

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 {you/SP} started brushing {your/his/her} teeth either with someone
G/Q/U else's help or alone. At what age did {you/SP} start brushing {your/his/her} teeth?

|__|
ENTER AGE 1
HAS NOT STARTED BRUSHING TEETH 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.555 >SP'S AGE
ERROR MESSAGE: 'AGE STARTED BRUSHING TEETH CANNOT BE OLDER THAN SP'S
CURRENT AGE.'

OHQ.560 At what age did {you/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 {Have you/HasSP} 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 {were you/was SP} when {you/he/she} started taking prescription fluoride drops
Q/U 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 {were you/was SP} when {you/he/she} stopped taking prescription fluoride drops
G/Q/U 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.576 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

BOX 2

CHECK ITEM OHQ.616:
IF SP AGE 0-2, GO TO OHQ.845.
IF SP AGE 3+, 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

BOX 2A

CHECK ITEM OHQ.622:
IF SP AGE 3-29, GO TO OHQ.845.
IF SP AGE 30+, CONTINUE.

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 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

- |__|
- 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

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.

|__|

ENTER NUMBER OF DAYS

REFUSED 77

DON'T KNOW..... 99

OHQ.882 In the past 12 months, {have you/has SP} 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

REFUSED 7

DON'T KNOW..... 9