Exclude.

Exclude.

Exclude.

Go to Item 15.

Go to I tem 15.

Go to Item 15.

Yes

Yes No

Yes

No

No

Unknown U

Unknown U

Unknown U



visit?

Exclude. Go to Item 15.

3.

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this coll of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281). Do not return the completed form the address. INSTRUCTIONS: This form is completed when scheduling Visit 4. ID Number, Contact Year and Name must be entered above Whenever numerical responses are required, enter the number so that the last digit appears in the right box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For	arosis Risk in Communities	DENIAL SCI	REENING FOR	(IVI	
for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this coll of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281). Do not return the completed form the address. INSTRUCTIONS: This form is completed when scheduling Visit 4. ID Number, Contact Year and Name must be entered above whenever numerical responses are required, enter the number so that the last digit appears in the right box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For	ER:	CONTACT YEAR:		S R VERSION: A 09/15/96	onego Spirita
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"multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.	CTIONS: This form is compl Whenever numerical box. Enter leadin through the incorr	ed when scheduling Visit 4 esponses are required, ent zeroes where necessary to it entry with an "X". Code d "yes/no" type questions,	i. ID Number, Contact Year and the last fill all boxes. If a number the correct entry clearly about the correspond	d Name must be entered above the digit appears in the right is entered incorrectly, man love the incorrect entry. F	e. tmost
DENTAL SCREENING FORM (DSRA Screen 1 of 3)	response. If a le	er is circled incorrectly,	mark through it with an "X"	and circle the correct resp	
1.a Do you have ANY of your natural teeth? Yes Y — Go to Item 2. No N Has a doctor ever told you that you have any of the following? 4. congenital heart Yes Y — Exclude. Go to Item Unknown U	response. If a le		100 1001 07 001 11	and circle the correct resp	
implants?	response. If a le	DENTAL SCREENING FORM es Y — Go to I tem 2.	Has a doctor ever told you any of the following? 4. congenital heart	Yes Y — Exclude. No N Go to Item	onse.
2. Has a dentist or a physician ever told Yes Y — Exclude. Go you that you need to take antibiotics before every dental	response. If a le o you have ANY of your atural teeth? Do you have any dental implants?	DENTAL SCREENING FORM es Y — Go to Item 2. N — Exclude. Go	Has a doctor ever told you any of the following? 4. congenital heart disease?	Yes Y Exclude. Yes Y Exclude. No N Go to Item Yes Y Exclude. No N Go to Item	15.

8.

9.

Go to

Item 4.

an infection of the

lining of the heart called endocarditis?

mitral valve

prolapse?

Do you have a cardiac pacemaker? DENTAL SCREENING FORM (DSRA Screen 2 of 3)

10.		Yes	Y —	Exclude. Go to Item 15.
	kidney, or other organ transplant?	Unknown	Ü	do to real 15.
11.	Do you have a surgi-	Yes	Υ —	Exclude.
	cally implanted heart valve, stent, shunt or artificial joint?	No Unknown	U	Go to Item 15.
12.	Are you on kidney dialysis?	Yes No Unknown	Y — N_ U	Exclude. Go to Item 15.
13.	Have you had major surgery, radiation, or chemotherapy for cancer	Yes No Unknown	Y — U	Exclude. Go to Item 15.
	within the last 2 months			Exclude.
14.	Are you taking prednisone or an immunosuppressive	Yes No Unknown	Y — N U	Go to Item 15.

15. The participant meets an exclusion criterion from the screening interview?

Yes	Y	>	EXCLUDE,	read exclusion statement
No	N	>	RECRUIT,	read recruitment statement

EXCLUSION STATEMENT:

Because you (SELECT THE RELEVANT STATEMENT BELOW):

- -- do not have any of your natural teeth
- have been told by a dentist that you need to take antibiotics before every dental visit
- have a medical condition that might require you to have antibiotics before a dental examination

it may not be useful or safe for you to participate in this portion of the study. However, we will be asking you some questions about your dental history as part of the ARIC visit. [GO TO ITEM 17.]

DENTAL SCREENING FORM (DSRA Screen 3 of 3)

RECRUITMENT STATEMENT:

You are eligible to take part in this new study on the effect of infections on heart disease. Read DESCRIPTION OF DENTAL EXAM. Do you have any questions?

[CONTINUE WITH ITEM 16.]

16. May I schedule you for the dental exam?

Yes Y ---> READ REMINDER

No N ---> EXCLUDE

- 17. Date of telephone interview: __/_ _/_ _
- Code Number of person completing telephone interview:

DESCRIPTION OF DENTAL EXAM for ITEM 16.

This portion of the study includes a simple examination of your mouth to see if there are any cavities, gum disease or spaces between your teeth and gums. We will also collect a little plaque and pick up some fluid from around your teeth.

Most people find these procedures quite comfortable.

REMINDER FOR PARTICIPANTS SCHEDULED FOR DENTAL EXAM.

The usual procedure in ARIC is to send your doctor a copy of your results reports. If you would like us to send your dentist a copy of your dental exam report, please bring his or her name and address with you when you come for your appointment.