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

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

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

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

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

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

{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?

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.

|___|
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.

|___|
ENTER NUMBER OF DAYS

REFUSED ..................................................... 77
DON'T KNOW ................................................ 99