# 2003-04 Questions

# Oral Health - OHQ\_C

OHQ.030 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.

6 MONTHS OR LESS	1	
MORE THAN 6 MONTHS, BUT NOT		
MORE THAN 1 YEAR AGO	2	
MORE THAN 1 YEAR, BUT NOT MORE		
THAN 2 YEARS AGO	3	
MORE THAN 2 YEARS, BUT NOT MORE		
THAN 3 YEARS AGO	4	
MORE THAN 3 YEARS, BUT NOT MORE		
THAN 5 YEARS AGO	5	
MORE THAN 5 YEARS AGO	6	
NEVER HAVE BEEN	7	(BOX 4)
REFUSED	77	
DON'T KNOW	99	

OHQ.033 What was the main reason {you/SP} last visited the dentist?

WENT IN ON OWN FOR CHECK-UP,	
EXAMINATION OR CLEANING	1
WAS CALLED IN BY THE DENTIST FOR	
CHECK-UP, EXAMINATION OR	
CLEANING	2
SOMETHING WAS WRONG,	
BOTHERING OR HURTING {ME/SP}	3
WENT FOR TREATMENT OF A	
CONDITION THAT DENTIST	
DISCOVERED AT EARLIER CHECK-UP	
OR EXAMINATION	4
OTHER	5
REFUSED	7
DON'T KNOW	9

## BOX 4

## CHECK ITEM OHQ.075B:

IF SP AGE >= 18, CONTINUE. OTHERWISE, GO TO BOX 5. OHQ.095 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?

TOO LITTLE	1
TOO MUCH	2
DOESN'T NOTICE IT	3
REFUSED	7
DON'T KNOW	9

OHQ.115 Does {your/SP's} mouth feel dry when {you/s/he} eat{s} a meal?

1
2
7
9

### BOX 5

CHECK ITEM OHQ.118: IF SP AGE >= 16, CONTINUE. OTHERWISE, GO TO BOX 6.

OHQ.620 How often during the last year {have you/has SP} had painful aching anywhere in {your/his/her} mouth? Would you say . . .

HAND CARD OHQ1

Very often,	1
Fairly often,	2
Occasionally,	3
Hardly ever, or	4
Never?	5
REFUSED	7
DON'T KNOW	9

OHQ.630 How often during the last year {have you/has SP} felt that life in general was less satisfying because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

## HAND CARD OHQ1

Very often,	1
Fairly often,	2
Occasionally,	3
Hardly ever, or	4
Never?	5
REFUSED	7
DON'T KNOW	9

OHQ.640 How often during the last year {have you/has SP} had difficulty doing {your/his/her} usual jobs or attending school because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

## HAND CARD OHQ1

Very often,	1
Fairly often,	2
Occasionally,	3
Hardly ever, or	4
Never?	5
REFUSED	7
DON'T KNOW	9

OHQ.650 How often during the last year {has your/has SP's} sense of taste been affected by problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

#### HAND CARD OHQ1

Very often,	1
Fairly often,	
Occasionally,	3
Hardly ever, or	4
Never?	5
REFUSED	7
ON'T KNOW	9

OHQ.660 How often during the last year {have you/has SP} avoided particular foods because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

#### HAND CARD OHQ1

Very often,	1
Fairly often,	2
Occasionally,	3
Hardly ever, or	4
Never?	5
REFUSED	7
DON'T KNOW	9

OHQ.670 How often during the last year {have you/has SP} found it uncomfortable to eat any food because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

## HAND CARD OHQ1

Very often,	1
Fairly often,	2
Occasionally,	3
Hardly ever, or	4
Never?	5
REFUSED	7
DON'T KNOW	9

OHQ.680 How often during the last year {have you/has SP} been self-conscious or embarrassed because of {your/his/her} teeth, mouth or dentures? Would you say . . .

## HAND CARD OHQ1

Very often,	1
Fairly often,	2
Occasionally,	3
Hardly ever, or	4
Never?	5
REFUSED	7
DON'T KNOW	9

OHQ.691{Do you/Does SP} need any teeth filled or replaced [fillings, crowns, or bridges]?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN SHOULD READ: If the SP responds "I have fake teeth or plates," read the question again. We are still interested in the SP's answer to this question. If the SP continues to have trouble answering because he or she has dentures, you may say something like "We are still interested in your answer," OTHERWISE select "refused" or "don't know" as appropriate.

## OHQ.700 {Do you/Does SP} need any teeth pulled?

YES	1	
NO	2	(OHQ.220)
REFUSED	7	(OHQ.220)
DON'T KNOW	9	(OHQ.220)

OHQ.711 Why {do you/does SP} need to have teeth pulled?

CODE ALL THAT APPLY

PAIN	1
CAVITIES	2
BROKEN OR MISSING FILLINGS	3
GUM PROBLEMS OR BLEEDING GUMS	4
APPEARANCE	5
OTHER	7
REFUSED	77
DON'T KNOW	99

OHQ.721 {Do you/Does SP} need dentures [plates] made?

INCLUDE PARTIAL PLATES, PARTIAL DENTURES AND REMOVABLE PARTIALS

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN: If the respondent says "I need a bridge" do **not** include this at this question. This question only refers to **removable** dentures or partials.

OHQ.730 {Do you/Does SP} need gum treatment [periodontal treatment]?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

OHQ.740 {Do you/Does SP} need relief of pain [oral cavity pain]?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

OHQ.750 {Do you/Does SP} need your teeth cleaned?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

#### BOX 6

# CHECK ITEM OHQ.255: IF RESPONSE TO OHQ.030 = CODE 7 (NEVER HAVE BEEN), GO TO OHQ.270. OTHERWISE, CONTINUE.

OHQ.760 How long has it been since {you/SP} had {your/his/her} teeth "cleaned" by a dentist or dental hygienist?

WITHIN THE PAST YEAR [1 TO 12	
MONTHS AGO]	1
WITHIN THE PAST 3 YEARS [MORE	
THAN 1 YEAR, TO 3 YEARS]	2
MORE THAN 3 YEARS AGO	3
NEVER	4
REFUSED	7
DON'T KNOW	9

OHQ.770 During the past 12 months, was there a time when {you/SP} needed dental care but could not get it at that time?

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

OHQ.780 What were the reasons that {you/SP} could not get the dental care {you/she/he} needed?

CODE ALL THAT APPLY

HAND CARD OHQ2

COULD NOT AFFORD THE COST	10
DID NOT WANT TO SPEND THE MONEY	11
INSURANCE DID NOT COVER RECOMMENDED PROCEDURES	12
DENTAL OFFICE IS TOO FAR AWAY	13
DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES	14
ANOTHER DENTIST RECOMMENDED NOT DOING IT	15
AFRAID OR DO NOT LIKE DENTISTS	16
UNABLE TO TAKE TIME OFF FROM WORK	17
TOO BUSY	18
I DID NOT THINK ANYTHING SERIOUS WAS WRONG – EXPECTED	
DENTAL PROBLEMS TO GO AWAY	19
OTHER	20
REFUSED	77
DON'T KNOW	99