

CDC/NIDCR Dental, Oral and Craniofacial Data Resource Center
Survey Questions
Available online at <http://drc.hhs.gov>

Conditions

Q.HYF9, HAQ5, NHANES III, 1988–1994

(Has ___/Have you) had "cold sores" or "fever blisters" on (___'s/your) lips in the past 12 months?

- 1 Yes
- 2 No
- 9 Don't know

Q.HYF10, HAQ6, NHANES III, 1988–1994

(Has ___/Have you) had "canker sores" or other ulcers or sores inside (___'s/your) mouth in the past 12 months?

- 1 Yes
- 2 No
- 9 Don't know

Q.R2a, b, NHIS, 1989

a. (During the past 6 months) Did you have painful sores or irritations around the lips or on the tongue, cheeks, or gums more than once?

- 1 Yes
- 2 No

b. Did you first have the sores or irritations more than 6 months ago?

- 1 Yes
- 2 No

Q.Z5, NHIS, 1990

What is ONE common sign of gum disease?

- 1 Swollen, red, inflamed, sore or bleeding gums
- 2 Chronic bad breath
- 3 Loose teeth
- 4 Receding gums
- 8 Other - specify _____
- 9 Don't know

Q.AOH.055_02.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day?
Please say yes or no to each.

. . . Sores in your mouth

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.COH.050_03.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had sores in [fill: her/his] mouth?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.AOH.050_02.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Bleeding gums

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't Know

Q.AOH.050_06, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Loose teeth not due to an injury

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.COH.050_04.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had bleeding gums?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.AOH.050_07.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Broken or missing fillings

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.AOH.055_04.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day?
Please say yes or no to each.

. . . Bad breath

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.AOH.055_05.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day?
Please say yes or no to each.

. . . Dry mouth

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.COH.050_10.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had broken or missing fillings?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.COH.050_11.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had bad breath?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.COH.050_12.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had dry mouth?

- 1 Yes
- 2 No

- 7 Refused
- 9 Don't know

Q.COH.050_09.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had decayed teeth or cavities?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.H2aJ, NHIS, 1990; 1991; 1992; 1993; 1994; 1995; 1996

Does anyone in the family NOW HAVE a cleft palate or harelip?

- 1 Yes
- 2 No

Q.H6aF, NHIS, 1990; 1991; 1992; 1993; 1994; 1995; 1996

DURING THE PAST 12 MONTHS, did anyone in the family have a deflected or deviated nasal septum?

- 1 Yes
- 2 No

Q.HA40, MEPS NHC, 1996

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have: ?

- Debris in mouth
- Dentures or removable bridge
- Some/all natural teeth lost
- Inflamed, swollen or bleeding gums, oral abscesses, ulcers, or rashes
- None checked
- Don't know

Q.CE04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005

Did (person) have any physical or mental health problems, accidents or injuries? [please include all conditions, accidents, or injuries for which (person) saw a medical provider or took medications. also include other physical or mental health problems affecting (person) since (start date), even if no treatment or medications were received for this problem during this period.]

- 1 Yes ____ (coded according to ICD-9)
- 2 No
- 7 REF
- 8 Don't know

Q.HA40, MCBS, 1997; 1998; 2000; 2001; 2002; 2003; 2004; 2005

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have: ?

- Debris in mouth
- Dentures or removable bridge
- Some/all natural teeth lost
- Broken, loose or carious teeth
- Inflamed, swollen or bleeding gums; oral abscesses, ulcers, or rashes
- None checked
- Don't know

Q.S2Q55, SLAITS/National Survey of Children's Health, 2003

What specific problems does [CHILD] have with [his/her] teeth?

- Pain
- Cavities
- Broken front tooth or teeth that need repair
- Crooked teeth or teeth that need braces
- Other
- Hygiene (plaque/doesn't brush regularly/needs cleaning etc.)
- Discoloration (staining/yellow teeth/blackened teeth etc.)
- Enamel problems (poor enamel/no enamel etc.)
- Gum problems (gingivitis/gum disease/bleeding gums etc.)
- Teeth problems (grinding/soft teeth/teeth pulled/teeth falling out etc.)
- Nerves (root canal/nerve problems etc.)
- No problems with teeth

Q.K2Q56_INTRO, SLAITS/National Survey of Children's Health, 2007

I have just a few more questions about health conditions that [S.C.] may have, and then we'll move on to other topics. To the best of your knowledge, has (he/she) had any of the following conditions within the past 6 months? [toothache, decayed teeth or cavities, broken teeth, bleeding gums]

- 1 YES
- 2 NO
- 6 DON'T KNOW
- 7 REFUSED

Q.K2Q52, SLAITS/National Survey of Children's Health, 2007

To the best of your knowledge, did [S.C.] have a toothache within the past 6 months?)

- 1 YES
- 2 NO
- 6 DON'T KNOW
- 7 REFUSED

Q.K2Q55, SLAITS/National Survey of Children's Health, 2007

To the best of your knowledge, did [S.C.] have bleeding gums within the past 6 months?)

- 1 YES
- 2 NO

6 DON'T KNOW
7 REFUSED

Q.AOH.050_03.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Crooked teeth

4
1 Yes
2 No
7 Refused
9 Don't know

Q.AOH.050_04.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Broken or missing teeth

1 Yes
2 No
7 Refused
9 Don't know

Q.AOH.050_05.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Stained or discolored teeth

1 Yes
2 No
7 Refused
9 Don't know

Q.COH.050_05.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had crooked teeth?

1 Yes
2 No
7 Refused
9 Don't know

Q.COH.050_06.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had broken teeth or missing teeth other than losing baby teeth?

1 Yes
2 No

- 7 Refused
- 9 Don't know

Q.CO.H.050_07.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had stained or discolored teeth?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.CO.H.050_08.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had loose teeth not due to an injury or losing baby teeth?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.CO.H.050_09.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had decayed teeth or cavities?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.K2Q53, SLAITS/National Survey of Children's Health, 2007

To the best of your knowledge, did [S.C.] have decayed teeth or cavities within the past 6 months?)

- 1 YES
- 2 NO
- 6 DON'T KNOW
- 7 REFUSED

Q.K2Q54, SLAITS/National Survey of Children's Health, 2007

To the best of your knowledge, did [S.C.] have broken teeth within the past 6 months?)

- 1 YES
- 2 NO
- 6 DON'T KNOW
- 7 REFUSED

Q.OHQ.835, NHANES, 2009–2010

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?

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

Q.OHQ.850, NHANES, 2009–2010

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

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

Q.OHQ.855, NHANES, 2009–2010

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

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

Q.OHQ.860, NHANES, 2009–2010

{Have you/Has SP} ever been told by a dental professional that {you/s/he} lost bone around {your/his/her} teeth?

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

Q.OHQ.865, NHANES, 2009–2010

During the past three months, {have you/has SP} noticed a tooth that doesn't look right?

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

Q.OHQ.870, NHANES, 2009–2010

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?

|__| ENTER NUMBER OF DAYS

- 77 REFUSED

99 DON'T KNOW

Q.OHQ.875, NHANES, 2009–2010

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?

|__| ENTER NUMBER OF DAYS

77 REFUSED

99 DON'T KNOW

Available at <http://drc.hhs.gov/SurveyQ/conditions.htm>. Accessed March 3, 2010.