HCHS/SOL Oral Health Questionnaire

A. Natural Teeth
1. Do you have any of your natural teeth?
   No 0 → GO TO QUESTION 10
   Yes 1

2. How often do you limit the kinds or amounts of food you eat because of problems with your teeth?
   Would you say:
   Always 1
   Very often 2
   Often 3
   Sometimes 4
   Seldom 5
   Never 6
   Refused 7
   Don’t know 9

3. In the past 12 months have you had or do you currently have:
   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
   i. Bad breath 0 1
   j. Bad taste in mouth 0 1
   k. Dry mouth when you eat 0 1
   l. Dry mouth when you sleep 0 1
   m. Other (non toothache) pain in your mouth 0 1

4. Do you think or believe that you are currently in need of dental treatment?
   No 0 → GO TO QUESTION 6
   Yes 1
5. What type of dental care do you need now?  
   a. Cleaning or checkup  0  Yes 1  
   b. Teeth filled or replaced (for example, fillings, crowns, and/or bridges)  0  Yes 1  
   c. Teeth pulled  0  Yes 1  
   d. Gum treatment  0  Yes 1  
   e. New or replace denture(s)  0  Yes 1  
   f. Denture repaired  0  Yes 1  
   g. Relief of pain  0  Yes 1  
   h. Work to improve appearance (for example, braces, bonding, or whitening)  0  Yes 1  
   i. Other  0  Yes 1  
      If other, please specify: _______________  
   j. Don’t know  0  Yes 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 less  1 → GO TO QUESTION 8  
   More than 6 months, but not more than 1 year ago  2 → GO TO QUESTION 8  
   More than 1 year, but not more than 2 years ago  3  
   More than 2 years ago, 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  
   Refused  8  
   Don’t know  9  

7. What are the reasons you have not visited the dentist in over 12 months/never gone to the dentist?  
   a. Afraid  0  Yes 1  
   b. Nervous  0  Yes 1  
   c. Needles  0  Yes 1  
   d. Cost  0  Yes 1  
   e. Don’t know dentist  0  Yes 1  
   f. Dentist too far  0  Yes 1  
   g. Can’t find a dentist who speaks Spanish  0  Yes 1  
   h. Can’t get there  0  Yes 1  
   i. No problems  0  Yes 1  
   j. No teeth  0  Yes 1  
   k. Not important  0  Yes 1  
   l. Didn’t think of it  0  Yes 1  
   m. Other  0  Yes 1  
      If other, please specify: _______________  
   n. Don’t know  0  Yes 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?  
   I think so  0  
   Yes  1  → GO TO QUESTION 18  
   No  2  → GO TO QUESTION 18  
   Don’t know, not sure  9  → GO TO QUESTION 18
9. When did you have your most recent oral or mouth cancer exam?
   - Within past year 1
   - Between 1 and 3 years ago 2
   - Over 3 years ago 3
   
   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:
   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
   l. 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  
    Yes 1
   
   GO TO QUESTION 14

13. What type of dental care do you need now?
   a. Gum treatment 0 1
   b. New or replace denture(s) 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
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  
b. Nervous  
c. Needles  
d. Cost  
e. Don’t know dentist  
f. Dentist too far  
g. Can’t find a dentist who speaks Spanish  
h. Can’t get there  
i. No problems  
j. No teeth  
k. Not important  
l. Didn’t think of it  
m. Other  

*If other, please specify: __________________*  

n. Don’t know  

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  
- Yes  
- No  
- Don’t know, not sure  

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

- Within past year  
- Between 1 and 3 years ago  
- Over 3 years ago  

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  
- Very often  
- Often  
- Sometimes  
- Seldom  
- Never  
- Refused  
- Don’t know  

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

- Always  
- Very often  
- Often  
- Sometimes  
- Seldom  
- Never  
- Refused  
- Don’t know