

**National Health and Nutrition Examination Survey  
Codebook for Data Release (2001-2002)**

**Oral Health Section of the SP Questionnaire (OHQ\_B)  
Person level data -- use Examination Weights for analysis**

**January 2005**

<b>SEQN</b>	<b>Target</b>
	B(2 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Respondent sequence number
<b>English Text:</b> Respondent sequence number.	
<b>English Instructions:</b>	

<b>OHQ010</b>	<b>Target</b>
	B(2 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	General condition of mouth and teeth
<b>English Text:</b> Now I have some questions about {your/SP's} mouth and teeth. How would you describe the condition of {your/SP?s} mouth and teeth? Would you say . . .	
<b>English Instructions:</b> INCLUDE FALSE TEETH AND DENTURES	
<b>Codes:</b>	<b>Skip To Values:</b>
1= Very good,	
2= Good,	
3= Fair, or	
4= Poor?	
7= Refused	
9= Don't know	

<b>OHQ020</b>	<b>Target</b>
	B(18 Yrs. to 150 Yrs.)

**Hard Edits****SAS Label**

Limit foods because of teeth problems

**English Text:** How often {do you/does SP} limit the kinds or amounts of food {you/s/he} eat{s} because of problems with {your/his/her} teeth or dentures? Would you say . . .

**English Instructions:****Codes:**

1= Always,  
 2= Very often,  
 3= Often,  
 4= Sometimes,  
 5= Seldom, or  
 6= Never?  
 77= Refused  
 99= Don't know

**Skip To Values:****OHQ030****Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits****SAS Label**

When did you last visit a dentist

**English Text:** About how long has it been since {you/SP} last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

**English Instructions:****Codes:**

1= 6 months or less  
 2= More than 6 months, but not more than 1 year ago  
 3= More than 1 year, but not more than 2 years ago  
 4= More than 2 years, but not more than 3 years ago  
 5= More than 3 years, but not more than 5 years ago  
 6= More than 5 years ago  
 7= Never have been  
 77= Refused  
 99= Don't know

**Skip To Values:**

End of Section

**OHQ033**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

Main reason for last dental visit

**English Text:** What was the main reason {you/SP} last visited the dentist?

**English Instructions:**

**Codes:**

**Skip To Values:**

- 1= Went in on own for check-up, examination, or cleaning
- 2= Was called in by the dentist for check-up, examination, or cleaning
- 3= Something was wrong, bothering or hurting {me/SP}
- 4= Went for treatment of a condition that dentist discovered at earlier checkup or examination
- 5= Other
- 7= Refused
- 9= Don't know

**OHQ035**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

CHECK ITEM

**English Text:** CHECK ITEM

**English Instructions:** CHECK ITEM OHQ.035: IF OHQ.030 = 5 OR 6, GO TO OHQ.060. OTHERWISE, CONTINUE.

**OHQ037**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

CHECK ITEM

**English Text:** CHECK ITEM

**English Instructions:** CHECK ITEM OHQ.037: IF OHQ.033 = 1 OR 2, GO TO OHQ.050. OTHERWISE, CONTINUE.

**OHQ040**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

Routine checkups over past 3 yrs

**English Text:** During the past 3 years, {have/has} {you/SP} been to the dentist for routine check-ups or cleanings?

**English Instructions:**

**Codes:**

1= Yes

2= No

7= Refused

9= Don't know

**Skip To Values:**

OHQ060

OHQ060

OHQ060

**OHQ050**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

Routine checkups frequency past 3 yrs

**English Text:** During the past 3 years, how often {have you/has SP} gone to the dentist for routine check-ups or cleanings?

**English Instructions:** HAND CARD OHQ1

**Codes:**

1= 2 or more times a year

2= Once a year

3= Less than once a year

4= Whenever needed, no regular schedule

7= Refused

9= Don't know

**Skip To Values:**

**OHQ060**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

Regular dentist/lab you visit for care

**English Text:** Is there a particular dentist or dental clinic that {you/SP} usually {go/goes} to if {you/he/she} need{s} dental care or dental advice?

**English Instructions:**

**Codes:**

- 1= Yes
- 2= No
- 7= Refused
- 9= Don't know

**Skip To Values:**

- OHQ075
- OHQ075
- OHQ075

**OHQ070Q**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

1 to 99

How long use this dentist/lab as regular

**English Text:** For how long has this been {your/SP?s} regular source of dental care?

**English Instructions:** ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

**Codes:**

- 77777= Refused
- 99999= Don't know

**Skip To Values:**

**OHQ070U**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

Unit of measure (days/wks/mos/yrs)

**English Text:** UNIT OF MEASURE

**English Instructions:** ENTER UNIT

**Codes:**

- 1= Days
- 2= Weeks
- 3= Months
- 4= Years
- 7= Refused
- 9= Don't know

**Skip To Values:**

**OHQ075**

**Target**

B(2 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

CHECK ITEM

**English Text:** CHECK ITEM

**English Instructions:** CHECK ITEM OHQ.075: IF SP AGE >= 18, CONTINUE. OTHERWISE, GO TO END OF SECTION.

**OHQ085**

**Target**

B(18 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

Sip liquids to aid swallowing foods

**English Text:** {Do you/Does SP} sip liquids to aid in swallowing any foods?

**English Instructions:**

**Codes:**

1= Yes

2= No

7= Refused

9= Don't know

**Skip To Values:**

**OHQ095**

**Target**

B(18 Yrs. to 150 Yrs.)

**Hard Edits**

**SAS Label**

Amount of saliva in mouth

**English Text:** Does the amount of saliva in {your/SP's} mouth seem to be too little, too much, or {do you/does s/he} not notice it?

**English Instructions:**

**Codes:**

- 1= Too little
- 2= Too much
- 3= Doesn't notice it
- 7= Refused
- 9= Don't know

**Skip To Values:****OHQ105****Target**

B(18 Yrs. to 150 Yrs.)

**Hard Edits****SAS Label**

Difficulties swallowing foods

**English Text:** {Do you/Does SP} have difficulties swallowing any foods?**English Instructions:****Codes:**

- 1= Yes
- 2= No
- 7= Refused
- 9= Don't know

**Skip To Values:****OHQ115****Target**

B(18 Yrs. to 150 Yrs.)

**Hard Edits****SAS Label**

Mouth feel dry when eating meal

**English Text:** Does {your/SP's} mouth feel dry when {you/s/he} eat{s} a meal?**English Instructions:****Codes:**

- 1= Yes
- 2= No
- 7= Refused
- 9= Don't know

**Skip To Values:**