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 0)
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.

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 0)
REFUSED.................................... 7 (BOX 0)
DON'T KNOW............................. 9 (BOX 0)

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
OHQ.550: We would like you to think of the time when {SP} started brushing (his/her) teeth either with your help or alone.  
G/Q/U At what age did {SP} start brushing (his/her) teeth?

| ..........................  | 1 |
| ENTER AGE ..........................  | 1 |
| HAS NOT STARTED BRUSHING TEETH.....  | 2 (OHQ.566) |
| REFUSED..................................  | 7 (OHQ.566) |
| DON'T KNOW ............................  | 9 (OHQ.566) |

| ..........................  | 1 |
| ENTER AGE IN MONTHS OR YEARS  | 1 |
| REFUSED............................... 7777 (OHQ.566) |
| DON'T KNOW............................ 9999 (OHQ.566) |

ENTER UNIT

| ..........................  | 1 |
| MONTHS.............................  | 1 |
| YEARS..............................  | 2 |

CAPI INSTRUCTION:
SOFT EDIT: OHQ.555 > SP’S AGE
ERROR MESSAGE: ‘AGE STARTED BRUSHING TEETH CANNOT BE OLDER THAN SP’S CURRENT AGE.’
OHQ.560  At what age did {SP} start using toothpaste?
G/Q/U

|   | ENTER AGE ........................................ 1
|   | HAS NEVER USED TOOTHPASTE ..................... 2 (OHQ.566)
|   | REFUSED ............................................. 7 (OHQ.566)
|   | DON'T KNOW ....................................... 9 (OHQ.566)

|   | ENTER AGE IN MONTHS OR YEARS
|   | REFUSED .......................................... 7777 (OHQ.566)
|   | DON'T KNOW ...................................... 9999 (OHQ.566)

ENTER UNIT

MONTHS ................................................. 1
YEARS .................................................. 2

CAPI INSTRUCTION:
SOFT EDIT: OHQ.560 > SP’S AGE
ERROR MESSAGE: ‘AGE STARTED USING TOOTHPASTE CANNOT BE OLDER THAN SP’S CURRENT AGE.’

OHQ.566  Has {SP} ever received prescription fluoride drops or fluoride tablets?

|   | YES .................................................. 1
|   | NO ................................................... 2 (BOX 1)
|   | REFUSED ........................................... 7 (BOX 1)
|   | DON'T KNOW ..................................... 9 (BOX 1)

OHQ.571  How old in months or years was {SP} when {he/she} started taking prescription fluoride drops or fluoride tablets?

|   | ENTER AGE IN MONTHS OR YEARS
|   | REFUSED .......................................... 7777 (BOX 1)
|   | DON'T KNOW ...................................... 9999 (BOX 1)

ENTER UNIT

MONTHS ................................................. 1
YEARS .................................................. 2

CAPI INSTRUCTION:
SOFT EDIT: OHQ.571 > SP’S AGE
ERROR MESSAGE: ‘AGE STARTED TAKING FLUORIDE DROPS OR FLUORIDE TABLETS CANNOT BE OLDER THAN SP’S CURRENT AGE.’
OHQ.576 How old in months or years was {SP} when (he/she) stopped taking prescription fluoride drops or fluoride tablets?

| ENTER AGE .................................................. 1 |
| STILL TAKING FLUORIDE DROPS OR TABLETS .................................................... 2 (BOX 1) |
| REFUSED ...................................................... 7 (BOX 1) |
| DON'T KNOW ................................................ 9 (BOX 1) |

ENTER AGE IN MONTHS OR YEARS

| REFUSED ...................................................... 7777 (BOX 1) |
| DON'T KNOW ................................................ 9999 (BOX 1) |

ENTER UNIT

| MONTHS ....................................................... 1 |
| YEARS ........................................................... 2 |

CAPI INSTRUCTION:
SOFT EDIT: OHQ.576 > SP’S AGE
ERROR MESSAGE: ‘AGE STOPPED TAKING FLUORIDE DROPS OR TABLETS CANNOT BE OLDER THAN SP’S CURRENT AGE.’

IF ‘STILL TAKING FLUORIDE DROPS OR TABLETS SELECTED, FILL OHQ.576 Q/U WITH CURRENT AGE AND GO TO BOX 1.’

SOFT EDIT: OHQ.575 LESS THAN OHQ.571
ERROR MESSAGE: ‘AGE STOPPED TAKING FLUORIDE DROPS OR TABLETS CANNOT BE YOUNGER THAN AGE WHEN STARTED.’

BOX 1

CHECK ITEM OHQ.592:
IF SP AGE 3-15, GO TO OHQ.845.

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 OHQ3

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 OHQ3

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 or has SP been self-conscious or embarrassed because of teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ3

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 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 think you might have gum disease?

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

OHQ.845  Overall, how would you rate the health of your teeth and gums? Would you say . . .

Excellent, .....................................................  1
Very good, ...................................................  2
Good, ..........................................................  3
Fair, or .........................................................  4
Poor? ..........................................................  5
REFUSED ....................................................  7
DON'T KNOW .............................................  9

BOX 3

CHECK ITEM OHQ.846:
IF SP AGE 3-19, CONTINUE.
IF SP AGE >= 30, GO TO OHQ.850.
OTHERWISE, GO TO END OF SECTION.
OHQ.848  How many times {do you/does SP} brush {your/his/her} teeth in one day?

| ENTER NUMBER .......................................... 1 |
| CHILD DOES NOT BRUSH YET ...................  2 (END OF SECTION) |
| DOES NOT BRUSH EVERY DAY ..................  3 (OHQ.849) |
| REFUSED..............................................  7 (END OF SECTION) |
| DON'T KNOW........................................  9 (END OF SECTION) |

1 TIME ................................................... 01
2 TIMES ................................................... 02
3 TIMES ................................................... 03
4 TIMES ................................................... 04
5 TIMES ................................................... 05
6 TIMES ................................................... 06
7 TIMES ................................................... 07
8 TIMES ................................................... 08
9 OR MORE TIMES .................................... 09
REFUSED.............................................. 77 (END OF SECTION)
DON'T KNOW........................................ 99 (END OF SECTION)

OHQ.849  On average, how much toothpaste {do you/does SP} use when brushing {your/his/her} teeth?

HAND CARD OHQ4

FULL LOAD ............................................... 1 (END OF SECTION)
HALF LOAD ............................................... 2 (END OF SECTION)
PEA SIZE ............................................... 3 (END OF SECTION)
SMEAR ................................................... 4 (END OF SECTION)
REFUSED.............................................. 7 (END OF SECTION)
DON'T KNOW........................................ 9 (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.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
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.

<table>
<thead>
<tr>
<th>ENTER NUMBER OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED ............... 77</td>
</tr>
<tr>
<td>DON'T KNOW ............. 99</td>
</tr>
</tbody>
</table>

( 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 (END OF SECTION) |
| REFUSED ................................. 7 (END OF SECTION) |
| DON'T KNOW ............................. 9 (END OF SECTION) |

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) |

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 |