

CDC/NIDCR Dental, Oral and Craniofacial Data Resource Center
Survey Questions
Available online at <http://drc.hhs.gov>

Fluoride

Residential History, NIDR Prevalence, 1979–1980

Is your current residence served by a public water supply?

- Yes
- No

Residential History, NIDR Prevalence, 1979–1980

Has your child lived at this residence since birth?

- Yes
- No

Residential History, NIDR Prevalence, 1979–1980

If "No," please list all places where this child has lived for more than 6 months as well as the dates when s/he lived there. Start with your current address and go back in time. Also please indicate whether the place was served by a public water supply, that is, a supply used by most people that lived in the city, town, or place rather than an individual supply, such as a private well. Use the additional space if necessary.

CITY, TOWN, OR MILITARY BASE	STATE	DATE LIVED THERE	PUBLIC WATER SUPPLY
_____	_____	From ___/___ to ___/___ MO YR MO YR	(Check box if Yes) <input type="checkbox"/>

Q.1, NIDR Children, 1986–1987

Has your child ever received prescription fluoride drops?

- 1 Yes -> From ___age to ___age
- 2 No

Q.2, NIDR Children, 1986–1987

Has your child ever received prescription fluoride tablets?

- 1 Yes -> From ___age to ___age
- 2 No

Q.3, NIDR Children, 1986–1987

Has your child ever received prescription fluoride treatments, such as liquids or gels, at the dentist's office?

- 1 Yes -> From ____age to ____age
- 2 No

Q.4, NIDR Children, 1986–1987

Has your child ever received fluoride treatments in a school program?

- 1 Yes -> From ____age to ____age
- 2 No

Q.6, NIDR Children, 1986–1987

Please list all places (city/town/military base and state) where this child has lived for more than 6 months, and the dates when s/he lived there. Start with your current residence and go back in time. If additional space is needed, use the other side of this page.

CITY, TOWN, OR MILITARY BASE	STATE	DATE LIVED THERE	PUBLIC WATER SUPPLY	
			Yes	No
_____	_____	From ___/___/___ to ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
		MO YR MO YR		

Q.C4, HHANES, 1982–1984

Has _____ ever received fluoride treatments that were applied to _____ teeth during a visit to the dentist or someone else _____ saw for dental care?

- 1 Yes
- 2 No
- 9 Don't know

Q.C7, HHANES, 1982–1984

Does _____ participate in a fluoride program at school? This is a program in which fluoride tablets or rinses are given to children to use at school.

- 1 Yes
- 2 No
- 9 Don't know

Q.N4a, b, c, NHIS, 1983

a. Does anyone in the family use toothpaste with fluoride?

- 1 Yes
- 2 No
- 9 Don't know

b. Who is this? _____

c. Anyone else?

- 1 Yes
- 2 No

Q.N5a, b, c, NHIS, 1983

a. Does anyone in the family use fluoride drops, tablets, or any other fluoride supplements which are not swallowed?

- 1 Yes
- 2 No
- 9 Don't know

b. Who is this? _____

c. Anyone else?

- 1 Yes
- 2 No
- 9 Don't know

Q.N6a, b, c, NHIS, 1983

a. Does anyone in the family use a fluoride mouth rinse which is not swallowed?

- 1 Yes
- 2 No
- 9 Don't know

b. Who is this? _____

c. Anyone else?

- 1 Yes
- 2 No

Q.O8a, b, c, NHIS, 1986

Some MOUTHRINSES contain FLUORIDE to reduce tooth decay. Others do not. ACT, Fluorigard, Listermint with Fluoride, StanCare and some prescription brands are examples of mouthrinses that contain FLUORIDE.

a. Does anyone in the family now use a FLUORIDE mouth rinse at home?

- 1 Yes
- 2 No
- 9 Don't know

b. Who is this? _____

c. Anyone else?

- 1 Yes
- 2 No

Q.O8d, NHIS, 1986

What brand did (- - /you/child's name) use most often during the past 2 weeks?

- ACT, Fluorigard, Kolynos, Listermint, Reach, Stancare
- Prescription fluoride rinse
- PLAX
- Scope, Listerine, Lavoris
- Other, Specify _____
- Don't know

Q.O9, NHIS, 1986

Some schools have fluoride MOUTH RINSE programs.

Does (- -/child's name) now take part in a fluoride MOUTH RINSE program at school?

- 1 Yes
- 2 No
- 9 Don't know

Q.O10a, b, c, NHIS, 1986

Sometimes doctors or dentists prescribe or provide pills or drops with fluoride in them. Sometimes these are given at school.

a. Does anyone in the family now take vitamins with FLUORIDE in them or any other kind of FLUORIDE drops, pills, or tablets, either at home or at school?

- 1 Yes
- 2 No
- 9 Don't know

b. Who is this? _____

c. Anyone else? _____

Q.O1, NHIS, 1986

As you understand it, what is the purpose of adding FLUORIDE to the public drinking water?

- 1 Prevent tooth decay, protect teeth, or related response
- 8 Other, Specify _____
- 9 Don't know

Q.O2a, b, NHIS, 1986

a. Does the water that you drink at home come from a public water system or is it from another source, such as a well?

- 1 Public water system
- 8 Other source

9 Don't know

b. Does this drinking water have FLUORIDE in it?

- 1 Yes
- 2 No
- 9 Don't know

Q.P6a, b, c, NHIS, 1989

a. In the past two weeks has anyone in the family used a mouthwash or mouthrinse at home?

- 1 Yes
- 2 No
- 9 Don't know

b. Who is this? _____

c. Anyone else?

- 1 Yes
- 2 No

Q.P6d, e, NHIS, 1989

d. What brand did (- - /you/child's name) use most often during the past 2 weeks?

- ACT, Fluorigard, Kolynos, Listermint, Reach, Stancare
- Prescription fluoride rinse
- PLAX
- Scope, Listerine, Lavoris
- Other, Specify _____
- Don't know

e. Does this mouthrinse contain fluoride?

- 1 Yes
- 2 No
- 9 Don't know

Q.P7, NHIS, 1989

Some schools have fluoride MOUTH RINSE programs.

Does (- -/child's name) now take part in a fluoride MOUTH RINSE program at school?

- 1 Yes
- 2 No
- 9 Don't know

Q.P8, NHIS, 1989

{Doctors or dentists may prescribe or provide tablets, drops, or supplements with fluoride in them. (Sometimes these are given at school.)}

Does --now take vitamins with FLUORIDE in them or any other kind of FLUORIDE tablets, drops, or supplements?

- 1 Yes
- 2 No
- 9 Don't know

Q.Z1, NHIS, 1990

As you understand it, what is the purpose of adding FLUORIDE to the public drinking water?

- 1 Prevent tooth decay, protect teeth, or related response
- 2 To purify the water or related response
- 8 Other, Specify _____
- 9 Don't know

Q.PAJ.010; PCB.050, NHIS, 1998

In the past two weeks, have {you/child's name} used a mouthwash or mouth rinse at home?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.PAJ.020, Q.PCB.060, NHIS, 1998

What brand did (you/child's name) use most often during the past two weeks?

- 1 ACT, Fluorigard, Kolynos, Listermint, Reach, Stancare
- 2 Prescription fluoride rinse
- 3 PLAX
- 4 Scope, Listerine, Lavoris
- 5 Other, Specify _____
- 7 Refused
- 9 Don't know

Q.PAJ.040; Q.PCB.080, NHIS, 1998

Does this mouth rinse contain fluoride?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.PCB.090, NHIS, 1998

Some schools have fluoride mouth rinse programs.

Does (child's name) now take part in a fluoride mouth rinse program at school?

- 1 Yes

- 2 No
- 7 Refused
- 9 Don't know

Q.PCB.100, NHIS, 1998

Doctors or dentists may prescribe or provide tablets, drops, or supplements with fluoride in them. (Sometimes these are given at school.)

Does {child's name} now take vitamins with FLUORIDE in them or any other kind of FLUORIDE tablets, drops, or supplements?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

Q.DN04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005

What did (person) have done during this visit? Probe: What else was done?

- 1 General exam, checkup or consultation
- 2 Cleaning, prophylaxis, or polishing
- 3 X-rays, radiographs, or bitewings
- 4 Fluoride treatment
- 5 Sealant (plastic coatings on back teeth)
- 6 Fillings
- 7 Inlays
- 8 Crowns or caps
- 9 Root canal
- 10 Periodontal scaling, root planing, or gum surgery
- 11 Periodontal recall visit (periodic or regular)
- 12 Extraction, tooth pulled
- 13 Implants
- 14 Abscess or infection treatment
- 15 Other oral surgery
- 16 Fixed bridges
- 17 Dentures or removable partial dentures
- 18 Relining or repair of bridges or dentures
- 19 Orthodontia, braces, or retainers
- 20 Bond, whiten, or bleach
- 21 Treatment for TMD or TMJ
- 99 Other
- 7 Ref
- 8 Don't know

Available at <http://drc.hhs.gov/SurveyQ/fluoride.htm>. Accessed March 3, 2010.