ORAL HEALTH – OHQ
Target Group: SPs 1+

OHQ.845 The next questions are about (your/SP’s) teeth and gums.
Overall, how would (you/SP) rate the health of (your/his/her/SP’s) teeth and gums? Would you say . . .

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

OHQ.620 How often during the last year {have you/has SP} had painful aching anywhere in {your/his/her/SP’s} mouth? Would you say . . .

Very often, ..................................................... 1
Fairly often, .................................................... 2
Occasionally, ................................................. 3
Hardly ever, or ............................................... 4
Never? ........................................................... 5
REFUSED ..................................................... 7
DON’T KNOW ................................................ 9

BOX 2A

CHECK ITEM OHQ.622:
IF SP AGE 1-19 YEARS, GO TO END OF SECTION.
IF SP AGE 20+ YEARS, CONTINUE.

OHQ.630 How often during last year {have you/has SP} felt life in general was less satisfying because of problems with {your/his/her/SP’s} teeth, mouth, or dentures? Would you say . . .

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/SP’s} usual jobs or attending school because of problems with {your/his/her/SP’s} teeth, mouth or dentures? Would you say . . .

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 last year {have you/has SP} avoided particular foods because of problems with {your/his/her/SP’s} teeth, mouth, or dentures? Would you say . . .

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 last year {have you/has SP} found it uncomfortable to eat food because of problems with {your/his/her/SP’s} teeth, mouth, or dentures? Would you say . . .

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 last year {have you/has SP} been self-conscious or embarrassed because of {your/his/her/SP’s} teeth, mouth, or dentures? Would you say . . .

Very often, ..................................................... 1
Fairly often, .................................................... 2
Occasionally, ............................................... 3
Hardly ever, or ........................................... 4
Never? ......................................................... 5
REFUSED ..................................................... 7
DON’T KNOW............................................... 9