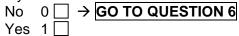
_	Public reporting burden for this collection of information is estimated to average 05 minutes per response, including the time for reviewing instructions, searching OMB#: 0925-058-
	existing data sources, gathering and maintaining the data needed, and completing and reviewing the culture for formation. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bettesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.
Health Study	HCHS/SOL Oral Health Questionnaire
ID NUMI	BER:     FORM CODE: OHE     Contact       VERSION: A     9/07/07     Occasion
Acrostic:	
	ISTRATIVE INFORMATION npletion Date: Month Day Year 0b. Staff ID:
	tions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for here the response 'Don't know/refused' is not listed as an option.
	ural Teeth ou have any of your natural teeth? No 0 □ → GO TO QUESTION 10 Yes 1 □
	often do you limit the kinds or amounts of food you eat because of problems with your teeth? Id you say:
vou	Always 1 Very often 2 Often 3 Sometimes 4 Seldom 5 Never 6 Refused 7 Don't know 9
3. In the	e past 12 months have you had or do you currently have:
	No       Yes         a. Pain in a tooth or teeth       0       1         b. Bleeding gums       0       1         c. Pain in your face       0       1         d. Pain in your jaw joint       0       1         e. Sores in your mouth       0       1         f. Difficulty chewing       0       1         g. Difficulty tasting       0       1         h. Difficulty swallowing       0       1

- j. Bad taste in mouth
- k. Dry mouth when you eat
- I. Dry mouth when you sleep0 [m. Other (non toothache) pain in your mouth0 [
- 4. Do you think or believe that you are currently in need of dental treatment?



0

0

1

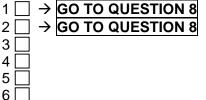
1

ID NUMBER:						FORM CODE: OHE VERSION: A 07/09/07	Contact Occasion		SEQ #	
5. What type	of dent	al car	e do yo	ou nee	d nov	ν?	Ne	V		
		a (	leanin	a or ch	ocki	a	No 0 □	Y€ 1 [	35	
						aced (for example,		1		
						nd/or bridges)	0	1 [		
			eeth p			0 /	0 🔲	1 [		
d. Gum treatment						0 🗌	1 [			
e. New or replace denture(s)				nture(s)	0	1	_			
f. Denture repaired					0	1	_			
g. Relief of pain				<i></i>	0	1 [				
h. Work to improve ap							_			
				, bonc	ing, d	or whitening)	0	1	_	
		i. O	ther				0	1		

- 6. About how long has it been since you last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Mark only one)
  - 6 months or less1More than 6 months, but not more than 1 year ago2More than 1 year, but not more than 2 years ago3More than 2 years ago, but not more than 3 years ago4More than 3 years, but not more than 5 years ago5More than 5 years ago6Never have been7Refused8Don't know9

If other, please specify:\_

j. Don't know

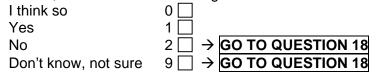


1

7. What are the reasons you have not visited the dentist in over 12 months/never gone to the dentist?

-	No	Yes
a. Afraid	0 🗌	1 🗌
b. Nervous	0 🗌	1 🗌
c. Needles	0 🗌	1 🗌
d. Cost	0 🗌	1 🗌
e. Don't know dentist	0	1 🗌
f. Dentist too far	0	1 🗌
g. Can't find a dentist who speaks Spanish	0 🗌	1 🗌
h. Can't get there	0 🗌	1 🗌
i. No problems	0 🗌	1 🗌
j. No teeth	0 🗌	1 🗌
k. Not important	0 🗌	1 🗌
I. Didn't think of it	0 🔟	1 📋
m. Other	0	1 📋
If other, please specify:	. 🗖	. —
n. Don't know	0	1

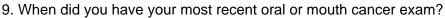
8. Have you ever had a test {/exam} for oral or mouth cancer in which the doctor or dentist, pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?



0 🗌

ID NUMBER:									
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Contact Occasion SEQ #



Within past year Between 1 and 3 years ago

Detween	and 5 years
Over 3 yea	irs ago

# **GO TO SECTION C, QUESTION 18**

#### **B.** Edentulous Questions

10. How often do you limit the kinds or amounts of food you eat because of problems with your dentures? Would you say:

Always	1 🗌
Very often	2 🗌
Often	3 🗌
Sometimes	4 🗌
Seldom	5 🗌
Never	6 🗌
Refused	7 🗌
Don't know	9 🗌

## 11. In the past 12 months have you had or do you currently have:

<b>-</b>	No	Yes
a. Bleeding gums	0	1
b. Pain in your face	0	1 🗌
c. Pain in your jaw joint	0 🗌	1 🗌
d. Sores in your mouth	0	1 🗌
e. Difficulty chewing	0	1 🗌
f. Difficulty tasting	0 🗌	1 🗌
g. Difficulty swallowing	0	1 🗌
h. Bad breath	0	1 🗌
i. Bad taste in mouth	0 🗌	1 🗌
j. Dry mouth when you eat	0 🗌	1 🗌
k. Dry mouth when you sleep	0 🗌	1 🗌
I. Other (non toothache) pain in your mouth	0	1 🔲

## 12. Do you think or believe that you are currently in need of dental treatment?

No  $0 \square \rightarrow$  **GO TO QUESTION 14** Yes 1

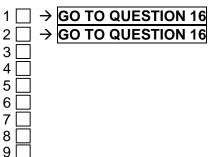
## 13. What type of dental care do you need now?

	No	Yes
a. Gum treatment	0 🗌	1 🗌
<ul> <li>b. New or replace denture(s)</li> </ul>	0 🗌	1 🗌
c. Denture repaired	0 🗌	1 🗌
d. Relief of pain	0 🗌	1 🗌
e. Other	0 🗌	1 🗌
If other, please specify:		
f. Don't know	0	1 🗌

VERSION VERSION OCCASION	ID NUMBER: FORM CODE: OHE Contact SEQ #
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14. About how long has it been since you last visited a dentist? Include all types of dentists. (Mark only one)

6 months or less More than 6 months, but not more than 1 year ago More than 1 year, but not more than 2 years ago More than 2 years, but not more than 3 years ago More than 3 years, but not more than 5 years ago More than 5 years ago Never have been Refused Don't know



15. What are the reasons you have not visited the dentist in over 12 months/never gone to the dentist?

	NO	Yes
a. Afraid	0 🗌	1 🗌
b. Nervous	0 🗌	1 🗌
c. Needles	0 🗌	1 🗌
d. Cost	0 🗌	1
e. Don't know dentist	0 🗌	1 🗌
f. Dentist too far	0 🗌	1 🗌
g. Can't find a dentist who speaks Spanish	0 🗌	1 🗌
h. Can't get there	0 🗌	1 🗌
i. No problems	0 🗌	1 🗌
j. No teeth	0 🗌	1 🗌
k. Not important	0 🗌	1 🗌
I. Didn't think of it	0	1 🗌
m. Other	0 🗌	1 🗌
If other, please specify:		
n. Don't know	0 🗌	1 🗌

16. Have you ever had a test {/exam} for oral or mouth cancer in which the doctor or dentist, pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

I think so	1
Yes	2 🗌
No	$3 \square \rightarrow $ <b>GO TO QUESTIO</b>
Don't know, not sure	9 $\square \rightarrow$ GO TO QUESTION

3

17. When did you have your most recent oral or mouth cancer exam?

Within past year1 [Between 1 and 3 years ago2 [

Over 3 years ago

#### C. Problem with Teeth, Mouth, or Dentures

18. During the past month have you had difficulty doing your usual jobs or attending school because of problems with your teeth, mouth or dentures?

Always	1 [
Very often	2 [
Often	3 [
Sometimes	4 [
Seldom	5 [
Never	6 [
Refused	7 [
Don't know	9 [