

Figure 15a: Does your lower denture cause you any general problems?
Control patients

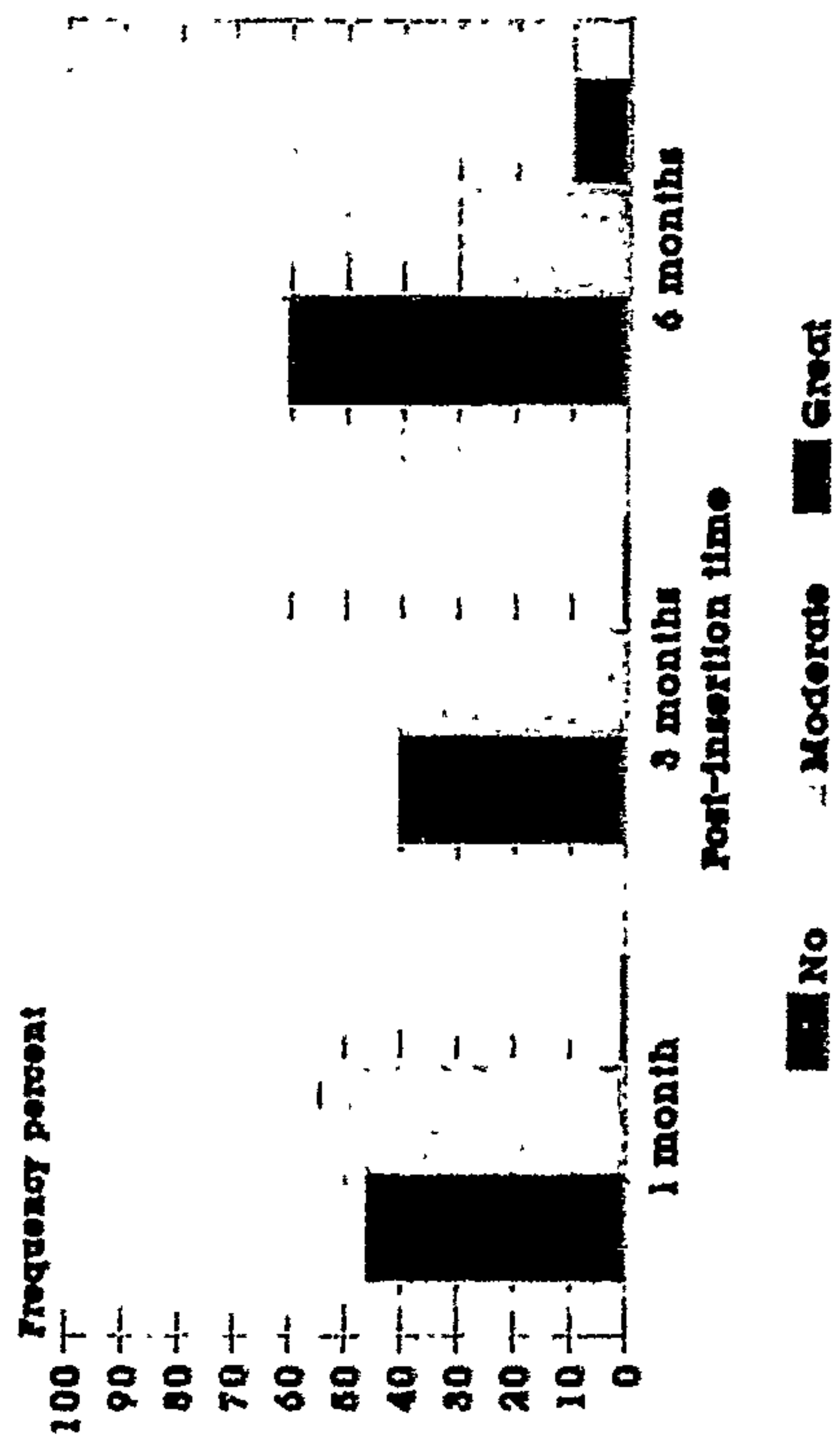
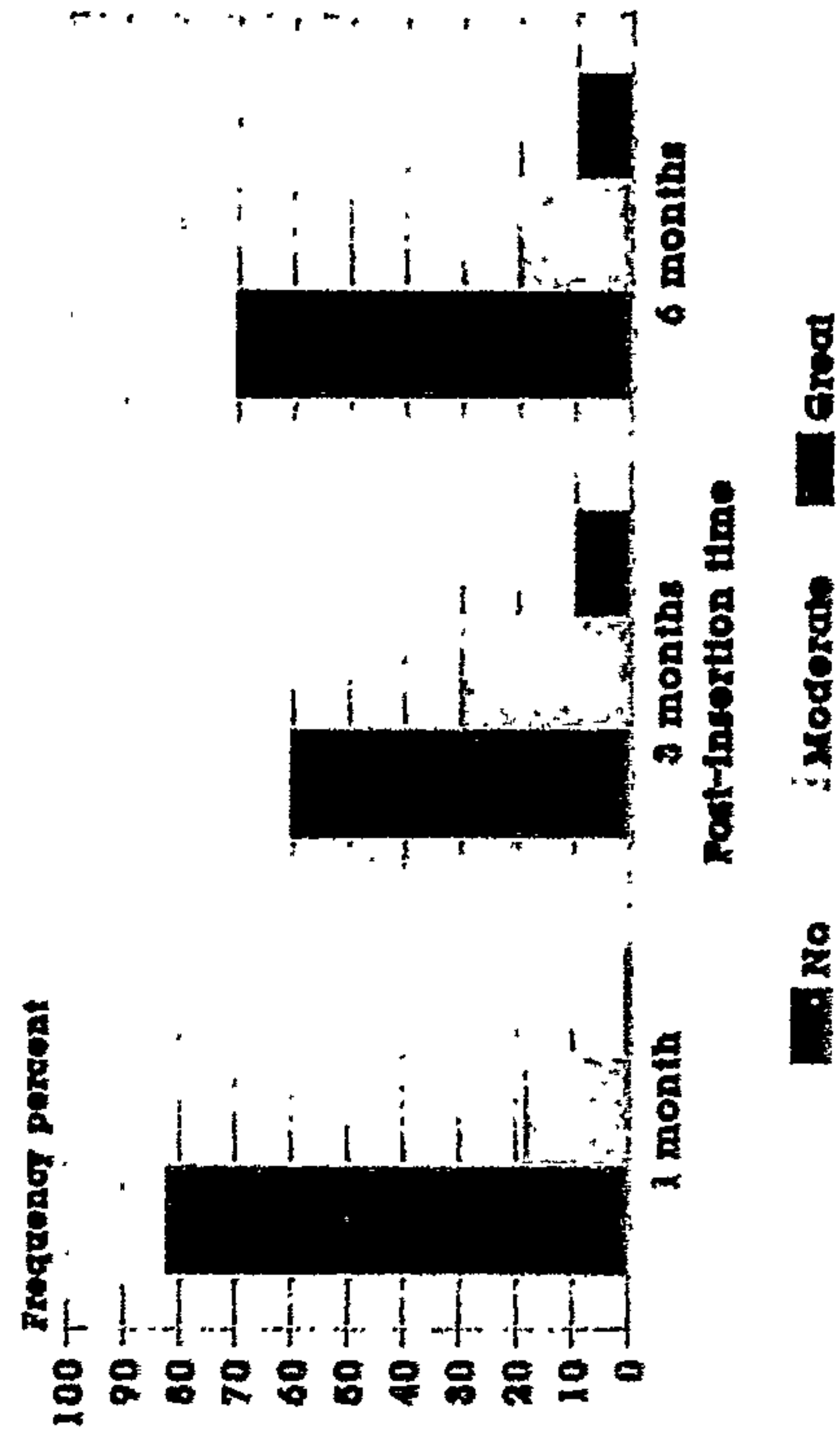


Figure 15b: Does your lower denture cause you any general problems?
Implant patients



teeth as much ($p=0.063$). The control patients reported more general problems associated with the lower denture when compared to the implant patients at 1 month post-insertion ($p=0.063$).

To determine if trends existed over time for the responses to the psychosocial variables within each of the two groups of patients, the responses were ranked and the Friedman Two-Way Analysis of Variance statistical test (Phillips, 1978) was utilised. The implant patient group demonstrated improved contact relations with other people ($X_r^2=6.964$, $p\leq 0.05$), but other trends were not statistically significant.

3.5.3 Description and analyses of functional data

The patients' reports of post-treatment problems are presented in Tables 44-46.

To determine the presence of statistical differences between the implant patients and their control groups at the 1,3 and 6 month post-treatment intervals the Binomial Theorem was applied. At 1 month post-insertion the control patients exhibited more chewing problems than the implant patients ($p=0.031$) and the implant patients reported more problems with denture cleanliness at a significance level of $p=0.063$.

The Friedman Two-Way Analysis of Variance test was utilised

Table 44: Pattern of responses for the patients reporting post treatment problems.

Code	IMPLANT PATIENTS			CONTROL PATIENTS		
	1 mth PI	3 mth PI	6 mth PI	1 mth PI	3 mth PI	6 mth PI
1			✓			■
2	✓	✓	✓	✓	✓	✓
3	■			■		
4	✓	✓	■	✓	✓	✓
5	■	✓	■	■	✓	■
6		✓			■	
7	✓	■	■	✓	✓	✓
8	✓	✓	✓	✓	✓	■
9			■			■
10	■	■	■	✓	✓	✓
11	■		■	■		■
12	✓	■	✓	✓	■	■
13	✓	■		■	✓	
14	■	■		■	■	
TOTAL	6	5	4	7	7	4

LEGEND:
✓: post-treatment problem present
■: post-treatment problems not present

Table 45: Frequency table for the nature of the dental problems reported by the patient at the 1,3 and 6 month post treatment reviews (maxillary prosthesis).

PROB	CONTROL PATIENTS						IMPLANT PATIENTS					
	1 mth PI		3 mth PI		6 mth PI		1 mth PI		3 mth PI		6 mth PI	
	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%
1	1	25.0										
2												
3							2	50.0			2	100.0
4	1	25.0	2	100.0			1	25.0				
5	2	50.0							2	100.0		
6							1	25.0				
TOTAL	4	100.0	2	100.0	0	100.0	4	100.0	2	100.0	2	100.0

LEGEND:
%: percentage (expressed as a frequency of the total number of reports)
PROB: nature of the dental problem
1: Appearance
2: Speech
3: Tightness of fit
4: Chewing
5: Comfort
6: Cleaning

Table 46: Frequency table for the nature of the dental problems reported by the patient at the 1,3 and 6 month post treatment reviews (mandibular prosthesis).

PROB	CONTROL PATIENTS						IMPLANT PATIENTS					
	1 mth PI		3 mth PI		6 mth PI		1 mth PI		3 mth PI		6 mth PI	
	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%
1	1	7.7	1	10.0					1	11.1		
2	2	15.4	2	20.0			2	22.2	2	22.2		
3	5	38.5	3	30.0	2	40.0			1	11.1		
4	4	30.8	3	30.0	1	20.0	2	22.2	3	33.3	2	50.0
5					1	20.0	4	44.4	1	11.1	2	50.0
6	1	7.7	1	10.0	1	20.0						
7							1	11.1	1	11.1		
TOTAL	13	100.0	10	100.0	5	100.0	9	100.0	9	100.0	4	100.0

LEGEND:

PROB:

1: Speech

2: Tightness of fit

3: Chewing

4: Comfort

5: Cleaning

6: Unable to wear the denture

7: Excessive saliva problem/dribbling

to determine if there were statistically different trends over time in relation to the nature of the post-insertion problems within each patient group. The control group reported a decrease in chewing problems over time at a significance level of $p=0.052$.

With regard to the dentists' assessment of post-insertion problems (Tables 47 and 48) the mandibular prostheses of the control patients exhibited significantly more instances of unsatisfactory retention as compared to the implant patients at 1 and 3 months post-treatment ($p=0.016$), while at 6 months post-treatment the probability value was 0.063. With respect to denture cleanliness, the implant patients exhibited more unclean prostheses ($p=0.063$) at the 1 month post-treatment assessment.

There were no statistically significant trends over time for the dentists' assessment of the prostheses for each patient group as determined by the Friedman Two Way Analysis of Variance test.

3.5.3.1 Tissue assessment

With regard to the tissue assessments at each post-insertion evaluation time, for both groups of patients the tissues were generally healthy. The 40% incidence of ulceration of the mandibular denture bearing area for the implant group of patients at the 6 month evaluation time

Table 47: Frequency table for the nature of the dental problems reported by the dentist at the 1,3 and 6 month post treatment reviews (maxillary prosthesis).

PROB	CONTROL PATIENTS						IMPLANT PATIENTS					
	1 mth PI			3 mth PI			1 mth PI			3 mth PI		
	FQ		%	FQ		%	FQ		%	FQ		%
1							1		10.0			
2	3		60.0	3		27.3	2		20.0	1		16.7
3	1		20.0	1		9.1						28.6
4				1		9.1	1		10.0			
5				2		20.0	3		30.0	2		28.6
6	1		20.0	4		36.4	3		30.0	3		42.9
TOTAL	5		100.0	11		100.0	10		100.0	6		100.0

LEGEND:
 PROB:
 1: Stability
 2: Occlusion
 3: Vertical Dimension
 4: Speech
 5: Denture defect(s)
 6: Denture cleanliness

Table 48: Frequency table for the nature of the dental problems reported by the dentist at the 1,3 and 6 month post treatment reviews (mandibular prosthesis).

		CONTROL PATIENTS						IMPLANT PATIENTS					
		1 mth PI		3 mth PI		6 mth PI		1 mth PI		3 mth PI		6 mth PI	
PROB		FQ	%	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%
1		6	42.9	6	30.0	4	22.2						
2		3	21.4	1	5.0	3	16.7						
3		3	21.4	3	15.0	4	22.2						
4		1	7.1	1	5.0	1	5.6	2	25.0	1	14.3	2	22.2
5				1	5.0			1	12.5				
6		1	7.1	3	15.0	3	16.7	1	12.5	2	28.6	2	22.2
7				5	25.0	3	16.7	4	50.0	4	57.1	5	55.5
TOTAL		14	100.0	20	100.0	18	100.0	8	100.0	7	100.0	9	100.0

LEGEND:
 PROB:
 1: Retention
 2: Stability
 3: Occlusion
 4: Vertical Dimension
 5: Speech
 6: Denture defect(s)
 7: Denture cleanliness

period may be considered unfavourable although not significantly greater than for the control patients (Binomial Theorem utilised) (Table 49).

3.5.3.2 Fixture assessment

The incidence of pain/discomfort upon percussion of the fixtures was very low. There were no signs apparent at the 6 month evaluation period (Table 50). With regard to cleanliness of the fixtures (Table 50), there was no significant trend over time (Friedman Two Analysis of Variance test utilised), $p > 0.05$.

Table 49: Frequency table for the variable 'Presence of mucosal/erosion ulceration associated with the mandibular denture bearing area' (MUCL) for both the implant patients and the control group.

		1 mth PI		3 mth PI		6 mth PI	
PAT	MUCL	FQ	%	FQ	%	FQ	%
CTRL	1	7	63.6	7	70.0	1	10.0
	2	4	36.4	3	30.0	9	90.0
	TOTAL	11	100.0	10	100.0	10	100.0
IMPL	1	2	18.2	1	10.0	4	40.0
	2	9	81.8	9	90.0	6	60.0
	TOTAL	11	100.0	10	100.0	10	100.0

LEGEND:

PAT: patients
CTRL: control patients
IMPL: implant patients
1: present
2: absent

Table 50: Frequency table for the variables 'Presence of fixture pain/discomfort' (FXPD) and 'Oral hygiene status of the fixtures' (FXOH).

		1 mth PI		3 mth PI		6 mth PI	
VAR	RESP	FQ	%	FQ	%	FQ	%
FXPD	1	1	9.1	2	20.0		
	2	10	90.9	8	80.0	10	100.0
	TOTAL	11	100.0	10	100.0	10	100.0
FXOH	1	6	54.5	7	70.0	3	30.0
	2	5	45.5	3	30.0	7	70.0
	TOTAL	11	100.0	10	100.0	10	100.0

LEGEND:
FXPD:
1: yes
2: no
FXOH:
1: satisfactory
2: unsatisfactory

CHAPTER 4 - DISCUSSION

4.1 FORMS 1 AND 1A

4.1.1 Awareness variables

Relatively low percentages of the patients presenting for prosthodontic treatment to the private practices and public hospitals in this study had 'heard' of dental implants and similarly low percentages of these patients were aware that dental implant treatment is available in New South Wales.

There was no significant difference between United Dental Hospital, Westmead Hospital Dental Clinical School and Royal Newcastle Hospital with respect to these issues, despite the provision of clinical treatment and research of implant treatment modalities being conducted by the University of Sydney at the former two hospitals and the regional location of the latter hospital.

The source of the data, that is whether the patients attended private practice or a public hospital was the best predictor of the outcome of the variable 'have you ever heard of dental implants?' Those patients who attended private practice were 3 times more likely to have 'heard' of dental implants as compared to those patients who attended public hospitals. Other factors significant at the $p \leq 0.05$ level in the final logistic regression model were

the following health knowledge and belief factors:

- a. did you know that it is good practice to see a dentist every 6 months? If the answer to this variable is 'yes' then the respondent may be considered 2.4 times more likely to have 'heard' of dental implants as compared to a respondent who answers 'no' to this variable,
- b. are dental problems serious? and
- c. do you feel that the loss of natural teeth is inevitable? For affirmative responses to these variables the respondents are 1.8 times more likely and 2 times less likely respectively, to have 'heard' of dental implants.
- d. Which would you rather have, a filling or an extraction? If the respondent exhibits a preference for fillings then they are 2.3 times more likely to have 'heard' of dental implants.

Consider now the definition of the term 'dental implant'. Of the patients who had heard of dental implants 55.9% of the patients attending private practice were able to report that a dental implant is an artificial tooth and foundation placed in the gum/jaw bone as compared to 43.6% of patients attending public institutions. Of the former patients, 13.5% responded that a dental implant is a foundation in the gum/jaw bone as compared to 2.6% of the latter patients. If these two types of response are considered to be the correct definition for the nature of a dental implant

then 69.4% of patients attending private practice and 46.2% of patients attending public institutions could define the term correctly. These numbers increase to 85.9% and 69.3% respectively, if the third category of response 'Tooth (nature undefined) implanted/inserted into gum' is also included within the operational definition for correct.

With regard to the origin of the respondents' knowledge regarding dental implants, the major response categories were:

- a. dentist,
- b. reading,
- c. television,
- d. friends/acquaintances and
- e. family.

A highly significant difference existed between the patients attending private practice and those attending public institutions regarding the origin of their knowledge. If the response frequencies are expressed as a percentage of the total number of reports, then it is apparent that for the former patients, 33.0% of the total number of reports involved the dentist as compared to 6.6% for the public group. The most dominant category for the public group was the 'reading' category which involved 30.3% of the total number of reports (28.1% for the private group) and 25.0% of the reports for this group involved

'television' as compared to 13.5% for the private group.

In a study of the attitudes of removable denture patients towards dental implants Akagawa et al. (1988) included the question 'how did you get the information on implant therapy?' Television and radio programmes was the most frequently reported response category (35%), followed by books, journals and newspapers (27%), dentists (20%) and friends (18%). However these results were derived from a sample of Japanese patients with a mean age of 61.3 years and are thus not able to be directly compared to the results of this study.

4.1.2 Needs variables

Self-perceived need and demand for implant treatment was recorded from patients who reported missing teeth for a broad spectrum of reasons.

With regard to self-perceived need, the result that 19.2% of the patients attending private practice considered that they may require a dental implant in the future may be considered moderately high, although much lower than the approximately 50% figure cited by Akagawa et al. (1988).

The result that 14.1% of the prosthodontic treatment requests for the patients attending private practice involved implants may be considered moderately high.

Both the self-perceived need and treatment requests involving implants for the patients attending public institutions were very low. This fact probably reflects the general low awareness of dental treatment modalities in the patients attending public hospitals.

Criteria for normative need for dental implants have not been established, certainly it is an optional treatment in some circumstances where conventional removable denture or fixed bridge treatment would suffice and this enhances the validity of the use of patient defined needs for this study. However the potential of patient misconceptions to influence needs and demands for implant treatment cannot be ignored.

Other issues of relevance to the assessment of need for dental implant systems and ultimate utilisation of these systems are:

- a. whether implant dentistry will be applied to the routine replacement of missing teeth (excluding wisdom teeth) or be largely applied to the treatment of special needs circumstances,
- b. whether implant dentistry will be favoured over improvements in adhesive technology for the replacement of missing teeth (Crispin, 1991 concluded after a 5 year longitudinal clinical study that etched-metal composite resin bonded fixed partial dentures are a viable treat-

ment alternative for single tooth posterior replacements or single-to-double tooth anterior replacements provided intact abutments exist) and

c. whether prosthetic replacement rates for missing teeth and existing prostheses will increase in New South Wales in association with general improvements of oral health standards.

It is likely that missing teeth will be increasingly a feature of older patients (Figure 2) and/or lower social classes. In a study by the American Dental Association in 1958 cited by Cohen (1980) of the importance of teeth and dental services to different segments of the population, the perceptions of individuals from different social classes differed as follows:

a. upper middle class (professionals, business executives),

- value teeth and are interested in preventive dentistry,
- loss of teeth signifies ageing, physical disability, loss of natural energy and the need for artificial substitutes,

b. lower middle class (small businessmen, teachers, white collar workers),

- similar to the above,

c. upper lower class (skilled and semiskilled blue collar workers),

- live on a day to day basis,

- resigned to what happens to them, not concerned with prevention,
 - fatalistic toward tooth decay and believe that teeth eventually rot, fall out or have to be pulled out,
 - believe that tooth loss is a normal part of aging,
- d. lower class (unskilled workers),
- believe that tooth decay and loss are inevitable, at early ages.

Pritchard (1986) also considered that lower social classes (in Britain) exhibit a degree of fatalism which encourages enjoyment of the present as compared to future planning and examined the relationship between the attitudes of different social classes and health care.

In this study, within the group of patients attending private practice, significantly more patients categorised as lower class, considered the loss of natural teeth to be inevitable and patients with lower levels of education exhibited a similar attitude.

The majority of patients attending private practice were categorised as upper or middle class, 76.8%, people who would likely have more favourable attitudes towards implant treatment as compared to lower class people, the former patients also reported attending the dentist significantly more often than the latter.

It would appear that in the future, people for whom dental implants may be directly relevant, elderly and/or lower class people may be relatively isolated from information concerning implants and/or encounter significant barriers to the receipt of this form of treatment (Ley and Langsjoen, 1985; Gift, 1988; Kiyak, 1989).

4.1.3 Promotional aspects of implant treatment for dental patients

The community of New South Wales could be considered as two distinct groups with regard to increasing the awareness of dental implants:

- a. those patients who attend the dentist regularly,
 - it is of interest that 71.0% of patients attending private general dental practice and requesting prosthodontic treatment, attend the dentist at least once every 2 years. It could be expected that the patients' dentist would respond to the patients specific dental status with professional advice regarding implant treatment as appropriate.

Van Riel et al. (1988) consider that the dentist appears to be the most important source of dental information. In a telephone survey of 1,003 people representing a national probability sample of 505 men and 498 women, 18 years or older who were heads of households in the

continental United States, O'Neill (1984) found that 66% of the public said that they consider their dentists to be their primary source of information about dental health. In a concurrent telephone survey of dentists it was found however, that only 2 dentists in 5 (39%) considered the dental profession a primary source of information. The dentists overemphasised the contributions of television and newspapers/magazines. Only 11% and 23% of the public mentioned television and newspapers/magazines respectively as the primary information source. O'Neill (1984) surmised that the dental practitioner's emphasis on the mass media is not surprising, especially in the light of the extensive amount of information both direct and incidental that reaches the public through, for example, television. In fact Frazier et al. (1974) reported that the media are second only to the dentist as a dental information source, however these authors also found that the audience of the mass media has little opportunity to learn accurate dental health information.

General dental practitioners must recognise their potential as an information source for their patients and the training of dentists and their continuing education should incorporate behavioural science and communication aspects to fully realise this potential.

b. those patients who do not attend the dentist regularly,

- these patients could benefit by presenting the indications and advantages of this form of treatment during existing dental health promotional activities, such as Dental Health Week conducted by the Australian Dental Association. With regard to patients attending public institutions, 46.7% of such patients in this survey reported that they attended the dentist rarely. It was apparent that these patients were relatively older, they had achieved a relatively low level of education and were more likely to speak a non-English language at home as compared to patients attending private practice and these characteristics would require consideration in relation to the development of promotional programmes involving dental implants for this group.

For both the patients attending private practice and public hospitals, those who wore a complete denture in one or both jaws were more likely to attend the dentist less often (van Rossum et al. {1991} demonstrated differences in dental behaviour and attitudes between people with almost all of their natural teeth and people with one or more full dentures) and thus it would be desirable for mass media campaigns to emphasise the value of implant treatment modes relevant to this type of dental status.

The value of education programmes conducted by bodies such as the Australian Dental Association is influenced in part by information exchange from resource systems which generate information, such as universities and industrial sources. Van Riel et al. (1988) concluded that in the field of dental information exchange in the Netherlands, resource and user systems are not in accordance with each other and whether a similar circumstance exists in Australian environments is debatable. Van Riel et al. (1988) also found that preventive information appears to be the main subject of exchange. It is essential however that accurate information transfer regarding new treatment technologies also occurs between sources and users of such information.

Budd and McRon (1981) and Flay and Burton (1990) discuss the effectiveness of mass communication for health campaigns. Assessing the impact of health education programmes involving implant treatment modalities conducted by the Australian Dental Association could be by means of surveys (self-report/interview/examination) involving for example, dental status and patient demand variables. Marketing figures for implant treatment components from industrial sources may also be of value.

4.2 FORM 2

It is apparent that despite the publications of Adell

(1988) and Albrektsson et al. (1986) describing the very high long term success rates for implant treatment ad modum Brånemark and in the latter instance the Small Transosteal staple (Small and Kobernick, 1969; Kent et al., 1984; Small and Misieck, 1986), the percentage of general practitioners in New South Wales who consider that dental implant treatment offers a successful long term treatment outcome is relatively low (67.9%, 95%CI $\pm$ 6.5%). This could be a result that reflects the documented failures of implant systems other than the Brånemark system.

A relatively low percentage of respondents (14.3%, 95%CI $\pm$ 4.9%) had completed a stage of work involving dental implants. This possibly reflects the dentists' interests and aspirations regarding the provision of treatment within the practice environment as much as patient demand. The figure of 44.4 for the percentage of dentists who had referred a patient for dental implant treatment may be considered relatively high, however 63.7% of dentists reported having referred only 1-3 patients and 17.6%, 4-6 patients.

From data from the Survey of Oral Health in Australia (Figure 2) together with demographic trends it is apparent that currently the majority of persons with missing teeth are in the older age groups and this trend will become more pronounced in the future. It is therefore encouraging from the point of view of the provision of implant treatment

services that only 28.6% of the dentists responded 'yes' to the question 'do you feel that old people (older than 60 years) are poor candidates for oral rehabilitation?'

The applicability to and utilisation of implants in the management and oral rehabilitation of missing tooth/teeth circumstances for the elderly requires further research in areas such as:

- a. factors influencing treatment planning decisions of dentists for younger as compared to older patients (Braun and Marcus, 1985),
- b. the impact of oral health on the quality of life, efficient mastication is desirable but it may be more relevant to social interactions than to good digestion (Miller, 1987). Ettinger (1987) stated that measures of social functioning and self-esteem were required to be developed to show that oral health does improve the quality of life. Slade and Spencer (1990) described the development and testing of the Oral Health Impact Profile which incorporated sociological concepts. This index together with similar indices require further application to enhance the case for integrating a variety of dental treatment modes including implant treatment into the geriatric health care system,
- c. changing health perceptions of older patients and their implications for dentistry (Hickey, 1988) and
- d. the significance of the presence of plaque on the

surfaces of implant fixtures (Zarb and Schmitt, 1990b).

The Brånemark system recommends the team approach to the provision of implant treatment with a prosthodontist or general dentist completing the prosthodontic phases of treatment and an oral surgeon completing the oral surgical phases. However in this study, the majority of dentists were completing 2 or more phases of treatment and the percentage of reports for completing periodontal treatment for the patients was low. These results are a reflection of the utilisation of several types of implant systems despite the publication of Albrektsson et al. (1986) delineating the limitations of many of these systems. It would have been expected that the reports for completing a periodontal phase of treatment would have been higher. Maintenance protocols are possibly not being emphasised.

With regard to the reasons for selecting specific implant systems it is ironic that the most frequently reported reason was 'success rate and/or recommendation.' Different standards therefore exist for general dental practitioners within New South Wales with regard to acceptance of the outcomes of implant treatment. The armamentarium associated with the Brånemark system is relatively costly but the frequency of reports of 'cost' as being a factor influencing the selection of the implant system was low. It is the case that proponents of fibrointegration as compared to osseointegration have quite polar views on criteria for

implant success (Albrektsson et al., 1986; James et al., 1986; Weiss 1986, 1987a,b; Niznick, 1987b) and also, within the stratum of osseointegrated systems, critical appraisal can become emotive (Niznick, 1987a).

The result that 54.1% of the respondents intend to attend a postgraduate education course is an encouraging finding, although there is a possibility of a 'desirable response factor' within this result. It is likely that a significant proportion of these dentists will attend courses for systems that do not satisfy the criteria of Albrektsson et al. (1986) and which are not conducted in association with the University of Sydney. It is of interest that 42.9% of the total number of respondents in the survey reported that they had previously attended one or more further education courses on implants.

The implications for postgraduate education courses for general dental practitioners presented at the University of Sydney of the survey data from Form 2 are:

- a. the experimental background and rationale for a variety of systems and theoretical and practical limitations for each be presented and
- b. that the definition of success for different systems needs to be considered as well as success rates.

4.3 LONGITUDINAL STUDY OF PATIENTS RECEIVING IMPLANT TREATMENT

4.3.1 Psychosocial variables

A limited number of studies involving matched control patients has addressed the issue of the social and psychological impact of implant supported prostheses ad modum Brånemark for the treatment of edentulous patients. It is this type of study design that is essential to elucidate whether treatment involving implants is indeed superior to conventional treatment. The study of Blomberg and Lindquist (1983) involved 26 probands and 26 matched control patients. These authors reported that osseointegrated bridge treatment results in a marked improvement for patients socially and psychologically as compared to conventional treatment and that the improvement for the probands persisted over the 2 year follow-up period. It is to be noted however, that data for the control patients was not collected at times corresponding to the post-operative assessments of the probands and that comparisons to the control group were based on pre-operative data. It was considered that the problems of the control patients would remain the same throughout the period of the study because they had worn dentures for several years and their replacements (new or optimised complete dentures) only involved 'marginal changes'. This presumption however adversely affects the internal validity of the study, for it does not

allow for assessment of the influence of the effects of social interactions with the dentist and other care-givers upon the post-treatment results for the implant patients.

Hoogstraten and Lamers (1987) found in a comparison of post-treatment social sub-tests for a sample of patients who had received implant treatment and a sample receiving conventional denture treatment that the latter were more satisfied ($p < 0.01$). The sample size of the two groups differed, 43 and 10 patients respectively, but the groups were highly comparable with regard to dental history factors, for example the number of dentures the patients had used and the number of years the patients had been edentulous. These authors found however, that the patients receiving jaw-bone anchored prostheses were substantially more satisfied as indicated by social measures than with their pre-treatment prostheses.

Gregory et al. (1990) and Kiyak et al. (1990) reported respectively improved post-treatment psychological and social status for edentulous patients receiving implant treatment in clinical longitudinal studies involving pre- and post-treatment comparisons of 13 patients over a post-treatment period of 3 years and a study of 39 patients for whom the final recall appointment was 2-6 months after the prostheses were inserted. Both studies did not provide post-treatment comparisons to matched control patients receiving conventional denture treatment.

Grogono et al. (1989) and Albrektsson et al. (1987) reported the use of postal questionnaires addressed to patients who had received implant treatment, to retrospectively assess the outcome of psychosocial factors in relation to the provision of this form of treatment and again, found significant improvements as compared to previous conventional treatment. Grogono et al. (1989) commented that the sample utilised was relatively small (95 patients) and that some of the respondents may have been inclined to favour implants because of the time and expense involved in obtaining this form of treatment.

In this study, for a limited number of psychological and social variables, the implant patients exhibited significantly improved status in relation to their control patients. Improvements in psychological and social status for both groups of patients were retained over time.

Whereas Blomberg and Lindquist (1983) stressed that patients receiving implant treatment no longer considered their prostheses to be 'foreign bodies' as compared to control patients, in this study neither group considered this to be the case.

The question of whether implant treatment can be recommended more or less routinely for edentulous patients because of significant improvements in social and psychological functioning has yet to be adequately answered. Although

this study makes a positive contribution to this issue, it has a relatively small sample size despite the assessment of all edentulous patients presenting to the Centre for Osseointegrated Dental Implants over a 2 year period and the data sets for some patients were incomplete for reasons previously discussed. It would be of value to horizontally integrate new patient data into the data base of this study and recalculate the statistical results. It would also be of value to collect patient data over longer post-treatment evaluation periods.

4.3.2 Functional variables

With regard to pretreatment problems, it was apparent that both the implant patients and their controls had experienced such problems for considerable periods of time and yet 41.7% and 71.4% of these patients respectively, reported that they attended the dentist rarely. It is apparent therefore, that educational programmes for prosthodontic patients regarding these issues is required and possibly Dental Health Week activities conducted by the Australian Dental Association would be a suitable medium.

Because of the short term nature of this study, it is not possible to apply the criteria for success of implant treatment as described by Albrektsson et al. (1986) directly, however each patient receiving implant treatment (of which 10 of the total of 14 received implant supported

overdenture therapy) may, as a general statement be considered to have exhibited a successful functional outcome. Nevertheless, both groups of patients reported a relatively high incidence of post-treatment problems over the 6 month review period emphasising the need for regular maintenance appointments during this time.

It is worthwhile to note, that if the total number of problems for the mandibular prostheses for each group of patients was summed over the 6 month review period, 35.7% of such reports involved chewing for the control patients as compared to 4.6% for the patients receiving implant therapy and 31.8% of such reports involved cleaning for the latter patients as compared to 3.6% for the control patients. These figures were not tested statistically because of dependent structure effects within the data, but they may contribute to hypothesis generation for further studies involving the outcomes of implant therapy.

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APPENDIX I

Except for the forms 'Explanation of Research Procedures I' and Form 2, each form has been reduced by photocopying.



THE UNIVERSITY OF SYDNEY

DEPARTMENT OF PROSTHETIC DENTISTRY

2 CHALMERS STREET
SYDNEY 2010
NEW SOUTH WALES
AUSTRALIA

TELEPHONE
(02) 282 0200

Dear Doctor,

Thank you for consenting to participate in the project, 'A survey of the attitudes and experiences of private general dental practitioners and patients from the private and public sectors with respect to dental implants'. Please find enclosed Appendix I, two form 1A's, Form 2 and a postage paid envelope.

Appendix I is the form explaining the research procedures which is to be viewed by each participating patient before Form 1A is completed.

Form 1A is to be given to those patients who request removable denture and/or fixed bridge treatment. Could you please take the time to validate each Form 1A after the patient has completed it? It is hoped that over a four week period each of the two Form 1A's will have been completed. If this is not possible simply return the forms in the postage paid envelope. If the survey forms are completed before the four week period has elapsed please return the forms as soon as possible.

Form 2 is to be completed by yourself and is to be returned with the Form 1A's.

Once again thank you for your cooperation.

Yours sincerely,

Professor I. Klineberg,
Head, Department of Prosthetic Dentistry



Faculty of Dentistry The University of Sydney

Appendix I

EXPLANATION OF RESEARCH PROCEDURES I

As part of a larger study the Department of Prosthetic Dentistry within the University of Sydney is conducting a survey of the needs and awareness of implant treatment methods of dental patients requesting removable denture and/or fixed denture/bridge treatment attending private practice and public dental hospitals within NSW.

It is anticipated that the information obtained will assist in educational planning for both dentists and undergraduate dental students and will benefit dental practice by improving the skills of the graduate.

This investigation involves the completion of questionnaires.

Thank you for your cooperation.

A SURVEY OF THE ATTITUDES AND EXPERIENCES OF PRIVATE GENERAL DENTAL PRACTITIONERS AND PATIENTS FROM THE PRIVATE AND PUBLIC SECTORS WITH RESPECT TO IMPLANTS.

University of Sydney

1.

Form 1A

Please tick the relevant boxes to indicate your response.

Please answer other questions by writing in the space provided.

Please answer every question.

A. PERSONAL DETAILS

1. Sex

1. Male.....☐1
2. Female.....☐2

2. Age (in years)

1. 10-19.....☐1
2. 20-29.....☐2
3. 30-39.....☐3
4. 40-49.....☐4
5. 50-59.....☐5
6. 60-69.....☐6
7. 70-79.....☐7
8. 80-89.....☐8
9. 90 and over.....☐9

3. Marital status

1. Married.....☐1
2. Single not divorced.....☐2
3. Single divorced.....☐3
4. Cohabiting.....☐4
5. Widow/Widower.....☐5

4. What is the highest level of educational qualification that you have achieved?

1. Primary School level.....☐1
2. Secondary School level
i) 1st Form.....☐1
ii) 2nd Form.....☐2
iii) 3rd Form.....☐3
iv) 4th Form.....☐4
v) 5th Form.....☐5
vi) Final year certificate.....☐6

3. Tertiary qualification

- i) College (including TAFE).....☐1
ii) Institute.....☐2
iii) University.....☐3

5. a. Are you

1. a private patient?.....☐1
2. a non-private patient?.....☐2

b. Are you presently in paid employment?

1. Yes.....☐1
2. No.....☐2

If yes:

c. What is the nature of your current employment?

.....
If no:
d. How long have you not been working?

1. less than 6 months.....☐1
2. greater than 6 months but less than 2 years.....☐2
3. greater than 2 years but less than 5 years.....☐3
4. greater than 5 years but less than 10 years.....☐4
5. greater than 10 years.....☐5

e. What was the nature of your last employment?

-
f. Are you:
1. Retired self-supporting?.....☐1
2. Pensioner - retired?.....☐2
3. Pensioner - disabled?...☐3
4. Receiving sickness benefits?.....☐4
5. Receiving unemployment benefits?.....☐5
6. Other.....

6. Place of Birth

1. Australia.....☐1
2. United Kingdom and Ireland.....☐2
3. Italy.....☐3
4. Greece.....☐4
5. Yugoslavia.....☐5
6. Holland.....☐6
7. Germany.....☐7
8. New Zealand.....☐8
9. Other.....

7. How long have you resided in Australia?

1. 0-4 years.....☐1
2. 5-9 years.....☐2
3. 10-19 years.....☐3
4. 20-29 years.....☐4
5. 30-39 years.....☐5
6. 40-49 years.....☐6
7. More than 50 years.....☐7

8. What is the main language spoken at home?

1. Australian/English.....☐1
2. Italian.....☐2
3. Greek.....☐3
4. Other (Please specify)
.....
.....

9. What is the postcode of your home address?

10. a. Have you changed your place of residence in the last 5 years?

1. Yes.....☐1
2. No.....☐2

If yes:

b. How often has a change(s) occurred?

1. Once in the last five years.....☐1
2. Twice in the last five years.....☐2
3. Three times in the last 5 years.....☐3
4. Four times in the last five years.....☐4
5. Five times or greater in the last 5 years.....☐5

11. If you have no spouse tick the adjacent box and go to question 14, otherwise proceed to question 12.
☐1

Please tick the relevant boxes to indicate your response.
Please answer other questions by writing in the space provided.
Please answer every question.

12. What is the highest level of educational qualification that has been achieved by your spouse?

1. Primary School level...☐1
2. Secondary School level
- i) 1st Form.....☐1
- ii) 2nd Form.....☐2
- iii) 3rd Form.....☐3
- iv) 4th Form.....☐4
- v) 5th Form.....☐5
- vi) Final year certificate☐6
3. Tertiary qualification
- i) College (including TAFE)☐1
- ii) Institute.....☐2
- iii) University☐3

13. a. Is your spouse presently involved in paid employment?
1. Yes.....☐1
2. No.....☐2

If yes:
b. What is the nature of the employment?
.....

If no:
c. How long has your spouse not been working?

1. less than 6 months.....☐1
2. greater than 6 months but less than 2 years.....☐2
3. greater than 2 years but less than 5 years.....☐3
4. greater than 5 years but less than 10 years.....☐4
5. greater than 10 years.....☐5

d. What was the nature of your spouses's last employment?
.....

- a. Is your spouse
1. Retired self-supporting?.....☐1
2. Pensioner - retired?....☐2
3. Pensioner - disabled?...☐3
4. Receiving sickness benefits?☐4
5. Receiving unemployment benefits?☐5
6. Other (please specify)
.....

14. a. Do you/have you had a serious medical problem(s)?
1. Yes.....☐1
2. No☐2

If yes :
b. Describe the nature of the problem(s)
.....
.....
.....
.....

15. a. Are you currently taking any medication(s)?
1. Yes.....☐1
2. No☐2

If yes :
b. Please list the medication(s)/tablets and why you take it/them.

NAME	EFFECT
.....	
.....	
.....	
.....	

B. DENTAL HISTORY

1. Please indicate by ticking the relevant box(es) the factor(s) that you consider to be the most important in choosing a dentist
1. Cost.....☐1
2. Surgery
decor, condition.....☐2

2.
3. Personality, manner...☐3
4. Location.....☐4
5. Experience☐5
6. Standard of work.....☐6
7. Trust, reliability.....☐7
8. Other (please specify)
.....
.....
.....

- 2 a. Do you have any specific fears in relation to dentists?
1. Yes.....☐1
2. No.....☐2

If yes:
b. How did this fear arise?
.....
.....
.....
.....

- 3 a. Do you have any specific dislike (excluding fear) in relation to dentists?
1. Yes.....☐1
2. No.....☐2

If yes:
b. Please describe this attitude.....
.....
.....

c. How did this attitude arise?.....
.....
.....

4. Do any of your family members have any specific fears in relation to dentists?
1. Yes.....☐1
2. No.....☐2

5. Do any of your family members have any specific dislikes (excluding fear) in relation to dentists?
1. Yes.....☐1
2. No.....☐2

6. a. How often do you attend the dentist?

1. 1-2 times or greater/year ☐1

2. once every 2 years....☐2

3. once every 3 years....☐3

4. once every 4 years....☐4

5. rarely.....☐5

b. Is today's dental visit for an emergency reason(s)?

1. Yes.....☐1

2. No.....☐2

c. If you only attend the dentist rarely why is this the case?

.....

.....

d. Does your dentist have a recall system?

1. Yes.....☐1

2. No.....☐2

7. How often does your spouse/defacto attend the dentist?

1. Not applicable.....☐1

2. 1-2 times or greater/year.....☐2

3. once every 2 years....☐3

4. once every 3 years....☐4

5. once every 4 years....☐5

6. rarely.....☐6

8. How often do/does your children/child attend the dentist?

1. Not applicable.....☐1

2. 1-2 times or greater/year.....☐2

3. once every 2 years....☐3

4. once every 3 years....☐4

5. once every 4 years....☐5

6. rarely.....☐6

9. Do you know anyone who has a complete denture(s)?

1. Yes.....☐1

2. No.....☐2

10. Who was involved in the decision to have your tooth/teeth extracted?

.....

.....

11. Why did you have your tooth/teeth extracted?

.....

.....

12. a. Do you have a natural tooth/teeth missing (excluding wisdom teeth)?

1. Yes.....☐1

2. No.....☐2

If yes:

b. Is this natural tooth/teeth missing in your

1. Upper jaw?.....☐1

2. Lower jaw?.....☐2

13. a. Do/have you have/had a dentures(s)/bridge(s) made?

1. Yes.....☐1

2. No.....☐2

If no please tick the adjacent box and go to question 14.....☐1

b. What type(s) of denture(s)/bridge(s) do you wear?

1. Full upper denture.....☐1

2. Full lower denture.....☐2

3. Partial upper denture..☐3

4. Partial lower denture..☐4

5. Upper fixed bridge(s)..☐5

6. Lower fixed bridge(s)..☐6

7. Not applicable.....☐7

c. Did a prosthetist (non-dentist) make your current denture(s) or any of your previous dentures?

1. Yes.....☐1

2. No.....☐2

d. How many denture(s)/bridges(s) have you had constructed?

1. Full upper denture
☐1☐2☐3☐4☐5☐6+

2. Full lower denture
☐1☐2☐3☐4☐5☐6+

3. Partial upper denture
☐1☐2☐3☐4☐5☐6+

4. Partial lower denture
☐1☐2☐3☐4☐5☐6+

5. Upper fixed bridge(s)
☐1☐2☐3☐4☐5☐6+

6. Lower fixed bridge(s)
☐1☐2☐3☐4☐5☐6+

e. How long is it since you first began to wear a denture(s)/bridge(s)?

1. less than 1 year.....☐1

2. 1-3 years.....☐2

3. 4-6 years.....☐3

4. 7-10 years.....☐4

5. more than 10 years....☐5

f. Do you take your denture(s) out at night?

1. Yes.....☐1

2. No.....☐2

3. Sometimes..☐3

4. Not applicable...☐4

g. Do you have a problem(s) with your denture(s)/bridge(s)?

1. Yes.....☐1

2. No.....☐2

If yes:

h. Indicate the nature of the problem(s) by ticking the relevant box(es)

CHARACTERISTIC	UPPER
1. Appearance.....	☐ 1
2. Speech.....	☐ 2
3. Tightness of fit.....	☐ 3
4. Chewing.....	☐ 4
5. Comfort.....	☐ 5

CHARACTERISTIC	LOWER
1. Appearance.....	☐ 1
2. Speech.....	☐ 2
3. Tightness of fit.....	☐ 3
4. Chewing.....	☐ 4
5. Comfort.....	☐ 5

i. Please describe any other problem(s) you may have.

UPPER	LOWER
.....	
.....	
.....	

j. Which problem(s) with your denture(s)/bridge(s) is of the most concern to you?

UPPER	LOWER
.....	
.....	
.....	

4.

Please tick the relevant boxes to indicate your response.
Please answer other questions by writing in the space provided.
Please answer every question.

14. a. Are you having a problem(s) with a missing tooth/teeth for which you do not have a denture(s)/bridge(s)?
1. Yes.....☐1
2. No.....☐2

If yes:
b. Indicate the nature of the problem(s) by ticking the relevant box(es)

1. Appearance.....☐1
2. Speech.....☐2
3. Chewing.....☐3
4. Comfort.....☐4

15. How frequently do you clean your dentures/teeth?
1. Less than once every 2 days.....☐1
2. Once every 2 days.....☐2
3. Once/day.....☐3
4. Twice/day.....☐4
5. Three or more times/day.....☐5

16. How much time does it take for you to travel to the dentist?
1. Less than 15 minutes..☐1
2. Between 15 and 29 minutes.....☐2
3. Between 30 and 59 minutes.....☐3
4. Between 1 hour and 1&1/2 hours.....☐4
5. More than 1&1/2 hours.....☐5

17. Do you have dental insurance?
1. Yes.....☐1
2. No.....☐2

C. NEEDS : AWARENESS

1. Do you believe it is of value to see a dentist regularly?
1. Yes.....☐1
2. No.....☐2

2. Did you know that it is good practice to see a dentist every six months?
1. Yes.....☐1
2. No.....☐2

3. Do you feel that dental problems are serious?
1. Yes.....☐1
2. No.....☐2

4. Do you feel that you are particularly susceptible to dental problems?
1. Yes.....☐1
2. No.....☐2

5. Do you feel that the loss of natural teeth is inevitable?
1. Yes.....☐1
2. No.....☐2

6. Which would you rather have
1. a filling?.....☐1
2. an extraction?.....☐2

7. How do/would full dentures (upper and lowers) compare with natural teeth?
1. Better.....☐1
2. The same.....☐2
3. Worse.....☐3

8. a. Have you ever heard of dental implant treatment?
1. Yes.....☐1
2. No.....☐2

If yes:
b. What is a dental implant?
.....
.....
.....

- c. How did you come to know about them?
.....
.....
.....

- d. Are you aware that dental implant treatment is available in N.S.W.?
1. Yes.....☐1
2. No.....☐2

- e. Have any of your relatives or friends received dental implant treatment?
1. Yes.....☐1
2. No.....☐2

- f. Do you believe that dental implants are a valuable addition to dental treatment?
1. Yes.....☐1
2. No.....☐2

- g. Do you think that it is likely that you may require a dental implant in the future?
1. Yes.....☐1
2. No.....☐2

9. What is your treatment request in relation to your missing teeth/ dentures? (please tick all of the relevant boxes to indicate your response)
1. Full upper denture treatment.....☐1
2. Full lower denture treatment.....☐2
3. Partial upper denture treatment.....☐3
4. Partial lower denture treatment.....☐4
5. Upper fixed bridge treatment.....☐5
6. Lower fixed bridge treatment.....☐6
7. Upper implant treatment.....☐7
8. Lower implant treatment.....☐8

A SURVEY OF THE ATTITUDES AND EXPERIENCES OF PRIVATE
GENERAL DENTAL PRACTITIONERS AND PATIENTS FROM THE
PRIVATE AND PUBLIC SECTORS WITH RESPECT TO IMPLANTS.

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University of Sydney

1.

Form 2

Please tick the relevant boxes to indicate
your response.
Please answer other questions by writing
in the space provided.
Please answer every question.

1. Sex

1. Male.....☐1
2. Female.....☐2

2. Age (in years)

1. 20-29.....☐1
2. 30-39.....☐2
3. 40-49.....☐3
4. 50-59.....☐4
5. 60-69.....☐5
6. 70 and over☐6

3. Place of Birth

1. Australia.....☐1
2. United Kingdom and
Ireland☐2
3. Italy.....☐3
4. Greece.....☐4
5. Asia☐5
6. South Africa☐6
7. New Zealand.....☐7
8. Other (please specify)

4. a. Please state the name and location
of the University/Institution from which
you gained your undergraduate dental
qualification.

b. What was the year of your
graduation ceremony for this qualification?

1. Pre 1930.....☐1
2. 1930 - 39☐2
3. 1940 - 49☐3
4. 1950 - 59☐4
5. 1960 - 69☐5
6. 1970 - 79☐6
7. 1980 -☐7

c. Please state the nature of any
other undergraduate qualification(s) that
you have obtained?

5. a. Please state the nature of any
postgraduate qualification(s) that you have
obtained?

b. Please state the name(s) and
location(s) of the University(ies)/
Institution(s) from which you gained your
postgraduate qualification(s)?

6. Please state the postcode of your main
practice location?

7. Please indicate the predominant
type(s) of dental work that is/are
undertaken at your practice?

1. Restorative/prosthetic
therapy☐1
2. Endodontic therapy.....☐2
3. Preventive dentistry.....☐3
4. Orthodontia.....☐4
5. Pedodontia.....☐5
6. Oral surgery.....☐6
7. Periodontal therapy☐7
8. Other (please specify)

8. Do you feel that dental implants offer a successful long term treatment outcome?

- 1. Yes.....☐1
- 2. No.....☐2

9. a. Have you ever referred a patient for implant treatment?

- 1. Yes.....☐1
- 2. No.....☐2

b. If yes:
How many patients have you referred for implant treatment?

10. a. Have you ever completed any stage of work for a dental implant?

- 1. Yes.....☐1
- 2. No.....☐2

If yes:
b. Please indicate the prosthodontic nature of the implant treatment(s) with which you have been involved?

- 1. Fixed bridgework.....☐1
- 2. Single tooth implant.....☐2
- 3. Maxillary removable complete overdenture.....☐3
- 4. Mandibular removable complete overdenture.....☐4
- 5. Maxillary removable partial overdenture.....☐5
- 6. Mandibular removable partial overdenture.....☐6

c. Please indicate the phase(s) of implant treatment(s) with which you have been involved?

- 1. Examination/treatment planning.....☐1
- 2. Oral surgery.....☐2
- 3. Prosthodontic therapy.....☐3
- 4. Periodontal therapy.....☐4
- 5. Endodontic therapy.....☐5
- 6. Other (please specify).....

d. Which dental implant system(s) do you utilise?

e. Please state the reason(s) for your choice of implant system(s)

f. For how many patients receiving implant treatment have you examined/undertaken a phase(s) of treatment within the last five years?

g. Has the number of patients with whom you are/have been involved in providing implants increased over the last two years in relation to the previous two years?

- 1. Yes.....☐1
- 2. No.....☐2

11. Have you attended one or more further education courses on implants?

- 1. Yes.....☐1
- 2. No.....☐2

12. Do you intend to attend a further education course on implants within the next two years?

- 1. Yes.....☐1
- 2. No.....☐2

13. a. Do you feel that old people (older than 60 years) are poor candidates for oral rehabilitation?

- 1. Yes.....☐1
- 2. No.....☐2

b. Please discuss your answer:

PERSONAL, MEDICAL AND DENTAL HISTORIES

University of Sydney

1.

Form 3

Patient's Name:

 Address:

 Postcode:
 Telephone No.:
 Case Note No:

Please tick the relevant boxes to indicate your response.
 Please answer other questions by writing in the space provided.
 Please answer every question.

A. PERSONAL DETAILS

1. Sex

1. Male.....☐1
 2. Female.....☐2

2. Age (in years)

1. 10-19.....☐1
 2. 20-29.....☐2
 3. 30-39.....☐3
 4. 40-49.....☐4
 5. 50-59.....☐5
 6. 60-69.....☐6
 7. 70-79.....☐7
 8. 80-89.....☐8
 9. 90 and over.....☐9

3. Place of Birth

1. Australia.....☐1
 2. United Kingdom and Ireland.....☐2
 3. Italy.....☐3
 4. Greece.....☐4
 5. Yugoslavia.....☐5
 6. Holland.....☐6
 7. Germany.....☐7
 8. New Zealand.....☐8
 9. Other (please specify)

4. How long have you resided in Australia?

1. 0-4 years.....☐1
 2. 5-9 years.....☐2
 3. 10-19 years.....☐3
 4. 20-29 years.....☐4
 5. 30-39 years.....☐5
 6. 40-49 years.....☐6
 7. More than 50 years.....☐7

5. What is the postcode of your home address?

6. a. Have you changed your place of residence in the last 5 years?

1. Yes.....☐1
 2. No.....☐2

b. How often has a change(s) occurred?

1. Once in the last five years.....☐1
 2. Twice in the last five years.....☐2
 3. Three times in the last 5 years.....☐3
 4. Four times in the last five years.....☐4
 5. Five times or greater in the last 5 years.....☐5

7. What is the main language spoken at home?

1. Australian/English.....☐1
 2. Italian.....☐2
 3. Greek.....☐3
 4. Other (please specify)

8. Marital status

1. Married.....☐1
 2. Single not divorced.....☐2
 3. Single divorced.....☐3
 4. Cohabiting.....☐4
 5. Widow/Widower.....☐5

9. What is the highest level of educational qualification that you have achieved?

1. Primary School level.....☐1
 2. Secondary School level
 i) 1st Form.....☐1
 ii) 2nd Form.....☐2
 iii) 3rd Form.....☐3
 iv) 4th Form.....☐4
 v) 5th Form.....☐5
 vi) Final year certificate.....☐6
 3. Tertiary qualification
 i) College (including TAFE).....☐1
 ii) Institute.....☐2
 iii) University.....☐3

10. a. Are you

1. a private patient?.....☐1
 2. a non-private patient?.....☐2

b. Are you presently in paid employment?

1. Yes.....☐1
 2. No.....☐2

If yes:

c. What is the nature of your current employment?

If no:

d. How long have you been unemployed?

1. less than 6 months.....☐1
 2. greater than 6 months but less than 2 years.....☐2
 3. greater than 2 years but less than 5 years.....☐3
 4. greater than 5 years but less than 10 years.....☐4
 5. greater than 10 years.....☐5

e. What was the nature of your last employment?
.....

f. Are you:-

- 1. Retired self-supporting? ☐1
- 2. Pensioner - retired?..... ☐2
- 3. Pensioner - disabled?.. ☐3
- 4. Receiving sickness benefits?..... ☐4
- 5. Receiving unemployment benefits?..... ☐5
- 6. Other (please specify)
.....

11. If there is no spouse tick the adjacent box and go to B. MEDICAL HISTORY question 1, otherwise go to question 12. ☐1

12. What is the highest level of educational qualification that has been achieved by your spouse?

- 1. Primary School level... ☐1
- 2. Secondary School level
 - i) 1st Form..... ☐1
 - ii) 2nd Form..... ☐2
 - iii) 3rd Form..... ☐3
 - iv) 4th Form..... ☐4
 - v) 5th Form..... ☐5
 - vi) Final year certificate ☐6
- 3. Tertiary qualification
 - i) College (including TAFE)..... ☐1
 - ii) Institute ☐2
 - iii) University..... ☐3

13. a. Is your spouse presently involved in paid employment?
- 1. Yes ☐1
 - 2. No..... ☐2

If yes:
b. What is the nature of the employment?
.....

If no:
c. How long has your spouse been unemployed?

- 1. Less than 6 months..... ☐1
- 2. Greater than 6 months but less than 2 years ☐2
- 3. Greater than 2 years but less than 5 years ☐3
- 4. Greater than 5 years but less than 10 years ☐4
- 5. Greater than 10 years ☐5

d. What was the nature of your spouses's last employment?
.....

- e. Is your spouse
- 1. Retired self-supporting? ☐1
 - 2. Pensioner - retired?.. ☐2
 - 3. Pensioner - disabled?.. ☐3
 - 4. Receiving sickness benefits?..... ☐4
 - 5. Receiving unemployment benefits? ☐5
 - 6. Other (please specify)
.....

B. MEDICAL HISTORY

1. a. Has the patient suffered or is suffering from the following:
- 1. Cardiovascular problems (including rheumatic heart disease)? ☐1
 - 2. Respiratory problems? ☐2
 - 3. Blood dyscrasias? ☐3
 - 4. Metabolic disorders (including diabetes)? ☐4
 - 5. Immunological disorders (including rheumatoid arthritis, allergies)?... ☐5
 - 6. Liver problems (including hepatitis)? ☐6
 - 7. Bladder, kidney problems? ☐7
 - 8. Musculoskeletal problems? ☐8
 - 9. Central nervous system problems? ☐9

b. Where a yes response(s) has been recorded please describe the nature of the problem(s) in the space below, otherwise tick the adjacent box. ☐1
.....
.....

c. If there are other problems please describe it/them in the space below, otherwise tick the adjacent box. ☐1
.....
.....

2. a. Is the patient currently taking any medication(s)?
- 1. Yes ☐1
 - 2. No..... ☐2

If yes :
b. Please list the medication(s)/tablets and why it/them are taken.

NAME	EFFECT
.....	
.....	
.....	
.....	
.....	

C. DENTAL HISTORY

1. a. How often do you attend the dentist?
- 1. 1-2 times or greater/year..... ☐1
 - 2. once every 2 years..... ☐2
 - 3. once every 3 years..... ☐3
 - 4. once every 4 years..... ☐4
 - 5. rarely..... ☐5

b. If you only attend the dentist rarely why is this the case?.....
.....

- c. Does your dentist arrange recall appointments for you?
- 1. Yes ☐1
 - 2. No..... ☐2

3.

2. How often does your spouse/defacto attend the dentist?

- 1. Not applicable.....☐1
- 2. 1-2 times or greater/year.....☐2
- 3. once every 2 years....☐3
- 4. once every 3 years....☐4
- 5. once every 4 years....☐5
- 6. rarely.....☐6

3. How often do/does your children/child attend the dentist?

- 1. Not applicable.....☐1
- 2. 1-2 times or greater/year.....☐2
- 3. once every 2 years....☐3
- 4. once every 3 years....☐4
- 5. once every 4 years....☐5
- 6. rarely.....☐6

4. Do you take your dentures out at night?

- 1. Yes.....☐1
- 2. No.....☐2

5. How frequently do you clean your dentures/teeth?

- 1. Less than once every 2 days.....☐1
- 2. Once every 2 days.....☐2
- 3. Once/day.....☐3
- 4. Twice/day.....☐4
- 5. Three or more times/day.....☐5

6. Do you have dental insurance?

- 1. Yes.....☐1
- 2. No.....☐2

7. a. Who was involved in the decision to have your teeth extracted?

.....

b. Why did you have your teeth extracted?

.....

c. How did you feel about the loss of your teeth?.....

.....

8. Had the patient known anyone who has/had a complete denture(s) before having the majority of his/her teeth extracted?

- 1. Yes.....☐1
- 2. No.....☐2

9. Did the patient wear a removable partial denture in either jaw before having the remaining teeth extracted in that jaw?

- 1. Yes.....☐1
- 2. No.....☐2

10. If you possess an upper denture,

a. Does the denture look like your natural teeth?

- 1. Yes.....☐1
- 2. No.....☐2

b. Did you help to choose the front teeth?

- 1. Yes.....☐1
- 2. No.....☐2

11. In relation to your present denture(s):

a. Approximately how many postinsertion visits were required before the dentures was satisfactory?

i. Upper denture?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5+

ii. Lower denture?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5+

b. Were you personally happy with your current dentures at the completion of the post insertion visits?

i. Upper denture?

- 1. Yes.....☐1
- 2. No.....☐2

ii. Lower denture?

- 1. Yes.....☐1
- 2. No.....☐2

12. For the maxilla;

a. What has been the pattern of tooth loss?

- 1. Random?.....☐1
- 2. The majority of teeth extracted at the same visit?.....☐2

b. How long has it been since the patient lost his/her last tooth in this jaw?

- 1. 0-2 years?.....☐1
- 2. 3-5 years?.....☐2
- 3. 6-10 years?.....☐3
- 4. 11-20 years?.....☐4
- 5. More than 20 years?.....☐5

c. Did a prosthetist (non-dentist) make the current denture(s) or the previous denture(s)?

- 1. Yes.....☐1
- 2. No.....☐2

d. How many denture(s)/bridges(s) has the patient had constructed?

1. Full upper denture(s)

☐1 ☐2 ☐3 ☐4 ☐5 ☐6+

2. Partial upper denture(s)

☐1 ☐2 ☐3 ☐4 ☐5 ☐6+

3. Upper fixed bridge(s)

☐1 ☐2 ☐3 ☐4 ☐5 ☐6+

e. Has the denture ever been relined or rebased?

- 1. Yes.....☐1
- 2. No.....☐2

If yes:

f. How many times has the denture been relined or rebased?

- 1. Once?.....☐1
- 2. Twice?.....☐2
- 3. Three times?.....☐3
- 4. Greater than three times?.....☐4

13. For the mandible;

a. What has been the pattern of tooth loss?

- 1. Random?.....☐1
- 2. The majority of teeth extracted at the same visit?☐2

b. How long has it been since the patient lost his/her last tooth in this jaw?

- 1. 0-2 years?.....☐1
- 2. 3-5 years?.....☐2
- 3. 6-10 years?.....☐3
- 4. 11-20 years?.....☐4
- 5. More than 20 years?...☐5

c. Did a prosthetist (non-dentist) make the current denture(s) or the previous denture(s)?

- 1. Yes.....☐1
- 2. No.....☐2

d. How many denture(s)/bridges(s) has the patient had constructed?

- 1. Full lower denture(s)
☐1 ☐2 ☐3 ☐4 ☐5 ☐6+
- 2. Partial lower denture(s)
☐1 ☐2 ☐3 ☐4 ☐5 ☐6+
- 3. Lower fixed bridge(s)
☐1 ☐2 ☐3 ☐4 ☐5 ☐6+

e. Has the denture ever been relined or rebased?

- 1. Yes.....☐1
- 2. No.....☐2

If yes:
f. How many times has the denture been relined or rebased?

- 1. Once?.....☐1
- 2. Twice?.....☐2
- 3. Three times?.....☐3
- 4. Greater than three times?.....☐4

14. a. Indicate the nature of the dental problem(s) by ticking the relevant box(es)

CHARACTERISTIC	UPPER
1. Appearance.....	☐ 1
2. Speech.....	☐ 2
3. Tightness of fit.....	☐ 3
4. Chewing.....	☐ 4
5. Comfort.....	☐ 5

CHARACTERISTIC	LOWER
1. Appearance.....	☐ 1
2. Speech.....	☐ 2
3. Tightness of fit.....	☐ 3
4. Chewing.....	☐ 4
5. Comfort.....	☐ 5

b. Please describe any other problem(s).

UPPER	LOWER
.....	
.....	
.....	
.....	

c. Which problem(s) with the denture(s) is of the most concern to the patient?

UPPER	LOWER
.....	
.....	
.....	
.....	

d. Has any problem(s) remained the same for successive denture(s)?

- 1. Upper Jaw?
 - 1. Yes.....☐1
 - 2. No.....☐2
- 2. Lower Jaw?
 - 1. Yes.....☐1
 - 2. No.....☐2

If yes:
e. Please describe the problem(s).

Upper denture(s).
.....
.....
.....

Lower denture(s).
.....
.....
.....

f. For how long have you had a problem(s) with your denture(s)?

- UPPER
 - 1. Less than 4 weeks.....☐1
 - 2. Greater than 4 weeks but less than 3 months.....☐2
 - 3. Greater than 3 months but less than 6 months.....☐3
 - 4. Greater than 6 months but less than 2 years.....☐4
 - 5. Greater than 2 years...☐5

- LOWER
 - 1. Less than 4 weeks.....☐1
 - 2. Greater than 4 weeks but less than 3 months.....☐2
 - 3. Greater than 3 months but less than 6 months.....☐3
 - 4. Greater than 6 months but less than 2 years.....☐4
 - 5. Greater than 2 years...☐5

15. Which denture gives you the most problems?

- 1. Upper denture.....☐1
- 2. Lower denture.....☐2
- 3. Both are the same.....☐3

16. Are any of your family/friends unhappy about your denture(s)?

- 1. Yes.....☐1
- 2. No.....☐2

A SURVEY OF THE ATTITUDES AND EXPERIENCES OF PRIVATE GENERAL DENTAL PRACTITIONERS AND PATIENTS FROM THE PRIVATE AND PUBLIC SECTORS WITH RESPECT TO IMPLANTS.

University of Sydney

1.

Form 4 (Coding Guidelines)

A. FUNCTIONAL ASSESSMENT

1. Retention:

Maxillary Retention

Method - Downward vertical pressure is applied to the central incisors.

Scale - 1. Satisfactory - not easily displaced
2. Unsatisfactory - easily displaced

Mandibular Retention

Method - The tip of a dental probe is placed between the central incisors and upward force is applied to the denture.

Scale - 1. Satisfactory - not easily displaced
2. Unsatisfactory - easily displaced

2. Stability:

Method - With the effects of the surrounding musculature removed each denture is pressed lightly against its supporting tissues with a forefinger in the premolar region on each side at different times and attempts are made to displace each denture in directions away from the vertical. Additionally functional facial movements are performed and/or replicated and movement potential of each denture is observed.

Scale - 1. Satisfactory; when no more than slight movements of the denture occur.
2. Unsatisfactory; when significant movements of the denture occur.

3. Occlusion:

Method - The presence/absence of primary interfering occlusal contacts on closure into centric relation position is determined by direct vision.

Scale - 1. Satisfactory; absence of primary contacts and firm contacts.
2. Unsatisfactory; presence of primary contacts and lack of firm contacts.

4. Vertical Dimension:

Method - The following parameters are considered:

i. The freeway space is measured between two reference points marked on the patient's face overlying the maxilla and symphseal area of the mandible. It is also observed during enunciation of the following;

- (a) 'sixtysix', 'Mississippi',
 - (b) 'It is probable that the children will have vivid memories of the day trip to the farm', and
 - (c) enumerate the days of the week.
- ii. Lip competence at centric occlusion was observed to indirectly assess vertical face length.

Scale - The aforementioned parameters are collated and the following categories provide broad guidelines for the assessment.

- 1. Excessive vertical dimension:
 - less than 1mm. freeway space
 - strained lips apparent at centric occlusion.
- 2. Satisfactory vertical dimension:
 - 1-4mm. freeway space
 - well supported lips at centric occlusion.
- 3. Overclosed vertical dimension:
 - greater than 4mm. freeway space
 - reduced exposure of vermillion border at centric occlusion.

5. Speech:

Method - The patient is requested to enunciate the following:

- (a) 'sixtysix', 'Mississippi',
- (b) 'It is probable that the children will have vivid memories of the day trip to the farm', and
- (c) enumerate the days of the week.

Scale - 1. Satisfactory
2. Unsatisfactory

6. Aesthetics:

Method - The dentures are considered to either harmonize or jar with other facial characteristics.

Scale - 1. Satisfactory - harmony apparent
2. Unsatisfactory - harmony not apparent.

7. Denture Defects:

Method - The condition of the denture(s) is assessed for any evidence of cracks, breaks, chipping and missing and/or worn out teeth.

Scale - 1. Satisfactory - no evidence of the above
2. Unsatisfactory - evidence of the above.

8. Denture Cleanliness:

Method - The denture is assessed for evidence of stain, calculus and plaque, very recent food debris is ignored.

Scale - 1. Satisfactory - no evidence of the above.
2. Unsatisfactory - evidence of the above.

B. TISSUE ASSESSMENT**1. Denture Stomatitis:**

Method - Tissues are examined for the presence of Denture Stomatitis by direct vision.

Scale (Budtz-Jorgenson, Bertram 1970)

- 1. Grade I - simple localised inflammation; localised to a limited area.
- 2. Grade II - simple localised (generalised) inflammation; involves the whole area covered by the denture.
- 3. Grade III - granular inflammation (papillary hyperplasia).

Denture Stomatitis may be associated with angular cheilitis and itching or burning pain from the oral mucous membranes.

2. Mucosal Erosion/Ulceration:

Method - Tissues are examined for the presence of mucosal erosion and/or ulceration by direct vision. Additionally patients were asked whether some areas had been tender and some sites are gently palpated.

Scale - 1. Mucosal erosion and/or ulceration - present.
2. Mucosal erosion and/or ulceration - absent.

3. Other Pathology:

Method - Other oral and/or perioral pathologies are examined by direct vision and other techniques appropriate to the lesion.

Scale - 1. Other oral and/or perioral pathologies - present.
2. Other oral and/or perioral pathologies - absent.

C. FIXTURE ASSESSMENT**1. Pain/Discomfort:**

Method - Each fixture is percussed gently with the end of a metal mirror.

Scale - 1. Pain and/or discomfort - present.
2. Pain and/or discomfort - absent.

2. Oral Hygiene:

Method - Each fixture is assessed for evidence of stain, calculus and plaque, very recent food debris is ignored.

Scale - i. Where there are 1 or 2 fixtures present;

- 1. Satisfactory: if less than 20% of 1 or 2 fixtures exhibits deposits.
- 2. Unsatisfactory: if more than 20% of any surface of either fixture exhibits deposits.

ii. Where there are more than 2 fixtures present;

- 1. Satisfactory: if less than 20% of any surface of 3 fixtures exhibits deposits.
- 2. Unsatisfactory: if more than 20% of 2 or more fixtures exhibits deposits.

A SURVEY OF THE ATTITUDES AND EXPERIENCES OF PRIVATE GENERAL DENTAL PRACTITIONERS AND PATIENTS FROM THE PRIVATE AND PUBLIC SECTORS WITH RESPECT TO IMPLANTS.

University of Sydney

1.

Form IA1
Patient's Name:
.....
Address:
.....
Postcode:
Telephone No:
Date:
Case Note No:

Please tick the relevant boxes to indicate your response.
Please answer other questions by writing in the space provided.
Please answer every question.

A. PROCEDURAL ASSESSMENT

1. a. Did you find any aspect(s) of your treatment particularly unpleasant?
1. Yes.....☐1
2. No.....☐2

If yes:
b. Please list the problem(s).
.....
.....
.....
.....

2. a. Was the treatment procedure as you expected it to be?
1. Yes.....☐1
2. No.....☐2

If no:
b. Describe how it differed from your expectations.
.....
.....
.....
.....

B. FUNCTIONAL ASSESSMENT

1. a. Do you have a problem(s) with your denture(s)/bridge(s)?
1. Yes.....☐1
2. No.....☐2

If yes:
b. Indicate the nature of the problem(s) by ticking the relevant box(es)

CHARACTERISTIC	UPPER
1. Appearance.....	☐ 1
2. Speech.....	☐ 2
3. Tightness of fit.....	☐ 3
4. Chewing.....	☐ 4
5. Comfort.....	☐ 5
6. Cleaning.....	☐ 6

CHARACTERISTIC	LOWER
1. Appearance.....	☐ 1
2. Speech.....	☐ 2
3. Tightness of fit.....	☐ 3
4. Chewing.....	☐ 4
5. Comfort.....	☐ 5
6. Cleaning.....	☐ 6

c. Please describe any other problem(s) you may have.

UPPER	LOWER
.....	
.....	
.....	
.....	
.....	

d. Which problem(s) with your denture(s)/bridge(s) is of the most concern to you?

UPPER	LOWER
.....	
.....	
.....	
.....	
.....	

e. Has any problem(s) remained the same for successive denture(s)/bridge(s)?

1. Upper Jaw?

1. Yes.....☐1

2. No.....☐2

2. Lower Jaw?

1. Yes.....☐1

2. No.....☐2

If yes:
f. Please describe the problem(s).
Upper denture/bridge
.....
.....
Lower denture/bridge
.....
.....
2. Which denture/bridge gives you the most problems?
1. Upper denture/bridge?.....☐1
2. Lower denture/bridge?.....☐2

C. SOCIAL HISTORY

1. Do you consider yourself to be an adaptable person?
1. Yes.....☐1
2. No.....☐2

2. Do you notice other people's teeth?
1. Yes.....☐1
2. No.....☐2

3. Do you think that other people notice your dentures/teeth?
1. Sometimes.....☐1
2. Often.....☐2
3. No.....☐3

4. Do you feel hurt by cartoons and 'funny stories' about dentures and toothlessness?
1. Somewhat.....☐1
2. Very much so.....☐2
3. No.....☐3

5. Do you think that today's children watch too much television?
1. Yes.....☐1
2. No.....☐2

6. Do you decline social invitations because of teeth problems?

1. Sometimes. ☐ 1
2. Often..... ☐ 2
3. No..... ☐ 3

7. Do you avoid speaking to people because of teeth problems?

1. Sometimes. ☐ 1
2. Often..... ☐ 2
3. No..... ☐ 3

8. Do you try to hide your dentures/teeth/mouth?

1. No..... ☐ 1
2. Sometimes. ☐ 2
3. Often..... ☐ 3

9. Do you think that your sexual relationships have been affected by your dental status?

1. Much worse..... ☐ 1
2. Somewhat worse. ☐ 2
3. Unchanged..... ☐ 3
4. Somewhat better. ☐ 4
5. Much better..... ☐ 5

10. Did you enjoy your last holiday period?

1. Yes..... ☐ 1
2. No..... ☐ 2

11. Do you think too much advertising occurs in relation to Christmas and Easter?

1. Yes..... ☐ 1
2. No..... ☐ 2

12. Does your upper denture/teeth cause you any general problems?

1. No..... ☐ 1
2. Moderate... ☐ 2
3. Great..... ☐ 3

13. Does your lower denture/teeth cause you any general problems?

1. No..... ☐ 1
2. Moderate... ☐ 2
3. Great..... ☐ 3

14. Are you afraid an accident might happen with your dentures/teeth?

1. No..... ☐ 1
2. Sometimes. ☐ 2
3. Often..... ☐ 3

15. Are you currently experiencing menopause?

1. Yes..... ☐ 1
2. No..... ☐ 2

16. Have you experienced a recent bereavement among your family/friends?

1. Yes..... ☐ 1
2. No..... ☐ 2

17. Are any of your family/friends

a. currently seriously ill?

1. Yes..... ☐ 1
2. No..... ☐ 2

b. experiencing marital/social problems?

1. Yes..... ☐ 1
2. No..... ☐ 2

18. Do you have occupational problems due to your teeth circumstances?

1. Yes..... ☐ 1
2. No..... ☐ 2

19. Do you have nervous disorders caused by your teeth circumstances?

1. Yes..... ☐ 1
2. No..... ☐ 2

20. Do you feel discomfort in having to take out your denture(s) to clean them?

1. No..... ☐ 1
2. Some..... ☐ 2
3. Very much so..... ☐ 3

21. Do you experience your current denture(s) as a "foreign body" in your mouth or as "part of yourself"?

1. Accepted..... ☐ 1
2. Both..... ☐ 2
3. Foreign..... ☐ 3

22. Do you think that your confidence and self-esteem are affected by your current dentures?

1. Much worse..... ☐ 1
2. Somewhat worse. ☐ 2
3. Unchanged..... ☐ 3
4. Somewhat better. ☐ 4
5. Much better..... ☐ 5

23. Have your current dentures caused any change in your way of life?

1. Much worse..... ☐ 1
2. Somewhat worse. ☐ 2
3. Unchanged..... ☐ 3
4. Somewhat better. ☐ 4
5. Much better..... ☐ 5

24. Have your current dentures affected you psychologically?

1. Worse..... ☐ 1
2. No difference..... ☐ 2
3. Somewhat better. ☐ 3
4. Much better..... ☐ 4

25. Have your current dentures affected your contact with other people?

1. Much worse..... ☐ 1
2. Somewhat worse. ☐ 2
3. Unchanged..... ☐ 3
4. Somewhat better. ☐ 4
5. Much better..... ☐ 5

26. Do you think that your current dentures have affected your ability to speak clearly?

1. Much worse..... ☐ 1
2. Somewhat worse. ☐ 2
3. Unchanged..... ☐ 3
4. Somewhat better. ☐ 4
5. Much better..... ☐ 5

27. Have you a changed appearance due to your current dentures?

1. Much worse..... ☐ 1
2. Somewhat worse. ☐ 2
3. Unchanged..... ☐ 3
4. Somewhat better. ☐ 4
5. Much better..... ☐ 5

APPENDIX II

The following are raw frequency tables for selected potentially explanatory variables for the dependent awareness and needs variables for Forms 1 and 1A. Abbreviations once defined remain consistent.

Table 1: Frequency table for the variable 'Sex', for dental patients attending public hospitals and private general dental practice.

SEX	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	137	47.4	137	47.4	119	43.1	119	43.1
2	150	51.9	287	99.3	157	56.9	276	100.0
I	1	0.3	288	99.7				
M	1	0.3	289	100.0				

LEGEND:

FQ : frequency
 % : percentage
 CFQ: cumulative frequency
 C% : cumulative percentage
 SEX:
 1: male
 2: female
 I: response incorrect
 M: response missing

Table 2: Frequency table for the variable 'Age', for dental patients attending public hospitals and private general dental practice.

AGE	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	1	0.3	1	0.3	2	0.7	2	0.7
2	7	2.4	8	2.8	21	7.6	23	8.3
3	17	5.9	25	8.7	39	14.1	62	22.5
4	27	9.3	52	18.0	69	25.0	131	47.5
5	43	14.9	95	32.9	65	23.6	196	71.0
6	102	35.3	197	68.2	52	18.8	248	89.9
7	76	26.3	273	94.5	26	9.4	274	99.3
8	14	4.8	287	99.3	2	0.7	276	100.0
M	2	0.7	289	100.0				

LEGEND:

AGE: (in years)
1: 10-19
2: 20-29
3: 30-39
4: 40-49
5: 50-59
6: 60-69
7: 70-79
8: 80-89

Table 3: Frequency table for the variable 'Marital status' (MS), for dental patients attending public hospitals and private general dental practice.

MS	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	160	55.4	160	55.4	206	74.6	206	74.6
2	30	10.4	190	65.7	27	9.8	233	84.4
3	39	13.5	229	79.2	16	5.8	249	90.2
4	-				6	2.2	255	92.4
5	59	20.4	288	99.7	21	7.6	276	100.0
M	1	0.3	289	100.0				

LEGEND:

MS:

- 1: married
- 2: single (not divorced)
- 3: single (divorced)
- 4: cohabitating
- 5: widow/widower

Table 4: Frequency table for the variable 'Education' (EQ), for dental patients attending public hospitals and private general dental practice.

EQ	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	64	22.1	64	22.1	7	2.5	7	2.5
2	21	7.3	85	29.4	6	2.2	13	4.7
3	40	13.8	125	43.2	8	2.9	21	7.6
4	44	15.2	169	58.4	29	10.5	50	18.1
5	17	5.9	186	64.3	29	10.5	79	28.6
6	22	7.6	208	71.9	13	4.7	92	33.3
7	25	8.7	233	80.6	37	13.4	129	46.7
8	15	5.2	248	85.8	70	25.3	199	72.0
9	2	0.7	250	86.5	25	9.1	224	81.1
10	5	1.7	255	88.2	50	18.1	274	99.2
I	1	0.3	256	88.5	1	0.4	275	99.6
M	23	8.0	279	96.5	1	0.4	276	100.0
C	2	0.7	281	97.2				
DT	8	2.8	289	100.0				

LEGEND:

EQ:

- 1: primary school
- 2: secondary school (SS), 1st Form
- 3: SS, 2nd Form
- 4: SS, 3rd Form
- 5: SS, 4th Form
- 6: SS, 5th Form
- 7: SS, Final year certificate
- 8: tertiary qualification (TQ), College (including TAFE)
- 9: TQ, Institute
- 10: TQ, University
- C: response of limited value
- DT: did not attend school

Table 5: Frequency table for the variable 'Class', for dental patients attending public hospitals and private general dental practice.

CLASS	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
L	181	62.6	181	62.6	44	15.9	44	15.9
MD	75	26.0	256	88.6	74	26.8	118	42.8
U	22	7.6	278	96.2	138	50.0	256	92.8
X	11	3.8	289	100.0	20	7.2	276	100.0

CLASS:
L: lower class
MD: middle class
U: upper class
X: response missing

Table 6: Frequency table for the variable 'Place of birth' (POB), for dental patients attending public hospitals and private general dental practice.

POB	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	172	59.5	172	59.5	194	70.3	194	70.3
2	22	7.6	194	67.1	22	8.0	216	78.3
3	5	1.8	199	68.9	5	1.7	221	80.0
4	6	2.1	205	71.0	4	1.4	225	81.4
5	8	2.9	213	73.9	3	1.1	228	82.5
6	2	0.7	215	74.6	3	1.1	231	83.6
7	1	0.3	216	74.9	5	1.7	236	85.3
8	3	1.0	219	75.9	1	0.4	237	85.7
9	5	1.8	224	77.7	1	0.4	238	86.1
10	1	0.3	225	78.0	2	0.7	240	86.8
11	1	0.3	226	78.3	1	0.4	241	87.2
12	1	0.3	227	78.6	1	0.4	242	87.6
13	3	1.0	230	79.6	1	0.4	243	88.0
14	13	4.5	243	84.1	2	0.7	245	88.7
15	1	0.3	244	84.4	1	0.4	246	89.1
16	1	0.3	245	84.7	-			
17	44	15.3	289	100.0	25	9.1	271	98.2
I					1	0.4	272	98.6
M					4	1.4	276	100.0

LEGEND:

POB:

- 1: Australia

2: United Kingdom/Ireland

3: Italy

4: Greece

5: Yugoslavia

6: Germany

7: New Zealand

8: Malta

9: Poland
- 10: South Africa

11: United States of America

12: Vietnam

13: India

14: Lebanon

15: Maylasia

16: Scotland

17: other

Table 7: Frequency table for the variable, 'Length of residence in Australia' (LR), for dental patients attending public hospitals and private general dental practice.

LR	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	9	3.1	9	3.1	2	0.7	2	0.7
2	7	2.4	16	5.5	8	2.9	10	3.6
3	30	10.4	46	15.9	20	7.2	30	10.9
4	26	9.0	72	24.9	40	14.5	70	25.4
5	42	14.5	114	39.4	41	14.9	111	40.2
6	24	8.3	138	47.8	54	19.6	165	59.8
7	144	49.8	282	97.6	92	33.3	257	93.1
M	7	2.4	289	100.0	18	6.5	275	99.6
I					1	0.4	276	100.0

LEGEND:

- LR: (in years)
1: 0-4
2: 5-9
3: 10-19
4: 20-29
5: 30-39
6: 40-49
7: more than 50 years

Table 8: Frequency table for the variable 'Main language spoken at home' (LANG), for dental patients attending public hospitals and private general dental practice.

LANG	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	221	76.5	221	76.5	248	89.9	248	89.9
2	4	1.4	225	77.9	2	0.7	250	90.6
3	4	1.4	229	79.3	4	1.4	254	92.0
4	21	7.3	250	86.6	2	0.7	256	92.7
5	2	0.7	252	87.3	1	0.4	257	93.1
6	1	0.3	253	87.6	1	0.4	258	93.5
7	2	0.7	255	88.3	2	0.7	260	94.2
8	-				1	0.4	261	94.6
9	3	1.0	258	89.3	-			
10	3	1.0	261	90.3	-			
11	20	6.9	281	97.2	7	2.5	268	97.1
I	7	2.4	288	99.7	3	1.1	271	98.2
M	1	0.3	289	100.0	5	1.8	276	100.0

LEGEND:

- LANG:
- 1: English
 - 2: Italian
 - 3: Greek
 - 4: Arabic/Lebanese
 - 5: Chinese
 - 6: German
 - 7: Serbian/Croatian
 - 8: Vietnamese
 - 9: Polish
 - 10: Spanish
 - 11: other

Table 9: Frequency table for the variable 'Change of place of residence in the last 5 years' (CR), for dental patients attending public hospitals and private general dental practice..

CR	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	102	35.3	102	35.3	86	31.2	86	31.2
2	177	61.2	279	96.5	186	67.4	272	98.6
I	10	3.5	289	100.0	1	0.4	273	98.9
M					3	1.1	276	100.0

LEGEND:

CR:
1: yes
2: no

Table 10: Frequency table for the variable 'Do you have any specific fears in relation to dentists?' (FEAR), for dental patients attending public hospitals and private general dental practice.

FEAR	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	49	17.0	49	17.0	59	21.4	59	21.4
2	228	78.9	277	95.8	214	77.5	273	98.9
M	12	4.2	289	100.0	3	1.1	276	100.0

LEGEND:

FEAR:
1: yes
2: no

Table 11: Frequency table for the variable 'Do you have any specific dislike (excluding fear) in relation to dentists?' (DISL), for dental patients attending public hospitals and private general dental practice.

DISL	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	33	11.4	33	11.4	34	12.3	34	12.3
2	240	83.0	273	94.5	235	85.1	269	97.5
M	16	5.5	289	100.0	7	2.5	276	100.0

LEGEND:

DISL:
1: yes
2: no

Table 12: Frequency table for the variable 'Do any of your family members have any specific fears in relation to dentists?' (FAMF), for dental patients attending public hospitals and private general dental practice.

FAMF	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	33	11.4	33	11.4	57	20.7	57	20.7
2	225	77.9	258	89.3	206	74.6	263	95.3
I	1	0.3	259	89.6	1	0.4	264	95.7
M	30	10.4	289	100.0	12	4.3	276	100.0

LEGEND:

FAMF:
1: yes
2: no

Table 13: Frequency table for the variable 'Do any of your family members have any specific dislikes (excluding fear) in relation to dentists?' (FAMD), for dental patients attending public hospitals and private general dental practice.

FAMD	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	18	6.2	18	6.2	27	9.8	27	9.8
2	235	81.3	253	87.5	233	84.4	260	94.2
M	34	11.8	287	99.3	16	5.8	276	100.0
I	2	0.7	289	100.0				

LEGEND:

FAMD:
 1: yes
 2: no

Table 14: Frequency table for the variable 'How often do you attend the dentist?' (OFTA), for dental patients attending public hospitals and private general dental practice.

OFTA	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	82	28.4	82	28.4	147	53.3	147	53.3
2	32	11.1	114	39.5	51	18.5	198	71.7
3	12	4.2	126	43.7	12	4.3	210	76.1
4	7	2.4	133	46.1	11	4.0	221	80.1
5	135	46.7	268	92.8	47	17.0	268	97.1
M	20	6.9	288	99.7	8	2.9	276	100.0
I	1	0.3	289	100.0				

LEGEND:

OFTA:
 1: 1-2 times or greater/year
 2: once every two years
 3: once every three years
 4: once every 4 years
 5: rarely

Table 15: Frequency table for the variable 'Is today's dental visit for an emergency reason(s)?' (EV), for dental patients attending public hospitals and private general dental practice.

EV	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	165	57.1	165	57.1	43	15.6	43	15.6
2	102	35.3	267	92.4	214	77.5	257	93.1
M	22	7.6	289	100.0	19	6.9	276	100.0

LEGEND:

EV:
1: yes
2: no

Table 16: Frequency table for the variable 'How often does your spouse/defacto attend the dentist?' (OFTAS), for dental patients attending public hospitals and private general dental practice.

OFTAS	PRIVATE PATIENTS				PUBLIC PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	128	44.3	128	44.3	64	23.2	64	23.2
2	38	13.1	166	57.4	99	35.9	163	59.1
3	24	8.3	190	65.7	41	14.9	204	73.9
4	4	1.4	194	67.1	9	3.3	213	77.2
5	5	1.7	199	68.9	4	1.4	217	78.6
6	65	22.5	264	91.3	46	16.7	263	95.3
M	25	8.7	289	100.0	12	4.3	265	99.6
I					1	0.4	276	100.0

LEGEND:

OFTAS:
1: not applicable
2: 1-2 times or greater/year
3: once every two years
4: once every three years
5: once every 4 years
6: rarely

Table 17: Frequency table for the variable 'How often do/does your children/child attend the dentist?' (OFTAC), for dental patients attending public hospitals and private general dental practice.

OFTAC	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	172	59.5	172	59.5	99	35.9	99	35.9
2	53	18.3	225	77.9	123	44.6	222	80.4
3	10	3.5	235	81.3	20	7.2	242	87.7
4	1	0.3	236	81.7	2	0.7	244	88.4
5	3	1.0	239	82.7	2	0.7	246	89.1
6	12	4.2	251	86.9	9	3.3	255	92.4
M	38	13.1	289	100.0	21	7.6	276	100.0

LEGEND:

OFTAC:

- 1: not applicable
- 2: 1-2 times or greater/year
- 3: once every two years
- 4: once every three years
- 5: once every 4 years
- 6: rarely

Table 18: Frequency table for the variable 'Do you know anyone who has a complete denture(s)?' (KAC), for dental patients attending public hospitals and private general dental practice.

KAC	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	169	58.5	169	58.5	228	82.6	228	82.6
2	84	29.1	253	87.5	40	14.5	268	97.1
M	36	12.5	289	100.0	8	2.9	276	100.0

LEGEND:

KAC:

- 1: yes
- 2: no

Table 19: Frequency table for the variable 'Do you have a natural tooth/teeth missing (excluding wisdom teeth)?' (NIM), for dental patients attending public hospitals and private general dental practice.

NIM	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	289	100.0	289	100.0	269	97.5	269	97.5
2	-				5	1.8	274	99.3
M					2	0.7	276	100.0

LEGEND:

NIM:
1: yes
2: no

Table 20: Frequency table for the variable 'Do you have a denture(s)/bridges(s)?' (HDB), for dental patients attending public hospitals and private general dental practice.

HDB	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	263	91.0	263	91.0	226	81.9	226	81.9
2	26	9.0	289	100.0	43	15.6	269	97.5
I					1	0.4	270	97.8
M					5	1.8	275	99.6
P					1	0.4	276	100.0

LEGEND:

HDB:
1: yes
2: no
P: not relevant

Table 21: Frequency table for the variable 'How long is it since you first began to wear a denture(s)/bridge(s)?' (LDB), for dental patients attending public hospitals and private general dental practice.

LDB	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	10	3.5	10	3.5	25	9.1	25	9.1
2	22	7.6	32	11.1	20	7.2	45	16.3
3	20	6.9	52	18.0	13	4.7	58	21.0
4	30	10.4	82	28.4	26	9.4	84	30.4
5	173	59.9	255	88.2	140	50.7	224	81.2
M	9	3.1	264	91.3	8	2.9	232	84.1
P	25	8.7	269	100.0	42	15.2	274	99.3
I					2	0.7	276	100.0

LEGEND:

LDB:

- 1: less than 1 year
- 2: 1-3 years
- 3: 4-6 years
- 4: 7-10 years
- 5: more than 10 years

Table 22: Frequency table for the variable 'How frequently do you clean your denture(s)/teeth?' (FC), for dental patients attending public hospitals and private general dental practice.

FC	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	5	1.7	5	1.7	6	2.2	6	2.2
2	11	3.8	16	5.5	2	0.7	8	2.9
3	83	28.7	99	34.3	64	23.2	72	26.1
4	119	41.2	218	75.4	152	55.1	224	81.2
5	61	21.1	279	96.5	42	15.2	266	96.4
M	10	3.5	289	100.0	8	2.9	274	99.3
I					2	0.7	276	100.0

LEGEND:

FC:

- 1: less than once every two days
- 2: once every 2 days
- 3: once/day
- 4: twice/day
- 5: three or more times /day

Table 23: Frequency table for the variable 'How much time does it take for you to travel to the dentist?' (TT), for dental patients attending public hospitals and private general dental practice.

TT	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	40	13.8	40	13.8	148	53.6	148	53.6
2	79	27.3	119	41.2	78	28.3	226	81.9
3	94	32.5	213	73.7	37	13.4	263	95.3
4	40	13.8	253	87.5	8	2.9	271	98.2
5	25	8.7	278	96.2	1	0.4	272	98.6
M	10	3.5	288	96.7	4	1.4	276	100.0
I	1	0.3	289	100.0				

LEGEND:

- TT:
- 1: less than 15 minutes
 - 2: between 15 and 29 minutes
 - 3: between 30 and 59 minutes
 - 4: between 1 hour and 1½ hours
 - 5: more than 1½ hours

Table 24: Frequency table for the variable 'Do you have dental insurance?' (DI), for dental patients attending public hospitals and private general dental practice.

DI	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	3	1.0	3	1.0	182	65.9	182	65.9
2	273	94.5	276	95.5	81	29.3	263	95.3
M	13	4.5	289	100.0	13	4.7	276	100.0

LEGEND:

- DI:
- 1: yes
 - 2: no

Table 25a: Frequency table for the variable 'Type of denture(s)/bridge(s) worn' (DW) by patients attending public hospitals.

DW	FQ	%	CQ	C%
ABCDEF				
000000	26	9.0	26	9.0
000001	2	0.7	28	9.7
000010	1	0.3	29	10.0
000110	1	0.3	30	10.4
001000	35	12.1	65	22.5
001001	1	0.3	66	22.8
001010	1	0.3	67	23.2
001100	32	11.1	99	34.3
010000	1	0.3	100	34.6
011000	7	2.4	107	37.0
100000	39	13.5	146	50.5
100100	46	15.9	192	66.4
110000	94	32.5	286	99.0
IIIIIII	2	0.7	288	99.7
MMMMMM	1	0.3	289	100.0

LEGEND:

- 0: denture/bridge worn
- 1: denture/bridge not worn
- A: full upper denture
- B: full lower denture
- C: partial upper denture
- D: partial lower denture
- E: upper fixed bridge
- F: lower fixed bridge

Table 25b: Frequency table for variable 'DW' by patients attending private general dental practice.

DW	FQ	%	CQ	C%
ABCDEF				
000000	43	15.6	43	15.6
000001	8	2.9	51	18.5
000010	25	9.1	76	27.5
000011	10	3.6	86	31.2
000100	9	3.3	95	34.4
000110	2	0.7	97	35.1
001000	60	21.7	157	56.9
001001	1	0.4	158	57.2
001010	2	0.7	160	58.0
001011	1	0.4	161	58.3
001100	29	10.5	190	68.8
001101	1	0.4	191	69.2
001111	2	0.7	193	69.9
011000	2	0.7	195	70.7
100000	18	6.5	213	77.2
100001	3	1.1	216	78.3
100100	16	5.8	232	84.1
100101	1	0.4	233	84.4
110000	24	8.7	257	93.1
IIIIII	6	2.2	263	95.3
MMMMMM	13	4.7	276	100.0

Table 26: Frequency table for the variable 'Do you believe it is of value to see a dentist regularly?' (VR), for dental patients attending public hospitals and private general dental practice.

VR	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	214	74.0	214	74.0	257	93.1	257	93.1
2	47	16.3	261	90.3	16	5.8	273	98.9
M	27	9.4	288	99.7	3	1.1	276	100.0
I	1	0.3	289	100.0				

LEGEND:

VR:
1: yes
2: no

Table 27: Frequency table for the variable 'Did you know that it is good practice to see a dentist every six months?' (GPR), for dental patients attending public hospitals and private general dental practice.

GPR	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	196	67.8	196	67.8	241	87.3	241	87.3
2	72	24.9	268	92.7	32	11.6	273	98.9
M	21	7.3	289	100.0	3	1.1	276	100.0

LEGEND:

GPR:
1: yes
2: no

Table 28: Frequency table for the variable 'Do you feel that dental problems are serious?' (DPS), for dental patients attending public hospitals and private general dental practice.

DPS	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	230	79.6	230	79.6	241	87.3	241	87.3
2	35	12.1	265	91.7	31	11.2	272	98.6
M	24	8.3	289	100.0	4	1.4	276	100.0

LEGEND:

DPS:
1: yes
2: no

Table 29: Frequency table for the variable 'Do you feel that you are particularly susceptible to dental problems?' (PSDP), for dental patients attending public hospitals and private general dental practice.

PSDP	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	79	27.3	79	27.3	103	37.3	103	37.3
2	173	59.9	252	87.2	169	61.2	272	98.6
M	37	12.8	289	100.0	4	1.4	276	100.0

LEGEND:

PSDP:
1: yes
2: no

Table 30: Frequency table for the variable 'Do you feel that the loss of natural teeth is inevitable?' (LNTI), for dental patients attending public hospitals and private general dental practice.

LNTI	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	151	52.2	151	52.2	110	39.9	110	39.9
2	91	31.5	242	83.7	157	56.9	267	96.7
M	47	16.3	289	100.0	9	3.3	276	100.0

LEGEND:

LNTI:
1: yes
2: no

Table 31: Frequency table for the variable 'Preference for a filling or an extraction' (FILEX) for dental patients attending public hospitals and private general dental practice.

FILEX	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	173	59.9	173	59.9	247	89.5	247	89.5
2	69	23.9	242	83.7	22	8.0	269	97.5
I	5	1.7	247	85.5	1	0.4	270	97.8
M	42	14.5	289	100.0	6	2.2	276	100.0

LEGEND:

FILEX:
1: filling
2: extraction

Table 32: Frequency table for the variable 'How do/would full dentures (upper and lowers) compare with natural teeth?' (DCFT), for dental patients attending public hospitals and private general dental practice.

DCFT	PUBLIC PATIENTS				PRIVATE PATIENTS			
	FQ	%	CFQ	C%	FQ	%	CFQ	C%
1	30	10.4	30	10.4	10	3.6	10	3.6
2	41	14.2	71	24.6	28	10.1	38	13.8
3	188	65.1	259	89.6	227	82.2	265	96.0
M	30	10.4	289	100.0	10	3.6	275	99.6
I					1	0.4	276	100.0

LEGEND:

- DCFT:
- 1: better
 - 2: the same
 - 3: worse

APPENDIX III

The following are raw frequency tables for selected independent and dependent variables for Form 2. Abbreviations once defined remain consistent.

Table 1: Frequency table for the variable 'Sex'.

SEX	FQ	%	CFQ	C%
1	172	87.8	172	87.8
2	24	12.2	196	100.0

LEGEND:

FQ: frequency
%: percentage
CFQ: cumulative frequency
C%: cumulative percentage
SEX:
1: male
2: female

Table 2: Frequency table for the variable 'Age'

AGE	FQ	%	CFQ	C%
1	33	16.8	33	16.8
2	64	32.7	97	49.5
3	47	24.0	144	73.5
4	26	13.3	170	86.7
5	25	12.8	195	99.5
6	1	0.5	196	100.0

LEGEND:

AGE: (in years)
1: 20-29
2: 30-39
3: 40-49
4: 50-59
5: 60-69
6: 70 and over

Table 3: Frequency table for the variable 'Place of Birth' (POB).

POB	FQ	%	CFQ	C%
1	145	74.0	145	74.0
2	9	4.6	154	78.6
4	3	1.5	157	80.1
5	13	6.6	170	86.7
6	1	0.5	171	87.2
7	2	1.0	173	88.3
8	22	11.2	195	99.5
M	1	0.5	196	100.0

LEGEND:

- POB:
- 1: Australia
 - 2: United Kingdom/Ireland
 - 3: Italy
 - 4: Greece
 - 5: Asia
 - 6: South Africa
 - 7: New Zealand
 - 8: Other
 - M: missing

Table 4: Frequency table for the variable 'Location of institution from which the undergraduate dental qualification was gained' (INSL).

INSL	FQ	%	CFQ	C%
1	165	84.2	165	84.2
2	8	4.1	173	88.3
3	4	2.0	177	90.3
4	3	1.5	180	91.8
5	1	0.5	181	92.3
6	4	2.0	185	94.3
7	4	2.0	189	96.3
8	3	1.5	192	97.8
9	1	0.5	193	98.3
10	1	0.5	194	98.3
11	1	0.5	195	98.8
M	1	0.5	196	100.0

LEGEND:

INSL:

- 1: New South Wales
- 2: Queensland
- 3: Victoria
- 4: South Australia
- 5: Western Australia
- 6: New Zealand
- 7: United Kingdom/Ireland
- 8: Europe
- 9: United States of America
- 10: United Soviet Socialist Republic
- 11: Middle East

Table 5: Frequency table for the variable 'Year of graduation ceremony for the undergraduate dental qualification' (YGRAD).

YGRAD	FQ	%	CFQ	C%
1	1	0.5	1	0.5
2	1	0.5	2	1.0
3	5	2.6	7	3.6
4	36	18.4	43	21.9
5	35	17.9	78	39.8
6	61	31.1	139	70.9
7	57	29.1	196	100.0

LEGEND:

YGRAD:

- 1: pre 1930
- 2: 1930-39
- 3: 1940-49
- 4: 1950-59
- 5: 1960-69
- 6: 1970-79
- 7: 1980-

Table 6: Frequency table for the variable 'Main practice location' (MPLOC).

MPLOC	FQ	%	CFQ	C%
1	14	7.1	14	7.1
2	35	17.9	49	25.0
3	15	7.7	64	32.7
4	18	9.2	82	41.9
5	33	16.8	115	58.7
6	16	8.2	131	66.9
7	4	2.0	135	68.9
8	6	3.1	141	72.0
9	10	5.1	151	77.1
10	12	6.1	163	83.2
11	6	3.1	169	86.3
12	4	2.0	173	88.3
13	12	6.1	185	94.4
14	4	2.0	189	96.4
15	5	2.6	194	99.0
M	2	1.0	196	100.0

LEGEND:

MPLOC:

- 1: Central Sydney
- 2: Northern Sydney
- 3: South Western Sydney
- 4: Southern Sydney
- 5: Eastern Sydney
- 6: Western Sydney
- 7: Wentworth
- 8: Central Coast
- 9: Illawarra
- 10: Hunter
- 11: Central West
- 12: South Eastern
- 13: North Coast
- 14: New England
- 15: South West

Table 7: Frequency table for the variable 'Do you feel that dental implants offer a successful long term treatment outcome?' (DISC).

DISC	FQ	%	CFQ	C%
1	133	67.9	133	67.9
2	46	23.5	179	91.3
I	11	5.6	190	96.9
M	6	3.1	196	100.0

LEGEND:

DISC:
1: yes
2: no
I: incorrect

Table 8: Frequency table for the variable 'Have you ever completed any stage of work for a dental implant?' (COMDIW).

COMDIW	FQ	%	CFQ	C%
1	28	14.3	28	14.3
2	165	84.2	193	98.5
M	3	1.5	196	100.0

LEGEND:

COMDIW:
1: yes
2: no

APPENDIX IV

The following are raw frequency tables for selected variables for the clinical longitudinal study of patients receiving implant treatment and their controls.

Table 1: Frequency table for the variables 'Do you consider yourself to be an adaptable person?' (ADP) and 'Do you try to hide your dentures/teeth/mouth?' (HDT).

VAR		CONTROL PATIENTS						IMPLANT PATIENTS					
		1 mth PI		3 mth PI		6 mth PI		1 mth PI		3 mth PI		6 mth PI	
		FQ	%	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%
ADP	1	11	100.0	10	100.0	10	100.0	10	90.9	8	80.0	9	90.0
	2							1	9.1	2	20.0	1	10.0
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0
HDT	1	9	81.8	8	80.0	9	90.0	9	81.8	8	80.0		
	2	2	18.2	2	20.0	1	10.0	2	18.2	2	20.0	10	100.0
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0

LEGEND:
ADP: 1: yes
2: no
HDT: 1: no
2: sometimes

Table 2: Frequency table for the variables 'Do you decline social invitations because of teeth problems?' (DSI) and 'Do you avoid speaking to people because of teeth problems?' (ASP).

		CONTROL PATIENTS						IMPLANT PATIENTS					
		1 mth PI		3 mth PI		6 mth PI		1 mth PI		3 mth PI		6 mth PI	
VAR	RESP	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%
DSI	1	1	9.1	1	10.0			1	9.1				
	2	10	90.9	9	90.0	10	100.0	10	90.9	10	100.0	10	100.0
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0
ASP	1	1	9.1					1	9.1			1	10.0
	2	10	90.9	10	100.0	10	100.0	10	90.9	10	100.0	9	100.0
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0

LEGEND:
DSI/ADP:
1: sometimes
2: no

Table 3: Frequency table for the variables 'Do you have occupational problems due to your teeth circumstances?' (OCCP) and 'Do you have nervous disorders caused by your teeth circumstances?' (NERV).

VAR		CONTROL PATIENTS						IMPLANT PATIENTS					
		1 mth PI			3 mth PI			6 mth PI			1 mth PI		
		FQ	%		FQ	%		FQ	%		FQ	%	
OCCP	RESP												
	1										1	9.1	10.0
	2	11	100.0		10	100.0		10	100.0		10	90.9	90.0
	TOTAL	11	100.0		10	100.0		10	100.0		11	100.0	100.0
NERV	1				1	10.0		1	10.0		1	9.1	10.0
	2	11	100.0		9	90.0		9	90.0		10	90.9	100.0
	TOTAL	11	100.0		10	100.0		10	100.0		11	100.0	100.0

LEGEND:
OCCP/NERV:
1: yes
2: no

Table 4: Frequency table for the variables 'Does your upper denture cause you any general problems?' (UGNP) and 'Do you consider dentures as a "foreign body" in your mouth or as "part of yourself"?' (FORB).

		CONTROL PATIENTS						IMPLANT PATIENTS					
		1 mth PI			3 mth PI			1 mth PI			3 mth PI		
VAR	RESP	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%
UGNG	1	10	90.9			9	90.0	9	81.8	7	70.0	8	80.0
	2	1	9.1	10	100.0	1	10.0	2	18.2	2	20.0	2	20.0
	3									1	10.0		
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0
FORB	1	9	81.8	8	80.0	7	70.0	9	81.8	9	90.0	8	80.0
	2	2	18.2	1	10.0	2	20.0	1	9.1	1	10.0	2	20.0
	3			1	10.0	1	10.0	1	9.1				
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0

LEGEND:
 UGNP: 1: no
 2: moderate
 3: great
 FORB: 1: accepted
 2: foreign
 3: both

Table 5: Frequency table for the variables 'Do you think that your sexual relationships have been affected by your dental status?' (SEXR) and 'Are you currently experiencing menopause?' (MENP).

		CONTROL PATIENTS						IMPLANT PATIENTS					
		1 mth PI		3 mth PI		6 mth PI		1 mth PI		3 mth PI		6 mth PI	
VAR	RESP	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%
SEXR	1	9	81.8	8	80.0	9	90.0	8	72.7	8	80.0	8	80.0
	2							1	9.1	1	10.0	1	10.0
	3									1			
	M	2	18.2	2	20.0	1	10.0	2	18.2		10.0	1	10.0
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0
MENP	1	2	18.2	3	30.0	2	20.0	4	36.4	2	20.0	2	20.0
	2	9	81.8	7	70.0	7	70.0	6	54.5	8	80.0	8	80.0
	M					1	10.0	1	9.1				
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0

LEGEND:
 M: missing
 SEXR:
 1: unchanged
 2: somewhat better
 3: much better
 MENP:
 1: yes
 2: no

Table 6: Frequency table for the variables 'Have you experienced a recent bereavement among your family/friends?' (RCBR), 'Are any of your family/friends currently seriously ill?' (FILL) and 'Are they experiencing marital/social problems?' (FMPR).

		CONTROL PATIENTS						IMPLANT PATIENTS					
		1 mth PI		3 mth PI		6 mth PI		1 mth PI		3 mth PI		6 mth PI	
VAR	RESP	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%	FQ	%
RCBR	1	2	18.2	2	20.0	2	20.0	3	27.3	2	20.0		
	2	9	81.8	8	80.0	8	80.0	8	72.7	8	80.0	10	100.0
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0
FILL	1	4	36.4	6	60.0	2	20.0	3	27.3	3	30.0	2	20.0
	2	7	63.6	4	40.0	8	80.0	8	72.7	7	70.0	8	80.0
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0
FMPR	1	1	9.1	2	20.0			1	9.1			3	30.0
	2	10	90.9	8	80.0	10	100.0	10	90.9	10	100.0	7	70.0
	TOTAL	11	100.0	10	100.0	10	100.0	11	100.0	10	100.0	10	100.0

LEGEND:
RCBR/FILL/FMPR:
1: yes
2: no