

CDC/NIDCR Dental, Oral and Craniofacial Data Resource Center
Survey Questions
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Edentulism

Q.MH18a, b, c, d, NHANES I, 1971–1975

a. Have you lost all your teeth from your upper jaw?

- 1 Yes
- 2 No

b. Do you have a plate for your upper jaw?

- 1 Yes
- 2 No

c. How long have you had your plate?

- 1 Less than 1 year
- 2 1-4 years
- 3 5-9 years
- 4 10-19 years
- 5 20 or more years

d. Have you ever had a dental plate for your upper jaw?

- 1 Yes
- 2 No

e. How long has it been since you had any teeth to chew with in upper jaw?

- 1 Less than 1 year
- 2 1-4 years
- 3 5-9 years
- 4 10-19 years
- 5 20 or more years

Q.MH19a, b, c, d, NHANES I, 1971–1975

a. Have you lost all your teeth from your lower jaw?

- 1 Yes
- 2 No

b. Do you have a plate for your lower jaw?

- 1 Yes
- 2 No

c. How long have you had your plate?

- 1 Less than 1 year
- 2 1-4 years
- 3 5-9 years
- 4 10-19 years
- 5 20 or more years

d. Have you ever had a dental plate for your lower jaw?

- 1 Yes
- 2 No

e. How long has it been since you had teeth to chew with in your lower jaw?

- 1 Less than 1 year
- 2 1-4 years
- 3 5-9 years
- 4 10-19 years
- 5 20 or more years

Q.MH20, NHANES I, 1971–1975

Do you usually wear your plate(s) while eating?

- 1 Yes
- 2 No

Q.MH21, NHANES I, 1971–1975

Do you usually wear your plate(s) when not eating?

- 1 Yes
- 2 No

Q.MH22, NHANES I, 1971–1975

Do you usually use denture powder or cream to help keep plate(s) in place?

- 1 Yes
- 2 No

Q.MH23, NHANES I, 1971–1975

Do you think you need a new plate or that the one(s) you have need(s) refitting?

- 1 No
- 2 Yes, one
- 3 Yes, both
- 9 DK

Q.1, Dentist's Exam, NHANES III, 1988–1994

Do you have (a) denture(s) or (a) plates(s) for your (upper/lower) jaw?

Edentulous in upper jaw

- 1 Yes
- 2 No

Edentulous in lower jaw

- 1 Yes
- 2 No

Q.2, Dentist's Exam, NHANES III, 1988–1994

Do you usually wear your (upper/lower) denture(s) plate?

Edentulous in upper jaw

- 1 All the time
- 2 Only when awake
- 3 Only occasionally
- 4 Don't wear them

Edentulous in lower jaw

- 1 All the time
- 2 Only when awake
- 3 Only occasionally
- 4 Don't wear them

Q.3, Dentist's Exam, NHANES III, 1988–1994

During the past year, have you had problems with your dentures(s) (plate)?

Edentulous in upper jaw

- 1 Yes
- 2 No

Edentulous in lower jaw

- 1 Yes
- 2 No

Q.5, Dentist's Exam, NHANES III, 1988–1994

How long has it been since you had any natural teeth to chew with in your (upper/lower) jaw?

Edentulous in upper jaw

- 1 Less than 1 year
- 2 1-4 years
- 3 5-9 years
- 4 10-19 years
- 5 20 or more years

Edentulous in lower jaw

- 1 Less than 1 year
- 2 1-4 years
- 3 5-9 years
- 4 10-19 years
- 5 20 or more years

Q. ME09, SIPP TM Wave 6, 9, 12, 1996; TM Waves 3, 6, 2001

[Have you/has he/has she] lost any of [your/his/her] permanent adult teeth?

- 1 Yes
- 2 No

Q. ME10, SIPP TM Wave 6, 9, 12, 1996; TM Waves 3, 6, 2001

[Have you/has he/has she] lost all of [your/his/her] permanent adult teeth?

- 1 Yes
- 2 No

Q.N7a, b, c, NHIS, 1983

a. Is there anyone in the family who has lost ALL of his or her teeth?

- 1 Yes
- 2 No

b. Who is this? _____

c. Anyone else?

- 1 Yes
- 2 No

Q.N8a, b, c, d, NHIS, 1983

a. Does _____ have false teeth?

- 1 Yes
- 2 No

b. Does _____ have an upper plate, a lower plate, or both?

- 1 Upper
- 2 Lower
- 3 Both

c. Does _____ usually wear _____ plate(s) while eating?

- 1 Yes
- 2 No

d. Does _____ usually wear _____ plate(s) when not eating?

- 1 Yes
- 2 No

Q.6a, b, c, NHIS 1986

a. Is there anyone in the family who has lost ALL of his or her natural teeth?

- 1 Yes
- 2 No

b. Who is this?

c. Anyone else?

- 1 Yes
- 2 No

Q.4a, b, c, d, e, f, g, h, NHIS, 1989

a. Is there anyone in the family who has lost ALL of his or her upper (permanent) natural teeth?

- 1 Yes
- 2 No

b. Who is this?

c. Anyone else?

- 1 Yes
- 2 No

d. Does _____ have an upper denture or plate?

- 1 Yes
- 2 No

e. Is there anyone in the family who has lost ALL of his or her lower (permanent) natural teeth?

- 1 Yes
- 2 No

f. Who is this?

g. Anyone else?

- 1 Yes
- 2 No

h. Does _____ have and lower denture or plate?

- 1 Yes
- 2 No

Q.Z3, NHIS, 1990

Have you lost any of your permanent teeth, both upper and lower?

- 1 Yes
- 2 No

Q.P2, NHIS, 1991; 1993

Have you lost ALL of your UPPER natural teeth?

- 1 Yes
- 2 No

Q.P3, NHIS, 1991; 1993

Have you lost ALL of your LOWER natural teeth?

- 1 Yes
- 2 No

Q.ACN.451, NHIS, 1997

Have you lost all of yourupper natural (permanent) teeth? ...lower natural (permanent) teeth?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

Q.ACN.451, NHIS, 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007

Have you lost all of your upper and lower natural (permanent) teeth?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

Q.SAQ.31, NMES, 1987

The following question asks about the number of adult teeth you have lost. Do not count as "lost" missing wisdom teeth, "baby" teeth, or teeth which were pulled for orthodontia (straightening the teeth). Have you lost...

- 1 All of your adult teeth
- 2 Some of your adult teeth
- 3 None of your adult teeth

Q.SAQ.32, NMES, 1987

Are any of your missing teeth replaced by full or partial dentures, false teeth, bridges or dental plates?

- 1 Yes
- 2 No

Q.HA40, MEPS NHC, 1996

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he}have:?

- Debris in mouth
- Dentures or removable bridge
- Some/all natural teeth lost
- Inflamed, swollen, or bleeding gums; oral abscesses, ulcers, or rashes
- None checked
- DK

Q.AP18a, b, MEPS HC, 1996; 1997; 1998; 1999

a. (Do/Does) (person) wear dentures?

- 1 Yes
- 2 No
- 7 Ref
- 8 DK

b. (Have/Has) (person) lost all of (person)'s adult teeth?

- 1 Yes
- 2 No
- 7 Ref
- 8 DK

Q.AP18B, MEPS HC, 2000; 2001; 2002; 2003; 2004; 2005

(Have/Has) (person) lost all of (person)'s upper and lower natural (permanent) teeth?

- 1 Yes
- 2 No
- 7 Ref
- 8 DK

Q.HE00A, MEPS HC, 2001

Has anyone in the family lost all of his or her adult teeth? Do not count as 'lost', missing wisdom teeth, 'baby' teeth, or teeth which were pulled for orthodontia (straightening the teeth).

- 1 Yes
- 2 No
- 7 Ref
- 8 DK

Q.3, BRFSS, Module 9, 1995; Module 8, 1996; Module 5, 1997; Module 6, 1998;

How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

- 1 5 or fewer
- 2 6 or more but not all
- 3 All
- 8 None
- 7 DK/Not sure
- 9 Refused

Q.2, BRFSS, Section 6, 1999; Module 6, 2000; Module 6, 2001; Section 7, 2002; Module 2, 2003; Section 11, 2004; Module 2, 2005; Section 6, 2006

How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. [Include teeth lost due to "infection".]

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 DK/Not sure
- 9 Refused

Q.14b, c, d, e, f, g, NNHS-3, 1995

b. Has...lost ALL of (his/her) upper permanent natural teeth?

- Yes
- No
- DK

c. Does....have an upper denture or plate?

- Yes
- No
- DK

d. Has...lost ALL of (his/her) lower permanent natural teeth?

- Yes
- No
- DK

e. Does....have a lower denture or plate?

- Yes
- No
- DK

f. How often does....wear the dentures?

- All the time
- Usually
- About half the time
- Seldom
- Never
- DK

g. Does....usually wear dentures when eating?

- Yes
- No
- DK

Q.HHCS-3.12, NHHCS, 1996; 1998

Which of these aids does...currently use? PROBE: Any other aids?

- 00 No aids used
- 01 Beside commode
- 02 Brace
- 03 Cane
- 04 Crutches
- 05 Dentures (full or partial)
- 06 Eyeglasses (including contact lenses)
- 07 Hearing aid
- 08 Hospital bed
- 09 Orthotics
- 10 Shower chair
- 11 Walker
- 12 Wheel chair - Manually operated
- 13 Wheel chair - Motorized
- 14 Other - Specify _____

Q.HHCS-5.12, NHHCS, 1996

The last time service was provided prior to (discharge on date of discharge/death), which of these aids did...regularly use? PROBE: Any other aids?

- 00 No aids used
- 01 Beside commode
- 02 Brace
- 03 Cane
- 04 Crutches
- 05 Dentures (full or partial)
- 06 Eyeglasses (including contact lenses)
- 07 Hearing aid
- 08 Hospital bed
- 09 Orthotics
- 10 Shower chair
- 11 Walker
- 12 Wheel chair - Manually operated
- 13 Wheel chair - Motorized
- 14 Other - Specify _____

Q.HHCS-5.11, NHHCS, 1998; 2000

During the 30 days prior to (discharge/death), which of these aids or special devices did she/he regularly use? PROBE: Any other aids?

- 00 No aids used
- 01 Beside commode
- 02 Blood glucose monitor
- 03 Cane, crutches
- 04 Dentures (full or partial)
- 05 Elevated/raised toilet seat
- 06 Enteral feeding equipment
- 07 Eyeglasses (including contact lenses)
- 08 Geri-chairs, lift chairs, other specialized chairs
- 09 Grab bars
- 10 Hearing aid
- 11 Hospital bed
- 12 IV therapy equipment
- 13 Mattress, special (eggcrate, foam, air, gel, etc.)
- 14 Orthotics, including braces
- 15 Overbed table
- 16 Oxygen (including oxygen concentrator)
- 17 Other respiratory therapy equipment
- 18 Shower chair/Bath bench
- 19 Transfer equipment
- 20 Walker
- 21 Wheel chair - Manually operated (including scooter)
- 22 Wheel chair - Motorized
- 23 Other - Specify _____

Q.HHCS-3.11, NHHCS, 2000

During the last 30 days/Since admission, which of these aids or special devices did she/he regularly use? PROBE: Any other aids?

- 00 No aids used
- 01 Beside commode
- 02 Blood glucose monitor
- 03 Cane, crutches
- 04 Dentures (full or partial)
- 05 Elevated/raised toilet seat
- 06 Enteral feeding equipment
- 07 Eyeglasses (including contact lenses)

- 08 Geri-chairs, lift chairs, other specialized chairs
- 09 Grab bars
- 10 Hearing aid
- 11 Hospital bed
- 12 IV therapy equipment
- 13 Mattress, special (eggcrate, foam, air, gel, etc.)
- 14 Orthotics, including braces
- 15 Overbed table
- 16 Oxygen (including oxygen concentrator)
- 17 Other respiratory therapy equipment
- 18 Shower chair/bath bench
- 19 Transfer equipment
- 20 Walker
- 21 Wheel chair - manually operated (including scooter)
- 22 Wheel chair - motorized
- 23 Other - Specify _____

Q.HA40, MCBS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have:?

- Debris in mouth
- Dentures or removable bridge
- Some/all natural teeth lost
- Broken, loose or carious teeth
- Inflamed, swollen or bleeding gums; oral abscesses, ulcers, or rashes
- None checked
- DK

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