

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

BOX 1

CHECK ITEM OHQ.015:
IF SP'S AGE >= 18, CONTINUE.
OTHERWISE, GO TO OHQ.030.

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 (BOX 4)
REFUSED 7 (BOX 4)
DON'T KNOW 9 (BOX 4)

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

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

REFUSED777
DON'T KNOW999

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 >= 18, 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
DON'T KNOW 9