

**SENSORY AND DENTAL (SDQ)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

*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...?

- |            |               |                   |
|------------|---------------|-------------------|
|            | <b>SDQ010</b> | <b>FMT_EGFPVP</b> |
| Excellent  | 1             |                   |
| Good       | 2             |                   |
| Fair       | 3             |                   |
| Poor       | 4             |                   |
| Very poor  | 5             |                   |
| Don't Know | (d)           |                   |
| Refused    | (r)           |                   |

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   |
| Don't Know                         | (d) |
| Refused                            | (r) |

- |                |                    |  |
|----------------|--------------------|--|
| <b>SDQ020A</b> | <b>FMT_SDQ020_</b> |  |
| <b>SDQ020B</b> | <b>FMT_SDQ020_</b> |  |
| <b>SDQ020C</b> | <b>FMT_SDQ020_</b> |  |
| <b>SDQ020D</b> | <b>FMT_SDQ020_</b> |  |
| <b>SDQ020E</b> | <b>FMT_SDQ020_</b> |  |

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   | <b>SDQ030</b> | <b>FMT_SDQ030</b> |
| A little of the time | 1   |               |                   |
| Some of the time     | 2   |               |                   |
| Most of the time     | 3   |               |                   |
| All of the time      | 4   |               |                   |
| Don't Know           | (d) |               |                   |
| Refused              | (r) |               |                   |

**SENSORY AND DENTAL (SDQ)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

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)  
 Don't Know (d) (Skip to SDQ.046)  
 Refused (r) (Skip to SDQ.046)

SDQ.041. Do you still have an eye problem? **SDQ041** **FMT\_YES\_NO**  
 Yes 1  
 No 2  
 Don't Know (d)  
 Refused (r)

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  
 Don't Know (d)  
 Refused (r)

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

**[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

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

Don't Know 99  
 Refused 77

Don't Know 99  
 Refused 77

**SDQ043\_1** **FMT\_NUMERIC**  
**SDQ043\_2** **FMT\_NUMERIC**

**SENSORY AND DENTAL (SDQ)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

SDQ043\_3 FMT\_NUMERIC  
 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  
 Don't Know 99  
 Refused 77

SDQ.044 \_\_\_\_ Was it in one or both eyes?  
 One eye 1  
 Both eyes 2  
 Don't Know 99  
 Refused 77

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

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

Don't Know 99  
 Refused 77

Don't Know 99  
 Refused 77

SDQ.044 \_\_\_\_ Was it in one or both eyes?  
 One eye 1  
 Both eyes 2  
 Don't Know 99  
 Refused 77

SDQ.044 \_\_\_\_ Was it in one or both eyes?  
 One eye 1  
 Both eyes 2  
 Don't Know 99  
 Refused 77

**HEARING**

SDQ.046. Do you feel you have a hearing loss?  
 Yes  
 No  
 Don't Know  
 Refused

SDQ046 FMT\_YES\_NO  
 1  
 2 (Skip to SDQ.050)  
 (d) (Skip to SDQ.050)  
 (r) (Skip to SDQ.050)

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

SDQ049 FMT\_SDQ049

**SENSORY AND DENTAL (SDQ)**

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Date: \_\_\_\_\_

Interviewer#: \_\_\_\_\_

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
Don't Know	(d)
Refused	(r)

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?

	<b>SDQ050</b>	<b>FMT_SDQ050</b>
Excellent	1	
Good	2	
A little trouble	3	
Moderate trouble	4	
A lot of trouble	5	
Deaf	6	
Don't Know	(d)	
Refused	(r)	

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

	<b>SDQ060</b>	<b>FMT_YES_NO</b>
Yes	1	
No	2 <b>(Skip to SDQ.070)</b>	
Don't Know	(d) <b>(Skip to SDQ.070)</b>	
Refused	(r) <b>(Skip to SDQ.070)</b>	

**SENSORY AND DENTAL (SDQ)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

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
- Choisteatoma 6
- Meniere's disease 7
- Otosclerosis 8
- Other (Specify: \_\_\_\_\_) 9
- Don't Know (d)
- Refused (r)

<i>1<sup>st</sup> response</i>	<i>SDQ062_A</i>	<i>FMT_SDQ062_</i>
<i>2<sup>nd</sup> response</i>	<i>SDQ062_B</i>	<i>FMT_SDQ062_</i>
<i>3<sup>rd</sup> response</i>	<i>SDQ062_C</i>	<i>FMT_SDQ062_</i>
<i>4<sup>th</sup> response</i>	<i>SDQ062_D</i>	<i>FMT_SDQ062_</i>
<i>5<sup>th</sup> response</i>	<i>SDQ062_E</i>	<i>FMT_SDQ062_</i>
<i>6<sup>th</sup> response</i>	<i>SDQ062_F</i>	<i>FMT_SDQ062_</i>
<i>7<sup>th</sup> response</i>	<i>SDQ062_G</i>	<i>FMT_SDQ062_</i>
<i>8<sup>th</sup> response</i>	<i>SDQ062_H</i>	<i>FMT_SDQ062_</i>
<i>9<sup>th</sup> response</i>	<i>SDQ062_I</i>	<i>FMT_SDQ062_</i>
<i>Other response</i>	<i>SDQ062_OTHER</i>	<i>FMT_CHAR</i>

SDQ.070. Have you ever worn a hearing aid? **SDQ070** **FMT\_YES\_NO**

- Yes 1
- No 2 **(Skip to SDQ.080)**
- Don't Know (d) **(Skip to SDQ.080)**
- Refused (r) **(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
- Don't Know (d)
- Refused (r)

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)**
- Don't Know (d) **(Skip to SDQ.090)**
- Refused (r) **(Skip to SDQ.090)**

**SENSORY AND DENTAL (SDQ)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

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  
 Don't Know (d)  
 Refused (r)

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)**  
 Don't Know (d) **(Skip to SDQ.094)**  
 Refused (r) **(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  
 Don't Know (d) **(Skip to SDQ.094)**  
 Refused (r) **(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 **{if this is asked, ask 093}**  
 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  
 Don't Know (d) Don't Know (d) Don't Know (d)  
 Refused (r) Refused (r) Refused (r)  
**SDQ092\_1 FMT\_SDQ092\_**  
**SDQ092\_2 FMT\_SDQ092\_**  
**SDQ092\_3 FMT\_SDQ092\_**

SDQ.093 How often have you fallen in the last 12 months? **SDQ093** **FMT\_NUMERIC**  
 |\_\_|\_\_|\_\_|  
 Don't Know (d)  
 Refused (r)

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)**

**SENSORY AND DENTAL (SDQ)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_  
Don't Know (d) **(Skip to SDQ.100)**  
Refused (r) **(Skip to SDQ.100)**

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

- |                       |               |                   |     |
|-----------------------|---------------|-------------------|-----|
|                       | <i>SDQ095</i> | <i>FMT_SDQ095</i> |     |
| Less than 1 year ago  |               |                   | 1   |
| 1 to 5 years ago      |               |                   | 2   |
| More than 5 years ago |               |                   | 3   |
| Don't Know            |               |                   | (d) |
| Refused               |               |                   | (r) |

**SENSORY AND DENTAL (SDQ)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

**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	<b>(Skip to SDQ.121)</b>
25% of the time	2	
50% of the time	3	
75% of the time	4	
100% of the time	5	
Occasionally	6	
Don't Know	(d)	
Refused	(r)	

*SDQ100 FMT\_SDQ121\_FREQ*SDQ.100R2. 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]**

Not Currently working	0	
None of the time	1	<b>(Skip to SDQ.121)</b>
25% of the time	2	
50% of the time	3	
75% of the time	4	
100% of the time	5	
Occasionally	6	
Don't Know	(d)	
Refused	(r)	

*SDQ100\_R2 FMT\_SDQ100R2\_FREQ*SDQ.110. At your current job, how often do you wear hearing (ear) protection? **[HAND CARD]**

SDQ.110R2. 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	
Don't Know	(d)	
Refused	(r)	

*SDQ110 FMT\_SDQ121\_FREQ**SAME AS SDQ110\_R2 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]**

SDQ.121R2. None of the time	1	<b>[Skip to SDQ 130]</b>
25% of the time	2	
50% of the time	3	
75% of the time	4	
100% of the time	5	
Occasionally	6	
Don't Know	(d)	
Refused	(r)	

*SDQ121 FMT\_SDQ121\_FREQ*



**SENSORY AND DENTAL (SDQ)**

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**Date:** \_\_\_\_\_

**Interviewer#:** \_\_\_\_\_

*SAME AS SDQ121\_R2*

*FMT\_SDQ121\_FREQ*

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

	<i>SDQ122</i>	<i>FMT_SDQ121_FREQ</i>
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
Don't Know		(d)
Refused		(r)

**SENSORY AND DENTAL (SDQ)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

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)**  
 Don't Know (d) **(Skip to SDQ.140)**  
 Refused (r) **(Skip to SDQ.140)**

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

\_\_\_\_\_  
 Don't Know (d)  
 Refused (r)  
**SDQ131** **FMT\_NUMERIC**  
**SDQ131\_TEXT** **FMT\_CHAR**

SDQ.132. How many hours per week did you work? **SDQ132** **FMT\_NUMERIC**

|\_|\_|\_|\_|  
 Enter hours/week  
 Don't Know (d)  
 Refused (r)

SDQ.133. How many years did you do this job? **SDQ133** **FMT\_NUMERIC**

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

SDQ.140. Have you ever fired a gun? **SDQ140** **FMT\_YES\_NO**

Yes 1  
 No 2  
 Don't Know (d)  
 Refused (r)

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  
 Don't Know (d)  
 Refused (r)

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)**  
 Don't Know (d) **(Skip to SDQ.270)**

**SENSORY AND DENTAL (SDQ)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_  
 Refused (r) (Skip to SDQ.270)

SDQ.162.	Did you listen...? <b>[HAND CARD]</b>	<i>SDQ162</i>	<i>FMT_SDQ162</i>
	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	
	Don't Know	(d)	
	Refused	(r)	

**DENTAL**

SDQ.270.	How would you describe the condition of your teeth? Would you say...?		
	Excellent	1	<i>SDQ270</i> <i>FMT_EVCGFP</i>
	Very Good	2	
	Good	3	
	Fair	4	
	Poor	5	
	Don't Know	(d)	
	Refused	(r)	

SDQ.280.	How often during the last 12 months have you had painful aching anywhere in your mouth? Would you say...? <b>[HAND CARD]</b>		
	Very often	1	<i>SDQ280</i> <i>FMT_SDQ280_FREQ</i>
	Fairly often	2	
	Occasionally	3	
	Hardly ever	4	
	Never	5	
	Don't Know	(d)	
	Refused	(r)	

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...? <b>[HAND CARD]</b>		
	Very often	1	<i>SDQ290</i> <i>FMT_SDQ280_FREQ</i>
	Fairly often	2	
	Occasionally	3	
	Hardly ever	4	
	Never	5	
	Don't Know	(d)	
	Refused	(r)	

**SENSORY AND DENTAL (SDQ)**

**SPID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer#:** \_\_\_\_\_

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...?

<b>[HAND CARD]</b>	<i>SDQ300</i>	<i>FMT_SDQ280_FREQ</i>
Very often		1
Fairly often		2
Occasionally		3
Hardly ever		4
Never		5
Not applicable (not in a job or attending school)		6
Don't Know		(d)
Refused		(r)

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]**

	<i>SDQ310</i>	<i>FMT_SDQ280_FREQ</i>
Very Often	1	
Fairly often	2	
Occasionally	3	
Hardly Ever	4	
Never	5	
Don't Know	(d)	
Refused	(r)	

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

Yes, but only my wisdom teeth	1	<i>SDQ320 FMT_SDQ320_</i>
Yes, other teeth beside or in addition to wisdom teeth	2	
No	3	<b>(Skip to SDQ.340)</b>
Don't Know	(d)	<b>(Skip to SDQ.340)</b>
Refused	(r)	<b>(Skip to SDQ.340)</b>

SDQ.321. How many of your natural (adult, permanent) teeth have you lost, including wisdom teeth?

__ __	<i>SDQ321</i>	<i>FMT_NUMERIC</i>
Enter number		
Don't Know	99	
Refused	77	

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 overcrowding	5
Other (Specify: _____)	6
Don't Know	(d)
Refused	(r)

*1<sup>st</sup> response*      *SDQ322\_A*      *FMT\_SDQ322\_*  
*2<sup>nd</sup> response*      *SDQ322\_B*      *FMT\_SDQ322\_*

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<i>3<sup>rd</sup> response</i>	<i>SDQ322_C</i>	<i>FMT_SDQ322_</i>
<i>4<sup>th</sup> response</i>	<i>SDQ322_D</i>	<i>FMT_SDQ322_</i>
<i>5<sup>th</sup> response</i>	<i>SDQ322_E</i>	<i>FMT_SDQ322_</i>
<i>6<sup>th</sup> response</i>	<i>SDQ322_F</i>	<i>FMT_SDQ322_</i>
<i>Other response</i>	<i>SDQ322_OTHER</i>	<i>FMT_CHAR</i>

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)**  
 Don't Know (d) **(Go to SDQ.350)**  
 Refused (r) **(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  
 Don't Know 99  
 Refused 77

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  
 Don't Know (d)  
 Refused (r)

<i>1<sup>st</sup> response</i>	<i>SDQ342_A</i>	<i>FMT_SDQ342_</i>
<i>2<sup>nd</sup> response</i>	<i>SDQ342_B</i>	<i>FMT_SDQ342_</i>
<i>3<sup>rd</sup> response</i>	<i>SDQ342_C</i>	<i>FMT_SDQ342_</i>

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

<i>1<sup>st</sup> response</i>	<i>SDQ350_A</i>	<i>FMT_SDQ350_</i>
<i>2<sup>nd</sup> response</i>	<i>SDQ350_B</i>	<i>FMT_SDQ350_</i>
<i>3<sup>rd</sup> response</i>	<i>SDQ350_C</i>	<i>FMT_SDQ350_</i>
<i>4<sup>th</sup> response</i>	<i>SDQ350_D</i>	<i>FMT_SDQ350_</i>
<i>5<sup>th</sup> response</i>	<i>SDQ350_E</i>	<i>FMT_SDQ350_</i>
<i>6<sup>th</sup> response</i>	<i>SDQ350_F</i>	<i>FMT_SDQ350_</i>

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*

**SENSORY AND DENTAL (SDQ)**

SPID#: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer#: \_\_\_\_\_

- Yes 1
- No 2 (End of Questionnaire)
- Don't Know (d) (End of Questionnaire)
- Refused (r) (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
- Don't Know (d)
- Refused (r)

1 <sup>st</sup> response	SDQ361_A	FMT_SDQ361_
2 <sup>nd</sup> response	SDQ361_B	FMT_SDQ361_
3 <sup>rd</sup> response	SDQ361_C	FMT_SDQ361_
4 <sup>th</sup> response	SDQ361_D	FMT_SDQ361_
5 <sup>th</sup> response	SDQ361_E	FMT_SDQ361_
6 <sup>th</sup> response	SDQ361_F	FMT_SDQ361_
7 <sup>th</sup> response	SDQ361_G	FMT_SDQ361_
8 <sup>th</sup> response	SDQ361_H	FMT_SDQ361_
9 <sup>th</sup> response	SDQ361_I	FMT_SDQ361_
10 <sup>th</sup> response	SDQ361_J	FMT_SDQ361_
11 <sup>th</sup> response	SDQ361_K	FMT_SDQ361_
12 <sup>th</sup> response	SDQ361_L	FMT_SDQ361_
13 <sup>th</sup> response	SDQ361_M	FMT_SDQ361_
14 <sup>th</sup> response	SDQ361_N	FMT_SDQ361_
Other response	SDQ361_OTHER	FMT_CHAR