

5. If respondent has dentures: Do you feel that your dentures fit you well? Are you able to eat well with your dentures? (Probe: Do your dentures cause you any pain or discomfort when you eat or chew?, Can you describe the pain or discomfort you feel? Can you tell me where you feel this pain or discomfort)?

6. Have you ever avoided or stopped eating any foods because of problems with your mouth, or teeth (or dentures, if respondent has dentures) ?

7. Can you tell me how you interpret the phrase “avoid eating some foods”? (Probe: When you think of the word avoid do you think of “never eat some foods”, “try not to eat some foods”, “stop eating some foods”)

8. If yes, which foods have you stopped eating? (Probe: nuts, fruits, meats, vegetables, – ask for specific foods in categories eg: almonds, pistachios, apples, pears, steak, chicken, potatoes etc)

9. Can you tell me why you stopped eating these foods (Probe: too difficult to chew, too hard, they get stuck in my teeth, they don't taste good anymore, pain)?

10. 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)

11. If respondent avoids or does not eat some foods, ask, "Of the foods you avoid (eg name of food respondent avoids) are you able to eat them if they are made softer or in cut into smaller pieces?"

12. If respondent says yes to avoiding foods, ask, "Of all the foods you do avoid, which ones do you miss the most?"

13. Do you visit the dentist regularly (Probe: every 6 months or every year)? If respondent does not visit dentist regularly Probe reasons why: no dentist, cost, insurance, distance, travel etc

14. When was the last time you went to the dentist? (Probe: why did you go to the dentist? Was it for a regular check-up or because you felt there was something wrong with your mouth, teeth or dentures? What was wrong?)

15. Are you able to eat all of the Home Delivered Meal you receive?

16. If NO, Probe: which foods are you unable to eat? (List: meats, vegetables, fruits, dessert)

17. How can the meals you receive from DFTA be improved or made better to suit your needs

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