refused 77
- Don't Know 99

<i>1st response</i>	<i>SDQ362_A</i>	<i>FMT_SDQ362</i>
<i>2nd response</i>	<i>SDQ362_B</i>	<i>FMT_SDQ362</i>
<i>3rd response</i>	<i>SDQ362_C</i>	<i>FMT_SDQ362</i>
<i>4th response</i>	<i>SDQ362_D</i>	<i>FMT_SDQ362</i>
<i>5th response</i>	<i>SDQ362_E</i>	<i>FMT_SDQ362</i>
<i>6th response</i>	<i>SDQ362_F</i>	<i>FMT_SDQ362</i>
<i>7th response</i>	<i>SDQ362_G</i>	<i>FMT_SDQ362</i>
<i>8th response</i>	<i>SDQ362_H</i>	<i>FMT_SDQ362</i>
<i>9th response</i>	<i>SDQ362_I</i>	<i>FMT_SDQ362</i>
<i>Other response</i>	<i>SDQ362_OTHER</i>	<i>FMT_CHAR</i>

Reference questionnaire

<..\..\..\Questionnaires\Questionnaire and Study Review Summer 09\Time I\Sensory Dental\SHOW Sensory and Dental 4-15-09 clean.doc>