

**ORAL HEALTH – OHQ****Target Group: SPs 1+**

OHQ.030 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.

OHQ.033 What was the main reason {you/SP} **last** visited the dentist?**HAND CARD OHQ1**

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

**BOX 0**

**CHECK ITEM OHQ.550:**

IF SP AGE <3, GO TO OHQ.845

IF SP AGE 3-15, CONTINUE.

ELSE IF SP AGE 16+ and OHQ.030 = 1 or 2, GO TO OHQ.610.

ELSE GO TO BOX 2.

OHQ.555 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?

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

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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.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

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

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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  
Q/U tablets?

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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  
G/Q/U tablets?

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

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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/has SP} been self-conscious or embarrassed because of {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.835 The next questions will ask about the condition of {your/SP's} 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/Does SP} think {you/s/he} might have gum disease?

**CAPI INSTRUCTION:**  
**IF ITEM CHANGES, CHECK MEC COMPONENT.**

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

OHQ.845 Overall, how would {you/SP} rate the health of {your/his/her} 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?  
G/Q

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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)

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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



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.

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.

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ENTER NUMBER OF DAYS  
REFUSED..... 77  
DON'T KNOW..... 99

OHQ.880 {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)

OHQ.895 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)

OHQ.900 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