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
- NEVER HAVE BEEN............................... 6 (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?

- YES ............................................................... 1
- NO ................................................................. 2
- REFUSED .................................................... 7
- DON'T KNOW ......................................... 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, .................................................... 2
Occasionally, ................................................ 3
Hardly ever, or ............................................. 4
Never? ......................................................... 5
REFUSED .................................................... 7
DON’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