

**ORAL HEALTH –
Target Group: SPs 1+**

OHQ.030 The next questions are about {your/SP's} teeth and gums.

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 1)
- REFUSED 77
- DON'T KNOW 99

HELP SCREEN:

Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

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

HELP SCREEN:

Cleaning (Dental): Refers to activities performed by a dentist or dental hygienist to maintain healthy teeth and prevent cavities. Cleaning includes scraping tartar deposits off teeth, both above and below the gumline.

Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

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 (BOX 1)
- REFUSED 7 (BOX 1)
- DON'T KNOW 9 (BOX 1)

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 OHQ1

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

BOX 1

CHECK ITEM OHQ.605:

IF SP AGE 1-15, GO TO OHQ.845.

ELSE IF SP AGE 16+ and OHQ.030 = 1 or 2, CONTINUE.

ELSE GO TO BOX 2.

OHQ.610 In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about...

... the benefits of giving up cigarettes or other types of tobacco to improve {your/SP's} dental health?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

OHQ.612 (In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about...)

... the dental health benefits of checking {your/his/her} blood sugar?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

OHQ.614 (In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about...)

... the importance of examining {your/his/her} mouth for oral cancer?

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

BOX 2

CHECK ITEM OHQ.616:
IF SP AGE 16-29, GO TO OHQ.845.
IF SP AGE 30+, CONTINUE.

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 OHQ2

- 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 OHQ2

- 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 OHQ2

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

OHQ.835 The next questions will ask about the condition of {your/SP's} teeth and some factors related to gum health.

Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. {Do you/Does SP} think {you/s/he} might have gum disease?

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

OHQ.845 Overall, how would {you/SP} rate the health of {your/his/her} teeth and gums?

- EXCELLENT 1
- VERY GOOD 2
- GOOD, 3
- FAIR 4
- POOR 5
- REFUSED 7
- DON'T KNOW 9

BOX 3

CHECK ITEM OHQ.847:
IF SP AGE >= 30, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

OHQ.850 {Have you/Has SP} ever had treatment for gum disease such as scaling and root planing, sometimes called deep cleaning?

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

OHQ.855 {Have you/Has SP} ever had any teeth become loose on their own, without an injury?

INTERVIEWER INSTRUCTION: BABY TEETH SHOULD NOT BE INCLUDED.

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

OHQ.860 {Have you/Has SP} ever been told by a dental professional that {you/s/he} lost bone around {your/his/her} teeth?

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

OHQ.865 During the past three months, {have you/has SP} noticed a tooth that doesn't look right?

INTERVIEWER INSTRUCTION: CODE '2' FOR NO IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES. PLEASE DO NOT PUT INFORMATION ABOUT NO TEETH IN THE COMMENTS.

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

OHQ.870 Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use dental floss or any other device to clean between {your/his/her} teeth?

HARD EDIT 0-7.

INTERVIEWER INSTRUCTION: CODE '0' IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES. PLEASE DO NOT PUT INFORMATION ABOUT NO TEETH IN THE COMMENTS.

-
- ENTER NUMBER OF DAYS
- REFUSED 77
- DON'T KNOW 99

OHQ.875 Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use mouthwash or other dental rinse product that {you use/s/he uses} to treat dental disease or dental problems?

HARD EDIT 0-7.

INTERVIEWER INSTRUCTION: REPEAT THE FOLLOWING PORTION OF THE QUESTION IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES: "how many days did {you/SP} use

mouthwash or other dental rinse product that {you use/s/he uses} to treat dental disease or dental problems?"

ENTER NUMBER OF DAYS

REFUSED 77
 DON'T KNOW 99

OHQ.880 {Have you/Has SP} ever had an exam for oral cancer in which the doctor or dentist pulls on {your/his/her} tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

OHQ.885 {Have you/Has SP} ever had an exam for oral cancer in which the doctor or dentist feels {your/his/her} neck?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

BOX 4

CHECK ITEM OHQ.890:
 IF OHQ.880 OR OHQ.885 = 1, CONTINUE.
 OTHERWISE, GO TO END OF SECTION.

OHQ.895 When did {you/SP} have {your/his/her} most recent oral or mouth cancer exam? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?

Within past year..... 1
 Between 1 and 3 years ago..... 2
 Over 3 years ago..... 3 (END OF SECTION)
 REFUSED 7 (END OF SECTION)
 DON'T KNOW 9 (END OF SECTION)

OHQ.900 What type of health care professional performed {your/SP's} most recent oral cancer exam?

Doctor/physician..... 1
 Nurse/nurse practitioner 2
 Dentist (include oral surgeons)..... 3
 Dental Hygienist 4
 Other 5
 REFUSED 7
 DON'T KNOW 9