

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

Orofacial Pain

Q.MPQ.100, NHANES, 1999–2004

During the past month, {have you/has SP} had a problem with pain that lasted more than 24 hours?

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

Q.MPQ.110, NHANES, 1999–2004

For how long {have you/has SP} experienced this pain? Would you say...

- 1 Less than a month
- 2 At least 1 month but less than 3 months,
- 3 At least 3 months but less than 1 year, or
- 4 Greater than 1 year
- 7 Refused
- 9 Don't know

Q.MPQ.120, NHANES, 1999–2004

Regarding {your/SP's} pain problem, which regions are affected?

- 1 Head
- 2 Face/dental
- 3 Shoulder girdle-right
- 4 Shoulder girdle-left
- 5 Upper arm-right
- 6 Upper arm-left
- 7 Mid-arm-right
- 8 Mid-arm-left
- 9 Lower arm-right
- 10 Lower arm-left
- 11 Upper back-right
- 12 Upper back-left
- 13 Lower back-right
- 14 Lower back-left
- 15 Buttocks-right
- 16 Buttocks-left
- 17 Upper leg-right
- 18 Upper leg-left
- 19 Mid-leg-right
- 20 Mid-leg-left
- 21 Lower leg-right
- 22 Lower leg-left

- 23 Neck
- 24 Sternum
- 25 Chest-right
- 26 Chest-left

Q.OHQ.620, NHANES, 2005–2006; 2007

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

- 1 Very often
- 3 Occasionally
- 4 Hardly ever, or
- 5 Never
- 7 Refused
- 9 Don't know

Q.R1a, NHIS, 1989

During the past 6 months, did you have a toothache more than once, when biting or chewing?

- 1 Yes
- 2 No

Q.R1b, NHIS, 1989

Did you first have this pain more than 6 months ago?

- 1 Yes
- 2 No

Q.R3a, b, c, d, e, NHIS, 1989

a. (During the past 6 months) Did you have a prolonged, unexplained burning sensation in your tongue or any other part of your mouth more than once?

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

b. When you have this sensation, does it come and go or is it continuous and uninterrupted?

- 1 Come and go
- 2 Continuous/uninterrupted
- 8 Other
- 9 Don't know

c. During how many DIFFERENT MONTHS in the past 6 months did you have this sensation?

____ Months

d. How many total days in the past 6 months did you have this sensation?

- 1 1-3 days
- 2 4-10 days
- 3 11-15 days
- 4 16-30 days
- 5 31-45 days
- 6 46+ days
- 7 "Everyday"
- 9 Don't know

e. Did you first have this sensation more than 6 months ago?

- 1 Yes
- 2 No

Q.AOH.055_01.000, 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.

. . . Pain in your jaw joint

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

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

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

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

Q.R4a, b, c, d, e, f, NHIS, 1989

a. (During the past 6 months) Did you have pain in the jaw joint or in front of the ear more than once?

- 1 Yes
- 2 No

b. When you have this pain, does it come and go or is it continuous and uninterrupted?

- 1 Come and go
- 2 Continuous/uninterrupted
- 8 Other
- 9 Don't know

c. During how many DIFFERENT MONTHS in the past 6 months did you have this pain?

_____ Months

d. How many total days in the past 6 months did you have this pain?

- 1 1-3 days
- 2 4-10 days
- 3 11-15 days
- 4 16-30 days
- 5 31-45 days
- 6 46+ days
- 7 "Everyday"
- 9 Don't know

e. Did you first have this pain more than 6 months ago?

- 1 Yes
- 2 No

f. On a scale of 1-10, where 1 is mild and 10 is severe, how would you rate this pain at its worst? _____

Q.R5a, b, c, d, e, f, NHIS, 1989

a. (During the past 6 months) Did you have a dull, aching pain across your face or cheek more than once? Do not count sinus pain.

- 1 Yes
- 2 No

b. When you have this pain, does it come and go or is it continuous and uninterrupted?

- 1 Come and go
- 2 Continuous/uninterrupted
- 8 Other
- 9 Don't know

c. During how many DIFFERENT MONTHS in the past 6 months did you have this pain?
_____ Months

d. How many total days in the past 6 months did you have this pain?

- 1 1-3 days
- 2 4-10 days
- 3 11-15 days
- 4 16-30 days
- 5 31-45 days
- 6 46+ days
- 7 "Everyday"
- 9 Don't know

e. Did you have this pain more than 6 months ago?

- 1 Yes
- 2 No

f. On a scale of 1-10, where 1 is mild and 10 is severe, how would you rate this pain at its worst? _____

Q.R6a, b, c, d, e, f, g, h, i, NHIS, 1989

a. In the past 6 months, did you see or talk to a DENTIST for the pain we just discussed?

- 1 Yes
- 2 No

b. How many times during the last 6 months did you see or talk to a dentist about the pain?

- _____ Times
- 99 Don't know

c. (In the past 6 months), Did you see or talk to a MEDICAL DOCTOR for the pain we just discussed?

- 1 Yes
- 2 No

d. How many times?

- _____ Times
- 99 Don't know

e. (In the past 6 months), Did you see or talk to a any other type of health professional about the pain?

- 1 Yes
- 2 No

f. What kind of health professional? _____

g. How many times during the last 6 months did you see or talk to the (person in 6f)?

- _____ Times
- 99 Don't know

h. (In the past 6 months) Did you worry about the health of your teeth and gums because of the pain?

- 1 Yes
- 2 No

i. (In the past 6 months) Did you worry about the health of your body because of the pain?

- 1 Yes
- 2 No

Q.R7, NHIS, 1989

Here is a list of things people do when they have teeth, mouth, or face pain. Please tell me the things you did for the pain during the past six months?

- 1 Use a hot or cold compress
- 2 Take a prescription drug
- 3 Take an over-the-counter drug
- 4 Drink some liquor or wine because of the pain
- 5 Take time off work
- 6 Stay home more than usual
- 7 Avoid family and friends
- 8 Anything else? (specify) _____
- 0 None of the above
- 9 Don't know

Q.ACN.331, NHIS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008

During the past three months, did you have...Facial ache or pain in the jaw muscles or the joint in front of the

ear?

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

Q.HA37, MEPS NHC, 1996

Did {SP} experience any of the following oral problems on or around {ref date}:?

- Chewing Problem
- Swallowing Problem
- Mouth Pain
- None Checked
- Don't know

Q.1, BSS, 1999; 2003

During the past 6 months, did {you/your child} have a toothache more than once, when biting or chewing? [Source: National Health Interview Survey (NHIS), 1989]

- 1 No
- 2 Yes
- 3 Don't know/don't remember

Q.1, BSS, 2008

During the past 6 months, did your child have a toothache more than once, when biting or chewing? [Source: National Health Interview Survey (NHIS), 1989]

- 1 No
- 2 Yes
- 3 Don't know/don't remember

Q.AOH.050_01.000, NHIS, 2008

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

. . . A toothache or sensitive teeth

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

Q.COH.050_01.000, NHIS, 2008

DURING THE PAST 6 MONTHS, has [fill S.C. name] had a toothache or sensitive teeth? Do not include pain from getting new teeth (teething pain).

- 1 Yes
- 2 No

7 Refused
9 Don't know

Q.HA37, MCBS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005

Did {SP} experience any of the following oral problems on or around {ref date}:?

Chewing Problem
Swallowing Problem
Mouth Pain
None Checked
Don't know

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