Now I have some questions about the condition of your teeth and gums.

How would you describe the condition of your teeth? Would you say . . .

INTERVIEWER INSTRUCTION: INCLUDE FALSE TEETH AND DENTURES.

- excellent, .......................................................... 11
- very good, ....................................................... 12
- good, ............................................................... 13
- fair, or ............................................................... 14
- poor? .............................................................. 15
- REFUSED ....................................................... 7
- DON'T KNOW ................................................ 9

How often during the last year have you had painful aching anywhere in your 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

How often during the last year felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?

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?

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?

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?

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?

HAND CARD OHQ1

VERY OFTEN, ............................................ 1
FAIRLY OFTEN, ........................................ 2
OCCASIONALLY, ..................................... 3
HARDLY EVER, OR .................................... 4
NEVER? ................................................... 5
REFUSED .................................................. 7
DON'T KNOW ............................................ 9
How often during the last year {have you/has SP} been self-conscious or embarrassed because of {your/his/her} teeth, mouth or dentures?

HAND CARD OHQ1

VERY OFTEN, .................................................. 1
FAIRLY OFTEN, .................................................. 2
OCCASIONALLY, .................................................. 3
HARDLY EVER, OR .................................................. 4
NEVER? ............................................................. 5
REFUSED .............................................................. 7
DONT KNOW ......................................................... 9