

**ORAL HEALTH - OHQ**

OHQ.010 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 . . .

INCLUDE FALSE TEETH AND DENTURES

- very good, . . . . . 1
- good, . . . . . 2
- fair, or . . . . . 3
- poor? . . . . . 4
- REFUSED . . . . . 7
- DON'T KNOW . . . . . 9

<p><b>BOX 1</b></p> <p><b>CHECK ITEM OHQ.015:</b>                  IF SP'S AGE &gt;= 18, CONTINUE.                  OTHERWISE, GO TO OHQ.030.</p>
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OHQ.020 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 . . .

- always, . . . . . 1
- very often, . . . . . 2
- often, . . . . . 3
- sometimes, . . . . . 4
- seldom, or . . . . . 5
- never? . . . . . 6
- REFUSED . . . . . 7
- DON'T KNOW . . . . . 9

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 (END OF SECTION)
- 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 2**

**CHECK ITEM OHQ.035:**

IF OHQ.030 = 5 OR 6, GO TO OHQ.060.  
OTHERWISE, CONTINUE WITH BOX 3.

**BOX 3**

**CHECK ITEM OHQ.037:**

IF OHQ.033 = 1 OR 2, GO TO OHQ.050.  
OTHERWISE, CONTINUE WITH OHQ.040.

OHQ.040 During the **past 3 years**, {have/has} {you/SP} been to the dentist for **routine check-ups or cleanings**?

- YES ..... 1
- NO ..... 2 (OHQ.060)
- REFUSED ..... 7 (OHQ.060)
- DON'T KNOW ..... 9 (OHQ.060)

OHQ.050 During the **past 3 years**, how often {have you/has SP} gone to the dentist for routine check-ups or cleanings?

HAND CARD OHQ1

- 2 OR MORE TIMES A YEAR ..... 1
- ONCE A YEAR ..... 2
- LESS THAN ONCE A YEAR ..... 3
- WHENEVER NEEDED, NO REGULAR  
SCHEDULE ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

OHQ.060 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?

- YES ..... 1
- NO ..... 2 (END OF SECTION)

REFUSED . . . . . 7 (END OF SECTION)  
 DON'T KNOW . . . . . 9 (END OF SECTION)

OHQ.070 For how long has this been {your/SP's} regular source of dental care?

|\_|\_|\_|  
 ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED . . . . . 777  
 DON'T KNOW . . . . . 999

ENTER UNIT

DAYS . . . . . 1  
 WEEKS . . . . . 2  
 MONTHS . . . . . 3  
 YEARS . . . . . 4  
 REFUSED . . . . . 7  
 DON'T KNOW . . . . . 9

**BOX 4**

**CHECK ITEM OHQ.075:**  
 IF SP AGE >= 40, CONTINUE.  
 OTHERWISE, GO TO END OF SECTION.

OHQ.080 {Do you/Does SP} sip liquids to aid in swallowing any foods?

YES . . . . . 1  
 NO . . . . . 2  
 REFUSED . . . . . 7  
 DON'T KNOW . . . . . 9

OHQ.090 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.100 {Do you/Does SP} have difficulties swallowing any foods?

YES . . . . . 1  
 NO . . . . . 2  
 REFUSED . . . . . 7  
 DON'T KNOW . . . . . 9

OHQ.110 Does {your/SP's} mouth feel dry when {you/s/he} eat{s} a meal?

YES . . . . . 1  
 NO . . . . . 2  
 REFUSED . . . . . 7

