

CDC/NIDCR Dental, Oral and Craniofacial Data Resource Center
Survey Questions
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Trouble Chewing/Eating

Q.B12, HHANES, 1982–1984

Do you have trouble biting or chewing any kinds of food, such as firm meats or apples?

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

Q.OHQ.020, NHANES, 1999–2002

How often {do you/does SP} limit the kinds or amounts of food {you/s/he} eat{s} because of problems with {your/his/her} teeth or dentures? Would you say...

- 1 Always,
- 2 Very often,
- 3 Often,
- 4 Sometimes,
- 5 Seldom, or
- 6 Never?
- 7 Refused
- 9 Don't know

Q.OHQ.660, NHANES, 2005–2006; 2007–2008

How often during the last year {have you/has SP} avoided particular foods because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

- 1 Very often
- 3 Occasionally
- 4 Hardly ever, or
- 5 Never
- 7 Refused
- 9 Don't know

Q.OHQ.670, NHANES, 2005–2006; 2007–2008

How often during the last year {have you/has SP} found it uncomfortable to eat any food because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

- 1 Very often
- 3 Occasionally
- 4 Hardly ever, or
- 5 Never
- 7 Refused
- 9 Don't know

Q.OHQ.650, NHANES, 2005–2006

How often during the last year {has your/has SP's} sense of taste been affected by problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

- 1 Very often
- 3 Occasionally
- 4 Hardly ever, or
- 5 Never
- 7 Refused
- 9 Don't know

Q.OHQ.080, NHANES, 1999–2000; Q.OHQ.085, NHANES, 2001–2002

{Do you/Does SP} sip liquids to aid in swallowing any foods?

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

Q.OHQ.090, NHANES, 1999–2000; Q.OHQ.095, NHANES, 2001–2002

Does the amount of saliva in {your/SP's} mouth seem to be too little, too much, or {do you/does s/he} not notice it?

- 1 Too little
- 2 Too much
- 3 Doesn't notice it
- 7 Refused
- 9 Don't know

Q.OHQ.100, NHANES, 1999–2000; Q.OHQ.105, NHANES, 2001–2002

{Do you/Does SP} have difficulties swallowing any foods?

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

Q.OHQ.110, NHANES, 1999–2000; Q.OHQ.115, NHANES, 2001–2002

Does {your/SP's} mouth feel dry when {you/s/he} eat{s} a meal?

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

Q.G20a, b, c, d, NHIS, 1995

a. Do (names of persons under 5) NOW have any physical, mental, or emotional problems which makes it

difficult to chew, swallow, or digest?

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

b. Who is this? (Anyone else?)_____

c. Has the problem or condition which causes ___ to have difficulty chewing, swallowing, or digesting been going on or is it expected to go on for at least 12 months?

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

d. What is the main problem or condition which causes ___ to have difficulty chewing, swallowing, or digesting?

Q.AOH.055_03.000, NHIS, 2008

DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day?
Please say yes or no to each.

. . . Difficulty eating or chewing

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

Q.SAQ.33, NMES, 1987

Do you avoid eating or have trouble eating meats, peanuts, or other chewy things because you are missing teeth or because your teeth or gums hurt when you chew such foods?

- 1 Yes
- 2 No

Q.HA37, MEPS NHC, 1996

Did {SP} experience any of the following oral problems on or around {ref date}:?

- Chewing Problem
- Swallowing Problem
- Mouth Pain
- None Checked
- Don't know

Q.14a, NNHS-3, 1995; 1997

Does... have trouble biting or chewing any kinds of food, such as firm meats or apples?

- 1 Yes
- 2 No

- 7 Refused
- 9 Don't know

Q.HS8, C8, MCBS, 1996; Q.HS8, 1997; 1998; 1999; 2000; 2001

(Do you/Does SP) ever have difficulty eating solid foods because of problems with (your/his/her) mouth or teeth?

- 1 Yes
- 2 No

Q.HFD1, MCBS, 2002; 2003; 2004

(Do you/Does SP) ever have difficulty eating solid foods because of problems with (your/his/her) mouth or teeth?

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

Q.HA37, MCBS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005

Did {SP} experience any of the following oral problems on or around {ref date}?

- Chewing problem
- Swallowing problem
- Mouth pain
- None checked
- Don't know

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