

In depth questionnaire for MOW study

1. "Are you missing any of your own teeth?" If yes, probe: "Do you know about how many of your teeth you are missing?"
 - a. If missing teeth, "Do you have dentures?"
 - b. If yes, "do you have complete dentures, or partial dentures?"
 - c. If yes, "do you have upper and lower dentures?"
 - d. If yes, "do you feel your dentures fit you as well as you would like them to?"

2. "Have you had difficulty chewing in the past year?"
 - a. If yes, probe how long respondent has had difficulty chewing.
 - b. "Can you describe the difficulty you have been having?" (Probe: does it hurt on one side of your mouth when you chew? If yes, which side(s) of your mouth? If missing teeth, is it difficult to chew because you are missing teeth?)
 - c. If respondent has dentures, "are you able to chew with your dentures?" (Probe: do your dentures cause you any pain or discomfort when you chew? Can you describe the pain or discomfort you feel, can you tell me where you feel it?)

3. "Have you had difficulty eating in the past year?"
 - a. If yes, probe how long respondent has had difficulty eating.
 - b. "Can you describe the difficulty you have been having?" (Probe: Do you have difficulty swallowing? Do you feel that your mouth is dry and food is difficult to swallow? Does food get stuck in your teeth or dentures, making it uncomfortable to eat? If missing teeth, is it difficult to eat because you are missing teeth?)
 - c. If respondent has dentures, "are you able to eat with your dentures?" (Probe: do your dentures cause you any pain or discomfort when you eat? Do you need to remove your dentures to eat? Can you describe the pain or discomfort you feel, can you tell me where you feel it?)

4. "Do you avoid eating any foods because of problems with your mouth, teeth or dentures?"
 - a. If yes, "which foods are you avoiding?" (probe: fruits, meats, vegetables, nuts – ask for specific foods in each category e.g. apples/pears/steak/chicken/almonds/carrots etc).
 - b. "Can you tell me why you started avoiding these foods?" (probe: too difficult to chew, too hard, they get stuck in my teeth, they don't taste good, pain)
 - c. "How long has it been since you began to avoid or stopped eating these foods?" (probe: 1 year, less than one year, more than one year, six months, one month, one week).
 - d. "Of the food you avoid (name food), are you able to eat them if they are made softer or cut into smaller pieces?" (probe: how do you normally make these foods easier to eat?)
 - e. "Of all the foods you avoid, which do you miss the most?"

5. Are you able to eat all of your home delivered meal?
 - a. If no, "which part of the meal, are you unable to eat?"
 - b. "How can the meals be improved or made to better suit your needs?"

6. "Is there anything else you would like to tell me about your teeth, mouth or dentures?"