



Site _____

Date _____

Southern Nevada Health District and Nevada Oral Health Program 2018 Adult Oral Health Questionnaire

Zip Code where you live: _____ Age: _____ Male Female

1. Overall, how would you rate the health of your teeth and gums? (circle **one**)
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
2. How often during the last year have you had painful aching anywhere in your mouth? (circle **one**)
 - a. Very frequently
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
3. How often during the last year have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures? (circle **one**)
 - a. Very frequently
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
4. How often during the last year have you avoided particular foods because of problems with your teeth, mouth or dentures? (circle **one**)
 - a. Very frequently
 - b. Frequently
 - c. Occasionally
 - d. Rarely
 - e. Never
5. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. (circle **one**)
 - a. 1 to 5
 - b. 6 or more but not all
 - c. All
 - d. None
6. Does your mouth feel dry when you eat a meal? (circle **one**)
 - a. Yes
 - b. No
 - c. Don't Know
7. Have you ever had a check for oral 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? (circle **one**)
 - a. Yes
 - b. No
 - c. Don't Know
- IF YES:** When did you have your most recent oral or mouth cancer exam? (circle **one**)
 - a. Within the past year
 - b. Between 1 and 3 years ago
 - c. Over 3 years ago
8. Gum disease is a common problem with the mouth. People with gum disease might have swollen bleeding gums, receding gums, sore or infected gums, or loose teeth. Do you think you might have gum disease? (circle **one**)
 - a. Yes
 - b. No



9. Have you ever been told by a dental professional that you lost bone around your teeth? (circle **one**)
- a. Yes
 - b. No
10. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (circle **one**)
- a. Yes
 - b. No
 - c. Don't Know
11. How long has it been since you last visited a dentist or a dental clinic for any reason? Including visits to dental specialists, such as endodontists. (circle **one**)
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
 - e. Never
12. What was the main reason you last visited the dentist? (circle **one**)
- a. Went in on own for check-up, examination, or cleaning
 - b. Was called in by the dentist for check-up, examination, or cleaning
 - c. Something was wrong, bothering or hurting me
 - d. Went for treatment of a condition that dentist discovered at earlier check-up or examination
 - e. Other
13. During the past 12 months, was there a time when you needed dental care but could not get it at that time? (circle **one**)
- a. Yes
 - b. No
- IF YES:** What were the reasons that you could not get the dental care you needed? (circle **one**)
- a. Could not afford the cost
 - b. Did not want to spend the money
 - c. Insurance did not cover recommended procedures
 - d. Dental office is too far away
 - e. Dental office is not open at convenient times
 - f. Another dentist recommended not doing it
 - g. Afraid or do not like dentists
 - h. Unable to take time off from work
 - i. Too busy
 - j. I did not think anything serious was wrong
 - k. Expected dental problems to go away
 - l. Other
14. What is your race/ethnicity? (circle **all that apply**)
- a. White
 - b. Black/African American
 - c. Hispanic/Latino, Asian
 - d. American Indian/Alaska Native, and Native Hawaiian/ Pacific Islander
 - e. Other

Any additional comments on access to dental care where you live:
