

SENSORY AND DENTAL (SDQ)

The next few questions ask about your vision, hearing, and exposure to noise. and dental health

VISION

SDQ.010. At the **present time**, would you say your eyesight, with glasses or contact lenses, if you wear them, is...? **SDQ010 FMT_EGFPVP**

Excellent	1
Good	2
Fair	3
Poor	4
Very poor	5
Refused	777
Don't Know	999

SDQ.020. How much difficulty do you have...

- _____ a. Reading ordinary print in newspapers?
- _____ b. Doing work or hobbies that require you to see well up close
such as cooking, sewing, fixing things around the house, or using hand tools?
- _____ c. Going down steps, stairs, or curbs in dim light or at night?
- _____ d. Noticing objects off to the side while you are walking?
- _____ e. Finding something on a crowded shelf?

[HAND CARD & READ CATEGORIES TO RESPONDENT IF NECESSARY.]

No difficulty	1
A little difficulty	2
Moderate difficulty	3
Extreme difficulty	4
Unable to do because of eyesight	5
Does not do this for other reasons	6
Refused	777
Don't Know	999

SDQ020A	FMT_SDQ020_
SDQ020B	FMT_SDQ020_
SDQ020C	FMT_SDQ020_
SDQ020D	FMT_SDQ020_
SDQ020E	FMT_SDQ020_

SDQ.030. How limited are you in how long you can work or do other daily activities such as housework, child care, school, or community activities because of your vision? Would you say you are limited...?

None of the time	0	SDQ030	FMT_SDQ030
A little of the time	1		
Some of the time	2		
Most of the time	3		
All of the time	4		
Refused	777		
Don't Know	999		

SENSORY AND DENTAL (SDQ)

SDQ.040. Has a doctor or other health professional ever told you that you had an eye problem (other than needing glasses)? **SDQ040 FMT_YES_NO**

Yes 1
 No 2 (Skip to SDQ.046)
 Refused 777 (Skip to SDQ.046)
 Don't Know 999 (Skip to SDQ.046)

SDQ.041. Do you still have an eye problem? **SDQ041 FMT_YES_NO**

Yes 1
 No 2
 Refused 777
 Don't Know 999

SDQ.042a-h. Which type of eye problem was it? Name all that apply. **[HAND CARD]**

a. Glaucoma 1
 b. Macular degeneration 2
 c. Diabetic retinopathy 3
 d. Cataract 4
 e. Retinal detachment 5
 f. Traumatic injury to eye 6
 g. Bleeding at the back of eye 7
 h. Other (Specify: _____) 8
 Refused 777
 Don't Know 999

1st response SDQ042_A FMT_SDQ042_
 2nd response SDQ042_B FMT_SDQ042_
 3rd response SDQ042_C FMT_SDQ042_
 4th response SDQ042_D FMT_SDQ042_
 5th response SDQ042_E FMT_SDQ042_
 6th response SDQ042_F FMT_SDQ042_
 7th response SDQ042_G FMT_SDQ042_
 8th response SDQ042_H FMT_SDQ042_
 Other response SDQ042_OTHER FMT_CHAR

[repeat SDQ.043-SDQ.044 for each named eye problem (a-h) in SDQ.042.]

SDQ.043 ____ (write in letter of eye problem)
 How old were you when you were
 first told you had {the named eye problem}?

Enter age in years

Refused 77
 Don't Know 99

SDQ.043 ____ (write in letter of eye problem)
 How old were you when you were
 first told you had {the named eye problem}?

Enter age in years

Refused 77
 Don't Know 99

SDQ043_1 FMT_NUMERIC
 SDQ043_2 FMT_NUMERIC
 SDQ043_3 FMT_NUMERIC

SENSORY AND DENTAL (SDQ)

SDQ043_4 FMT_NUMERIC
 SDQ043_5 FMT_NUMERIC
 SDQ043_6 FMT_NUMERIC
 SDQ043_7 FMT_NUMERIC
 SDQ043_8 FMT_NUMERIC

SDQ.044 ____ Was it in one or both eyes?

One eye 1
 Both eyes 2
 Refused 77
 Don't Know 99

SDQ.044 ____ Was it in one or both eyes?

One eye 1
 Both eyes 2
 Refused 77
 Don't Know 99

SDQ044_1 FMT_SDQ044_
 SDQ044_2 FMT_SDQ044_
 SDQ044_3 FMT_SDQ044_
 SDQ044_4 FMT_SDQ044_
 SDQ044_5 FMT_SDQ044_
 SDQ044_6 FMT_SDQ044_
 SDQ044_7 FMT_SDQ044_
 SDQ044_8 FMT_SDQ044_

SDQ.043 ____ (write in letter of eye problem)

How old were you when you were
 first told you had {the named eye problem}?

|_|_|_|

Enter age in years

Refused 77
 Don't Know 99

SDQ.043 ____ (write in letter of eye problem)

How old were you when you were
 first told you had {the named eye problem}?

|_|_|_|

Enter age in years

Refused 77
 Don't Know 99

SDQ.044 ____ Was it in one or both eyes?

One eye 1
 Both eyes 2
 Refused 77
 Don't Know 99

SDQ.044 ____ Was it in one or both eyes?

One eye 1
 Both eyes 2
 Refused 77
 Don't Know 99

HEARING

SDQ.046. Do you feel you have a hearing loss?

SDQ046 FMT_YES_NO

Yes
 No
 Refused
 Don't Know

1
 2 (Skip to SDQ.050)
 777 (Skip to SDQ.050)
 999 (Skip to SDQ.050)

SDQ.049. How old were you when your hearing loss developed?

SDQ049 FMT_SDQ049

SENSORY AND DENTAL (SDQ)

Less than 5 years old	0
5 to 19	1
20 to 29	2
30 to 39	3
40 to 49	4
50 to 59	5
60 to 69	6
70 years or more	7
Refused	777
Don't Know	999

SDQ.050. Which statement best describes your hearing (without a hearing aid)? Would you say your hearing is excellent, good, that you have a little trouble, moderate trouble, a lot of trouble, or are you deaf? **SDQ050** **FMT_SDQ050**

Excellent	1
Good	2
A little trouble	3
Moderate trouble	4
A lot of trouble	5
Deaf	6
Refused	777
Don't Know	999

SDQ.060. Has a doctor or other health professional ever told you that you had a hearing or ear problem? **SDQ060** **FMT_YES_NO**

Yes	1
No	2 (Skip to SDQ.070)
Refused	777 (Skip to SDQ.070)
Don't Know	999 (Skip to SDQ.070)

SDQ.062a-i. Which type of ear or hearing problem was it? **[HAND CARD]**

Tubes in ears	1
Drainage/discharge from ear	2
Partial hearing loss	3
Deaf	4
Acoustic neuroma	5
Choistomatoma	6
Meniere's disease	7
Otosclerosis	8
Other (Specify: _____)	9
Refused	777
Don't Know	999

1 st response	SDQ062_A	FMT_SDQ062_
2 nd response	SDQ062_B	FMT_SDQ062_
3 rd response	SDQ062_C	FMT_SDQ062_
4 th response	SDQ062_D	FMT_SDQ062_
5 th response	SDQ062_E	FMT_SDQ062_
6 th response	SDQ062_F	FMT_SDQ062_
7 th response	SDQ062_G	FMT_SDQ062_

SENSORY AND DENTAL (SDQ)

<i>8th response</i>	SDQ062_H	FMT_SDQ062_
<i>9th response</i>	SDQ062_I	FMT_SDQ062_
<i>Other response</i>	SDQ062_OTHER	FMT_CHAR

SDQ.070. Have you ever worn a hearing aid? **SDQ070** **FMT_YES_NO**

Yes	1
No	2 (Skip to SDQ.080)
Refused	777 (Skip to SDQ.080)
Don't Know	999 (Skip to SDQ.080)

SDQ.071. In the last 12 months, have you worn a hearing aid? **SDQ071** **FMT_YES_NO**

Yes	1
No	2
Refused	777
Don't Know	999

SDQ.080. In the last 12 months, have you had buzzing, ringing, or noise in your ears? **SDQ080** **FMT_YES_NO**

Yes	1
No	2 (Skip to SDQ.090)
Refused	777 (Skip to SDQ.090)
Don't Know	999 (Skip to SDQ.090)

SDQ.081. Do you hear this noise only following very loud sounds (i.e., concerts, shooting, or noise at work)? **SDQ081** **FMT_YES_NO**

Yes	1
No	2
Refused	777
Don't Know	999

SENSORY AND DENTAL (SDQ)

SDQ.090. During the past 12 months have you had dizziness, difficulty with balance and/or difficulty with falling? **SDQ090** **FMT_YES_NO**

Yes	1
No	2 (Skip to SDQ.094)
Refused	777 (Skip to SDQ.094)
Don't Know	999 (Skip to SDQ.094)

SDQ.091a-c. Which of these problems have you had? **[Enter all that apply]**

a. Dizziness	1	if yes, ask 92a
b. Difficulty with balance	2	if yes, ask 92b
c. Falling	3	if yes, ask 92c
Refused	777	(Skip to SDQ.094)
Don't Know	999	(Skip to SDQ.094)
SDQ091_A	FMT_SDQ091_	
SDQ091_B	FMT_SDQ091_	
SDQ091_C	FMT_SDQ091_	

SDQ.092a-c. How long did the {name indicated problems from question 091 individually and answer the following} last? Would you say...?

92a	92b	92c
Dizziness	Difficulty with balance	Falling
<2 weeks 1	< 2 weeks 1	< 2 weeks 1
2 wks to 3 mo 2	2 wks to 3 mo 2	2 wks to 3 mo 2
> 3 months 3	>3 months 3	>3 months 3
Refused 777	Refused 777	Refused 777
Don't Know 999	Don't Know 999	Don't Know 999

SDQ092_1	FMT_SDQ092_	No variable from UWSC
SDQ092_2	FMT_SDQ092_	

SDQ.093 How often have you fallen in the last 12 months? **SDQ093** **FMT_NUMERIC**

Enter number of times fallen

Refused	777
Don't Know	999

SDQ.094. Have you ever been treated by a doctor or other health professional for a dizziness, a balance problem, or falling? **SDQ094** **FMT_YES_NO**

Yes	1
No	2 (Skip to SDQ.100)
Refused	777 (Skip to SDQ.100)
Don't Know	999 (Skip to SDQ.100)

SDQ.095. How long ago were you treated? Would you say...?

SDQ095 **FMT_SDQ095**

SENSORY AND DENTAL (SDQ)

Less than 1 year ago	1
1 to 5 years ago	2
More than 5 years ago	3
Refused	777
Don't Know	999

NOISE EXPOSURE

SDQ.100. At your current job, how often is it noisy (so that you need to speak in a raised voice or louder to be heard when a person is two feet away)? **[HAND CARD]**

None of the time	1	(Skip to SDQ.121)
25% of the time	2	
50% of the time	3	
75% of the time	4	
100% of the time	5	
Occasionally	6	
Refused	777	
Don't Know	999	

SDQ100 FMT_SDQ121_FREQ

SDQ.110. At your current job, how often do you wear hearing (ear) protection? **[HAND CARD]**

None of the time	1
25% of the time	2
50% of the time	3
75% of the time	4
100% of the time	5
Occasionally	6
Refused	777
Don't Know	999

SDQ110 FMT_SDQ121_FREQ

SDQ.121. How often was it noisy at your longest held job (you needed to speak in a raised voice or louder to be heard when a person was two feet away)? **[HAND CARD]**

None of the time	1	[Skip to SDQ 130]
25% of the time	2	
50% of the time	3	
75% of the time	4	
100% of the time	5	
Occasionally	6	
Refused	777	
Don't Know	999	

SDQ121_R FMT_SDQ121_FREQ

SDQ.122. At that job (longest held), how often did you wear hearing (ear) protection? **[HAND CARD]**

SDQ122 FMT_SDQ121_FREQ

None of the time	1
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SENSORY AND DENTAL (SDQ)

25% of the time	2
50% of the time	3
75% of the time	4
100% of the time	5
Occasionally	6
Refused	777
Don't Know	999

SDQ.130. Have you held any other noisy jobs (1 year or longer) where you had to speak in a raised voice (or louder) to be heard? **SDQ130** **FMT_YES_NO**

Yes	1	
No	2	(Skip to SDQ.140)
Refused	777	(Skip to SDQ.140)
Don't Know	999	(Skip to SDQ.140)

SDQ.131. What type of work did you do the longest on those other jobs?

<i>Refused</i>	<i>777</i>	<i>SDQ131</i>	<i>FMT_NUMERIC</i>
<i>Don't Know</i>	<i>999</i>	<i>SDQ131_TEXT</i>	<i>FMT_CHAR</i>

SDQ.132. How many hours/week did you work? **SDQ132** **FMT_NUMERIC**

_ _ _ _	
Enter hours/week	
Refused	777
Don't Know	999

SDQ.133. How many years did you do this job? **SDQ133** **FMT_NUMERIC**

_ _ _	
Enter years	
Refused	77
Don't Know	99

SDQ.140. Have you ever fired a gun? **SDQ140** **FMT_YES_NO**

Yes	1
No	2
Refused	777
Don't Know	999

SDQ.150. Outside of work have you ever been exposed to loud noise, such as noise from power tools, or loud music for an average of at least once a month for a year?

	SDQ150	FMT_YES_NO
Yes	1	
No	2	
Refused	777	
Don't Know	999	

SENSORY AND DENTAL (SDQ)

SDQ.160. Did you listen to a personal music system (e.g., iPod, MP3, or CD) using earphones during the past seven days?

	SDQ160	FMT_YES_NO
Yes	1	
No	2	(Skip to SDQ.270)
Refused	777	(Skip to SDQ.270)
Don't Know	999	(Skip to SDQ.270)

SDQ.162. Did you listen...? **[HAND CARD]** **SDQ162** **FMT_SDQ162**

Less than 1 hour	1
1 to 2 hours	2
2 to 4 hours	3
4 to 6 hours	4
6 to 8 hours	5
8 to 10 hours	6
More than 10 hours	7
Refused	777
Don't Know	999

DENTAL

SDQ.270. Overall, how would you rate the health of your teeth and gums?

Excellent	1	SDQ270	FMT_EVGGFP
Very Good	2		
Good	3		
Fair	4		
Poor	5		
Refused	777		
Don't Know	999		

SDQ.280. How often during the last 12 months have you had painful aching anywhere in your mouth? Would you say...? **[HAND CARD]** **SDQ280** **FMT_SDQ280_FREQ**

Very often	1
Fairly often	2
Occasionally	3
Hardly ever	4
Never	5
Refused	777
Don't Know	999

SDQ.290. How often during the last 12 months have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures? Would you say...? **[HAND CARD]** **SDQ290** **FMT_SDQ280_FREQ**

Very often	1
Fairly often	2
Occasionally	3
Hardly ever	4

SENSORY AND DENTAL (SDQ)

Never	5
Refused	777
Don't Know	999

SDQ.300. How often during the last 12 months have you had difficulty doing your usual job or attending school because of problems with your teeth, mouth or dentures? Would you say...? **[HAND CARD]** *SDQ300 FMT_SDQ280_FREQ*

Very often	1
Fairly often	2
Occasionally	3
Hardly ever	4
Never	5
Not applicable (not in a job or attending school)	6
Refused	777
Don't Know	999

SDQ.310. How often during the last 12 months have you avoided particular foods or have you found it uncomfortable to eat any food because of problems with your teeth, mouth, or dentures? Would you say...? **[HAND CARD]**

SDQ310 FMT_SDQ280_FREQ

Very Often	1
Fairly often	2
Occasionally	3
Hardly Ever	4
Never	5
Refused	777
Don't Know	999

SDQ.320. Have you lost any of your natural (adult, permanent) teeth? (Include wisdom teeth.)

Yes, but only my wisdom teeth 1

SDQ320 FMT_SDQ320_

Yes, other teeth beside or in
addition to wisdom teeth 2

No 3 **(Skip to SDQ.340)**

Refused 777 **(Skip to SDQ.340)**

Don't Know 999 **(Skip to SDQ.340)**

SDQ.321. How many of your natural teeth have you lost?

|__|__|

SDQ321

FMT_NUMERIC

Enter number

Refused 77

Don't Know 99

SENSORY AND DENTAL (SDQ)

SDQ.322. Did you lose your teeth because...? **[ENTER ALL THAT APPLY]**

Cavities	1
Gum disease	2
An accident	3
Wisdom tooth (teeth) pulled	4
Pulled because of over crowding	5
Other (Specify:_____)	6
Refused	777
Don't Know	999

1 st response	SDQ322_A	FMT_SDQ322_
2 nd response	SDQ322_B	FMT_SDQ322_
3 rd response	SDQ322_C	FMT_SDQ322_
4 th response	SDQ322_D	FMT_SDQ322_
5 th response	SDQ322_E	FMT_SDQ322_
6 th response	SDQ322_F	FMT_SDQ322_
Other response	SDQ322_OTHER	FMT_CHAR

SDQ.340. Have you ever been diagnosed by a dentist as having gum (periodontal) disease?

Yes	1	SDQ340	FMT_YES_NO
No	2	(Go to SDQ.350)	
Refused	777	(Go to SDQ.350)	
Don't Know	999	(Go to SDQ.350)	

SDQ.341. How old were you when you were first diagnosed with gum disease?

_ _ _	SDQ341	FMT_NUMERIC
Enter age in years		
Refused	77	
Don't Know	99	

SDQ.342. Have you ever been treated for your gum disease? **[Enter all that apply]**

Yes, with frequent cleanings (by dental hygienist)	1
Yes, with surgery	2
Yes, with other treatment	3
No	4
Refused	777
Don't Know	999

1 st response	SDQ342_A	FMT_SDQ342_
2 nd response	SDQ342_B	FMT_SDQ342_
3 rd response	SDQ342_C	FMT_SDQ342_

SDQ.350. Have you ever had any of the following? **[ENTER ALL THAT APPLY. HAND CARD]**

None	1
Braces	2
Bridge/false tooth (teeth)	3

SENSORY AND DENTAL (SDQ)

Crown (cap)	4
Dental implant	5
Root canal	6
Denture	7
Refused	777
Don't Know	999

1 st response	SDQ350_A	FMT_SDQ350_
2 nd response	SDQ350_B	FMT_SDQ350_
3 rd response	SDQ350_C	FMT_SDQ350_
4 th response	SDQ350_D	FMT_SDQ350_
5 th response	SDQ350_E	FMT_SDQ350_
6 th response	SDQ350_F	FMT_SDQ350_

SDQ.360. During the past 12 months, was there a time when you needed dental care but did not get it at that time?

	SDQ360	FMT_YES_NO
Yes	1	
No	2	(End of Questionnaire)
Refused	777	(End of Questionnaire)
Don't Know	999	(End of Questionnaire)

SDQ.361. What were the reasons that you could not get the dental care you needed?

[ENTER ALL THAT APPLY. HAND CARD]

Could not afford the cost	1
Did not want to spend the money	2
Do not have insurance	3
Insurance did not cover recommended procedures	4
Insurance only covers a portion of the cost	5
Dental office is too far away	6
Dental office is not open at convenient times	7
Another dentist recommended not doing it	8
Afraid, or do not like dentists	9
Unable to take time off from work	10
Too busy	11
I did not think anything serious was wrong--expected dental problems to go away	12
The dentist would not accept my insurance	13
Other (Specify: _____)	14
Refused	777
Don't Know	999

1 st response	SDQ361_A	FMT_SDQ361_
2 nd response	SDQ361_B	FMT_SDQ361_
3 rd response	SDQ361_C	FMT_SDQ361_
4 th response	SDQ361_D	FMT_SDQ361_
5 th response	SDQ361_E	FMT_SDQ361_
6 th response	SDQ361_F	FMT_SDQ361_
7 th response	SDQ361_G	FMT_SDQ361_

SENSORY AND DENTAL (SDQ)

8 th response	SDQ361_H	FMT_SDQ361_
9 th response	SDQ361_I	FMT_SDQ361_
10 th response	SDQ361_J	FMT_SDQ361_
11 th response	SDQ361_K	FMT_SDQ361_
12 th response	SDQ361_L	FMT_SDQ361_
13 th response	SDQ361_M	FMT_SDQ361_
14 th response	SDQ361_N	FMT_SDQ361_
Other response	SDQ361_OTHER	FMT_CHAR

Reference questionnaire:

<..\..\..\Questionnaires\Questionnaires 2010\approved Time 1 2010\1-7 SDQ changes 4-01 SHOW 2010 .doc>