



HCHS/SOL Question by Question Instructions

Oral Health Form (OHE/OHS), Version A

Question by Question Instructions

Q1 Do you have any of your natural teeth?

If the participant answers NO, then the interviewer will skip to question 10. If the response is YES, the interviewer will continue to the next question.

Natural teeth are defined as any baby (primary) or permanent teeth that the participant still has remaining in the mouth. This would include teeth that are crowned (capped), root tips that support a denture, or teeth that support a bridge or partial denture.

If the participants remove their artificial teeth (dentures) from their mouth and there are no remaining teeth or root tips, then the response for this question would be “NO”.

Please note Questions 2 – 9 are for any persons that report having ANY teeth, as explained above, remaining in their mouth. Questions 10 – 17 are for those participants who report not having any natural teeth. Although these sets of questions are very similar, there are minor differences that the interviewer needs to be aware of that are noted in these Q x Qs.

Q2 and 10 **How often do you limit the kinds or amounts of food you eat because of problems with your teeth? Would you say?**

There are 8 possible responses. Ask the participant to let you read all of the responses before they respond with an answer. Only one response box may be checked. General guidelines that can be used to help guide the participant are:

Always (the food item or food group is avoided every time it is available. For example, sweet foods or cold items are always avoided)

Very often (the food item or food group is avoided almost every time it is available)

Often (the food item or food group is avoided more than half the time it is available)

Sometimes (the food item or food group is eaten more times than it is avoided when available)

Seldom (the food item or food group is eaten almost always when it is available)

Never (food item or food group is always eaten)

Refused (Participant did not want to answer the question)

Don't know (the participant doesn't know if they limit certain types of foods or food item)

Q3 and Q11 **In the past 12 months have you had or do you currently have:**

Listed are individual mouth conditions that the interviewer will ask the participant if they currently have or have had in the past year. After each condition, the interviewer should

ask the participant to provide an answer of YES or NO. Each condition should have a response. The participant can record more than one YES.

a. Pain in a tooth or teeth (this would be any tooth that hurt, not the gum around the tooth)

Note: “a. Pain in a tooth or teeth” is only asked for question 3 and NOT for question 10.

b. Bleeding gums (blood that is coming from the gums. This may be during brushing, eating, etc.)

c. Pain in your face (this could be a dull or sharp pain in your mouth or face, but not in your jaw joint)

d. Pain in your jaw joint (this would be a pain located in front of the ear, often when you open or close your mouth)

e. Sores in your mouth (ulcers, bumps)

f. Difficulty chewing (hard to or unable to bite or chew food)

g. Difficulty tasting (food no longer has a taste or does not taste the same as it did)

h. Difficulty swallowing (unable to swallow food with ease or chokes easily)

i. Bad breath (unpleasant odor noticed by the participant themselves or someone else)

j. Bad taste in mouth (unpleasant or metallic taste)

k. Dry mouth when you eat (food is difficult to chew and swallow because mouth is dry due to no saliva. There is no wetness in the mouth)

l. Dry mouth when you sleep (mouth tissues such as lips and cheeks are dry due to no saliva most of the time)

m. Other (non toothache) pain in your mouth (this could be pain in the gum, bone, roof of the mouth, etc.)

Q4 and Q12 Do you think or believe that you are currently in need of dental treatment?

If the participant answers NO, then the interviewer should skip to question 6 or 14. If the answer is YES, then go to the next question.

Q5 and Q13 What type of dental care do you need now?

Listed are different types of dental care that the participant needs or thinks he/she needs. Note: The set of dental care type is different for Q5 and Q13. Q13 is a subset of Q5.

Q5 There are 10 possible types of dental care listed for participants with teeth. Read each type of dental care to the participant. After each type, the interviewer should ask the participant to provide an answer of YES or NO. Each type of dental care should have a response.

Q13 There are six possible types of dental care that for participants that report having no teeth. Those six types are a subset of the ten types listed for those participants with teeth. The six items that asked of individuals who report no teeth are underlined in the list below.

- a. **Cleaning or checkup** (need to have their teeth cleaned by dentist or hygienist or a dental exam)
- b. **Teeth filled or replaced** (have a cavity and need it filled or lost a filling and need it replaced, or have a missing tooth and need it replaced)
- c. **Teeth pulled** (has a bad tooth that needs to be removed)
- d. **Gum treatment** (has bad gums that need to have treatment)
- e. **New or replace denture(s)** (doesn't have teeth in one or both jaws and needs to have dentures made or has dentures that don't fit and need to have them replaced)
- f. **Denture repaired** (denture is broken, chipped, teeth missing, etc.)
- g. **Relief of pain** (there is pain in mouth, tooth, or jaw)
- h. **Work to improve appearance** (the appearance of one or more teeth needs improvement. For example, teeth whitened or teeth straightened)
- i. **Other, please specify** (note any types of dental care that is needed)
- f. **Don't know** (doesn't know if they need any dental care)

Q6 and Q14 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

The responses are based on time periods. Mark only one response for this question. If it has been no more than a year, then skip to question 8.

Q7 and Q15 What are the reasons you have not visited the dentist in over 12 months/never gone to the dentist?

There are 14 different reasons for why one did not visit a dentist over a year. Ask participant each reason and check "Yes" or "No" for each reason. Each reason should have a "Yes" or "No" answer.

Q8 and Q16 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? This screening for cancer in the mouth is done by the doctor, dentist or dental hygienist looking for any sores, lumps or bumps in the mouth that should not be there.

If the participant is not sure or replies NO to this question then skip to Question 18. If they reply YES or they think they have had this exam, then go to the next Question.

Q9 and Q17 **When did you have your most recent oral or mouth cancer exam?**

Choose one of the three options based on the length of time it has been since the exam was conducted.

Q18 **During the past month have you had difficulty doing your usual jobs or attending school because of problems with your teeth, mouth or dentures?**

Examples of why the participant may stay home might be: their tooth or mouth has a bad pain and prevents the person from doing their work or they have a fever due to infection in their tooth or gum.

Always (mouth problems occurred every day)

Very often (mouth problems occurred almost every day)

Often (mouth problems occurred several times, more than 5 times)

Sometimes (mouth problems occurred a few times, 3-5 times)

Seldom (mouth problems occurred once in a while, once or twice)

Never (don't have mouth problems)

Refused (Participant does not want to answer this question)

Don't know (don't remember if they had mouth problems affecting work or school)

GLOSSARY OF TERMS

| English | Spanish |
|---|---|
| 1. Natural teeth – baby or permanent teeth that normally grow in the mouth. | 1. Dientes naturales o Dientes propios – Dientes de leche o permanentes que normalmente crecen en la boca. |
| 2. Tooth – objects attached to each jaw in the mouth used to bite and chew food | 2. Diente – Objetos adheridos a cada mandíbula de la boca que se usa para morder y masticar comida |
| 3. Gums – the pink, firm, fleshy tissue that covers the bone holding in the teeth and the roots of the teeth | 3. Encías – tejido rosa, firme y carnoso que cubre el hueso sosteniendo los dientes y los raíces de los dientes |
| 4. Jaw joint – the ball joint that joins the lower jaw to the head. | 4. Articulación mandibular o Quijada – Es una articulación esférica o redonda que une la mandíbula de abajo con la cabeza. |
| 5. Mouth sores – ulcers found in or around the mouth | 5. Heridas de la boca, Ulceras de la boca o Laceraciones en la boca – úlceras o llagas que pueden ser encontradas en la boca o alrededor de la boca. |
| 6. Root tip – part of the tooth that remains in the gums when the top (crown) of the tooth is broken off. | 6. Punta de la raíz, Raíz del diente o Restos radiculares – Parte del diente retenida en las encías cuando la parte de arriba del diente (la corona) se rompe. |
| 7. Bad breath – unpleasant, bad-smelling breath | 7. Mal aliento – Desagradable, olor maloliente del aliento. |
| 8. Dry mouth – decreased saliva (water substance) in the mouth | 8. Boca seca – Cantidad baja de saliva (sustancia acuosa) en la boca. |
| 9. Dental cleaning – a service provided at the dental office to remove plaque, which is soft, and tartar (hardened plaque) | 9. Limpieza dental – servicio ofrecido en una oficina dental para remover la placa dental, la cual es blanda, y sarro (placa endurecida). |
| 10. Dental check up – a dental exam of the mouth to check for the health of your teeth, jaws, and gums. | 10. Chequeo dental o Examen dental – un examen dental de la boca para revisar el estado de salud de sus dientes, mandíbulas y encías. |

| English | Spanish |
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| <p>11. Dental fillings – usually fillings are silver and used to treat a cavity or repair cracked or broken teeth. Some filling materials are white.</p> | <p>11. Empastes, Restauraciones o Rellenos dentales – Usualmente rellenos plateados y son utilizados para arreglar una caries o reparar dientes astillados (fracturados) o rotos. Algunos empastes son del color blanco.</p> |
| <p>12. Dental crown – a tooth-shaped "cap" that is placed over a tooth.</p> | <p>12. Corona o Corona dental – Una “cubierta” en forma de diente, que se pone sobre el diente original.</p> |
| <p>13. Dental bridge – a bridge fills spaces where teeth are missing with natural looking teeth. <u>It is permanent and can not be removed by the wearer.</u></p> | <p>13. Puente, Puente dental o Puente dental fijo – Un puente que llena espacios entre dientes faltantes con dientes de apariencia natural. <u>Es permanente y no pueden ser removidos por la persona que los porta.</u></p> |
| <p>14. Gum treatment – Gum disease treatment may slow or stop the progression of gum disease. It may involve scraping below the gum line with instruments or may involve the cutting and removing of gum tissue.</p> | <p>14. Tratamiento de las encías – El tratamiento para las encías enfermas puede retrasar o detener la progresión de la enfermedad en las encías. Puede que requiera raspar debajo de la línea de la encía con instrumentos dentales, o puede requerir que se corte y remueva tejido en la encía.</p> |
| <p>15. Denture – a set of fake teeth that fits in the roof of the mouth or floor of the mouth and replaces all the natural teeth that were taken out of that jaw. <u>It can be removed by the wearer.</u></p> <p>Partial denture – It is called a partial denture if some of the natural teeth remain in the jaw. <u>It can be removed by the wearer.</u></p> | <p>15. Dentadura postiza o Dentadura – Dientes artificiales que embona en la parte superior o inferior de la boca y reemplaza a todos los dientes naturales que fueron extraídos de la mandíbula. <u>Pueden ser removidas por la persona que las porta.</u></p> <p>Dentadura parcial o Dentadura removable – Se le llama dentadura parcial si alguno de los dientes naturales permanecen en la mandíbula. Pueden ser removidas por la persona que las porta.</p> |
| <p>16. Denture repair – A chipped or cracked denture tooth may be fixed by the dentist. More severe damage to the denture may require total replacement.</p> | <p>16. Reparación de dentadura – Una dentadura astillada (fracturada) o rota puede ser reparada por el dentista. Daños más severos a la dentadura podría requerir el reemplazo completo.</p> |
| <p>17. Dental braces – wires that are attached to the teeth and used to move crooked teeth</p> | <p>17. Aparatos en los dientes, Frenos dentales o Braces – alambres que se fijan a</p> |

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| into a straight line. | los dientes y se usan para alinear (enderezar) los dientes chuecos. |
| 18. Dental bonding – a procedure used to cover defects in the tooth crown with a tooth-colored material. | 18. Adhesión dental, Reparación del esmalte de los dientes o Resina dental – Un procedimiento utilizado para cubrir defectos en la corona con material del mismo color del diente. |
| 19. Dental whitening – a procedure where something is painted or applied on teeth to make them whiter in color. | 19. Blanqueamiento dental o Blanqueador en los dientes – un procedimiento que se aplica pintando o aplicando un material sobre los dientes para blanquearlos. |
| 20. Oral cancer – Cancer found in the mouth usually involving the lips, tongue, or floor of the mouth. | 20. Cáncer de la boca, lengua, etc... o Cáncer oral – Cáncer encontrado en la boca usualmente se presente en los labios, lengua o la parte inferior de la boca. |
| 21. Dental hygienist – a licensed dental professional that performs preventive dental services. | 21. Higienista o Higienista dental – un profesional dental con licencia que realiza servicios dentales preventivos. |
| 22. Dentist – a licensed dental professional that performs dental services to restore the health of the teeth and gums. | 22. Dentista – Un profesional dental con licencia que realiza servicios dentales para restaurar la salud de los dientes y las encías. |
| 23. Orthodontist – a licensed dentist with special training in the area of straightening teeth. | 23. Ortodoncista – un dentista con licencia y con un entrenamiento especial en el área de alinear (enderezar) los dientes. |
| 24. Oral Surgeon – a licensed dentist with special training in the area of tooth removal and jaw surgery. | 24. Cirujano oral o Cirujano dental – un dentista con licencia con un entrenamiento especial en el área de extracción de dientes y cirugía de la mandíbula. |