

Oral Health

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The next questions ask about your oral health status and related behaviours.			
Question	Response		Code
How many natural teeth do you have?	No natural teeth 1 to 9 teeth 10 to 19 teeth 20 teeth or more Don't know	1 <i>If no natural teeth, go to O4</i> 2 3 4 77	O1
How would you describe the state of your teeth ?	Excellent Very Good Good Average Poor Very Poor Don't Know	1 2 3 4 5 6 77	O2
How would you describe the state of your gums ?	Excellent Very Good Good Average Poor Very Poor Don't know	1 2 3 4 5 6 77	O3
How would you describe the state of your mouth (mucosa) ?	Excellent Very Good Good Average Poor Very Poor Don't know	1 2 3 4 5 6 77	O4
Do you have any removable dentures ?	Yes No	1 2 <i>If No, go to O7</i>	O5
Which of the following removable dentures do you have? (RECORD FOR EACH)			
An upper jaw denture	Yes No	1 2	O6a
A lower jaw denture	Yes No	1 2	O6b
During the past 12 months, did your teeth, gums or mouth cause any pain or discomfort ?	Yes No	1 2	O7
How long has it been since you last saw a dentist ?	Less than 6 months 6-12 months More than 1 year but less than 2 years 2 or more years but less than 5 years 5 or more years Never received dental care	1 2 3 4 5 6 <i>If Never, go to O10</i>	O8
What was the main reason for your last visit to the dentist?	Consultation / advice Pain or trouble with teeth, gums or mouth Treatment / Follow-up treatment Routine check-up treatment Other	1 2 3 4 5 <i>If Other, go to O9other</i>	O9
	Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>	O9other

Oral Health, Continued		
Question	Response	Code
How often do you clean your teeth?	Never 1 <i>If Never, go to O14a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7	O10
Do you use toothpaste to clean your teeth?	Yes 1 No 2 <i>If No, go to O13a</i>	O11
Do you use toothpaste containing fluoride ?	Yes 1 No 2 Don't know 77	O12
Do you use any of the following to clean your teeth ? (RECORD FOR EACH)		
Toothbrush	Yes 1 No 2	O13a
Wooden toothpicks	Yes 1 No 2	O13b
Plastic toothpicks	Yes 1 No 2	O13c
Thread (dental floss)	Yes 1 No 2	O13d
Charcoal	Yes 1 No 2	O13e
Chewstick / miswak	Yes 1 No 2	O13f
Other	Yes 1 <i>If Yes, go to O13other</i> No 2	O13g
Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		O13other
Have you experienced any of the following problems during the past 12 months because of the state of your teeth, gums or mouth ? (RECORD FOR EACH)		
Difficulty in chewing foods	Yes 1 No 2	O14a
Difficulty with speech/trouble pronouncing words	Yes 1 No 2	O14b
Mouth feels dry	Yes 1 No 2	O14c
Have a persistent wound and/or swelling in the mouth for more than three weeks	Yes 1 No 2	O14d
Have a red or red and white patch in the mouth	Yes 1 No 2	O14e
Felt tense because of problems with teeth or mouth	Yes 1 No 2	O14f
Embarrassed about appearance of teeth	Yes 1 No 2	O14g
Avoid smiling because of teeth	Yes 1 No 2	O14h
Sleep is often interrupted	Yes 1 No 2	O14i
Days not at work because of teeth or mouth	Yes 1 No 2	O14j
Difficulty doing usual activities	Yes 1 No 2	O14k
Less tolerant of spouse or people close to you	Yes 1 No 2	O14l
Reduced participation in social activities	Yes 1 No 2	O14m