

# National Health and Nutrition Examination Survey 2003-2004

---

## Documentation, Codebook, and Frequencies

MEC Exam Component: Oral  
Health Examination –  
Recommendation of Care/Referral  
Data

Survey Years:  
2003 to 2004

SAS Export File:  
OHXREF\_C.XPT



July 2006

# NHANES 2003–2004 Data Documentation

## Exam Component: Oral Health MEC / Household Data (OHX\_C)

Years of Coverage: 2003–2004

First Published: July 2006

Last Revised: N/A

---

### Component Description

NHANES is critical for monitoring oral health status, risk indicators for disease, and access to preventive and treatment services. This component will address public health significance in areas of surveillance, prevention, treatment, dental care utilization, health policy, evaluation of Federal health programs, standardization of new methods, and oral health disparities.

Oral health data from NHANES will be used for:

- Assessing the prevalence of major oral health diseases and conditions including dental caries, periodontal disease, dental trauma, dry mouth, and dental fluorosis
- Assessing prevention and treatment efforts including the prevalence of dental sealants
- Evaluating specific public health programs/new policies and initiatives
- Monitoring the oral health status of minority/underserved populations
- Evaluating Healthy People 2000 and 2010 objectives related to oral health
- Supporting research activities as identified in the 2000 Surgeon General's Report on Oral Health in the United States.

**Eligible  
Sample  
Inclusion  
Criteria**

Participants aged 2 years and older who do not meet any of the exclusion criteria are eligible. A positive response to any of the following medical health-screening questions asked of participants aged 13 years or older will exclude them from the periodontal and root caries assessments. Participants aged 13-15 years must have a health proxy signed by a parent/guardian to participate in the oral health examination.

- Has a doctor or dentist ever told you that you must always take antibiotics (e.g. penicillin) before you get a dental check up or care?
- Do you have a heart problem (specifically congenital heart murmurs, heart valve problems, congenital heart disease, or bacterial endocarditis)?
- Do you have rheumatic fever?
- Kidney disease requiring renal dialysis?
- Hemophilia?
- Pacemaker or automatic defibrillator or artificial material in your heart veins or arteries?

## **Examination and Interview Protocol**

The following subcomponents are from the oral health examination component and home interview component with the age groups of interest in parentheses:

### **Examination:**

- Medical history screening (13 years and older)
- Dental sealant assessment (2 to 34 years of age)
- Tooth count (2 years and older)
- Coronal caries (2 years and older)
- Incisor traumatic injuries (10 to 29 years of age)
- Dental fluorosis assessment (6 to 49 years of age)
- Periodontal pockets, recession, loss of attachment, and bleeding (13 years and older)
- Root caries (18 years and older)
- Dental erosion and tooth wear (13 years and older)
- Functional occlusal contacts (25 years and older)
- Self-assessed dental condition questions (16 years and older)
- Denture use and wear questions (25 years and older)
- Recommendations for dental care (2 years and older)

### **Interview:**

- Dry mouth and problems with chewing food (18 years and older)
- Dental health perception, dental visits and dental care utilization (2 years and older)
- Oral health quality of life (16 years and older)
- Perceived dental treatment needs (18 years and older)

**Survey Staff and Protocol**

The oral health exam is performed by trained dentists who hold a state dental license in an US jurisdiction. One of up to seven trained oral health recorders is paired with a dentist to form a dental examination team. Two teams function independently throughout the data collection period. All oral health exam data is collected in the mobile examination center. Oral health data obtained during the home interview is collected by trained interviewers. Interview and examination protocols are discussed in detail in the NHANES Oral Health Home Interview and Exam Training Manuals. These manuals are available at the NHANES website.

**Quality Control Procedures**

The quality of data in this survey is controlled by (1) an intense training period for the dental teams with calibration of dental examiners prior to the beginning of the survey, (2) periodic monitoring and recalibration of dental examiners, and (3) periodic retraining of dental teams. The reference examiner will visit each team three times per year to observe field operations and to replicate 20 to 25 dental examinations during each visit. The purpose of these “expert replications” is to determine if the field examiners are maintaining the examination standards achieved during training and to measure the degree of deviation, if any, from those standards. If the inter-rater correlation is not within acceptable limits, retraining is conducted on site and future monitoring of the field examiner intensified. An annual retraining session for each dental examiner also is conducted by the reference examiner to reinforce existing protocols and to accommodate protocol updates as needed.

Automated data collection procedures for the survey were introduced in NHANES 1999. In the mobile examination centers (MECs), data for the oral health component are recorded directly onto a computerized data collection form. The system is integrated centrally and it allows for ongoing monitoring of much of the data. As part of an on-going quality control practice, all data are reviewed systematically for logical inconsistencies and examiner error. Internal quality control data review indicates that data quality is acceptable.

**Analytic Notes** The oral health data is released in the configuration of six “chapters.” The oral health chapters and subcomponents in parentheses are matched as follows:

- Dentition Exam (ohxden\_): Tooth count, coronal caries, root caries, dental sealants, incisor trauma, and dental fluorosis.
- Dentition-Addendum Exam (ohxadd\_): Tooth wear and functional occlusal contacts.
- Periodontal Exam-Upper (ohxpriu\_): Maxillary periodontal pockets, recession, loss of attachment, and bleeding.
- Periodontal Exam-Lower (ohxprl\_): Mandibular periodontal pockets, recession, loss of attachment, and bleeding.
- Miscellaneous (ohxref\_): Medical exclusions, denture questions, care recommendations, and miscellaneous.
- Home Interview (ohq\_): Dry Mouth, dental visits, quality of life dental health perception and perceived treatment needs.

A variety of oral health variables can be derived to assist analysts using the oral health exam data. Recommended derivations and a selection of sample code for dental caries status, dental fluorosis, dental sealants, and periodontal status is provided at the Oral Health Data Resource Center (DRC): <http://drc.nidcr.nih.gov/> Additional information regarding the NHANES datasets, including quality assurance publications and prevalence reports supported by the federal partners is also available at the DRC.

It is recommended that data users merge relevant 2003-2004 oral health data files with 1999-2000 and 2001-2002 oral health data files to ensure adequate sample size for analyses of many of the oral health outcome measures available in these files. The six-year sample weights can be calculated by data users. Additional analytical details are available at:

[http://www.cdc.gov/nchs/about/major/nhanes/nhanes2003-2004/analytical\\_guidelines.htm](http://www.cdc.gov/nchs/about/major/nhanes/nhanes2003-2004/analytical_guidelines.htm)

**Special Notes  
on Using the  
Dataset**

The analysis of NHANES 2003-2004 oral health data must be conducted with the key survey design and basic demographic variables. The NHANES 2003-2004 Household Questionnaire Data Files contain demographic data, health indicators, and other related information collected during household interviews. They also contain all survey design variables and sample weights for these age groups. Other household questionnaire and oral questionnaire files may be linked to the oral health examination data file using the unique survey participant identifier SEQN. The Oral Health Exam (OHX) and Oral Health Questionnaire (OHQ) data are publicly available at the NHANES website.

New content was added to the 2003-2004 Oral Health Exam and Interview making the NHANES Oral Health Component one of the most comprehensive assessments of oral health in the United States to date. Consequently, many variables are only available for the 2003-2004 survey period, which may significantly impact some data analyses.

**Acknowledgement**

The 2003-2004 NHANES Oral Health Component is a collaborative effort between the National Institute of Dental and Craniofacial Research (NIDCR), the National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health (NCCDPHP/DOH), and the National Center for Health Statistics (NCHS).

## Locator Record

**Title:** Oral Health Examination (OHX\_C)

**Contact Number:** 1-866-441-NCHS

**Years of Content:** 2003–2004

**First Published:** July 2006

**Revised:** N/A

**Access Constraints:** None

**Use Constraints:** None

**Geographic Coverage:** National

**Subject:** Oral Health

**Record Source:** NHANES 2003–2004

**Survey Methodology:** NHANES 2003–2004 is a stratified multistage probability sample of the civilian non-institutionalized population of the U.S.

**Medium:** NHANES Web site; SAS transport files

**National Health and Nutrition Examination Survey  
Codebook for Data Production (2003-2004)**

**Oral Health: Recommendation of Care/Referral (OHXREF\_C)  
Person Level Data**

July 2006



<b>SEQN</b>	<b>Target</b>
	B(2 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Respondent sequence number
<b>English Text:</b> Respondent sequence number.	
<b>English Instructions:</b>	

<b>OHAEXSTS</b>	<b>Target</b>
	B(2 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Overall Oral Health Exam Status
<b>English Text:</b> Overall Oral Health Exam Status	
<b>English Instructions:</b>	

<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Complete	7072	7072	
2	Partial	1200	8272	
3	Not done	575	8847	
.	Missing	0	8847	

<b>OHASCST5</b>	<b>Target</b>			
	B(2 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Referral Status Code			
<b>English Text:</b> Referral Status Code				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Complete	8235	8235	
2	Partial	34	8269	
3	Not done	578	8847	
.	Missing	0	8847	

<b>OHQ131</b>	<b>Target</b>			
	B(13 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Must always take antibiotics?			
<b>English Text:</b> Q1. Has a doctor or dentist ever told you that you must ALWAYS take antibiotics (e.g. penicillin) before you get a dental check up or care?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	304	304	
2	No	5891	6195	
7	Refused	0	6195	
9	Don't know	7	6202	
.	Missing	2645	8847	

<b>OHQ132</b>	<b>Target</b>
	B(13 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Had a heart problem?

**English Text:** Q2. A heart problem?

**English Instructions:** Before we begin, I would like to read you a list of health conditions that some people have. As I read off each condition, please tell me whether or not a doctor has ever told you that you have the condition. Has a doctor ever told you that you have...

Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	578	578	
2	No	5313	5891	
7	Refused	0	5891	
9	Don't know	0	5891	
.	Missing	2956	8847	

<b>OHQ134</b>	<b>Target</b>
	B(13 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Had congenital heart murmurs?

**English Text:** Q3. Congenital heart murmurs?

**English Instructions:** Was the heart problem due to:

Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	123	123	
2	No	456	579	
7	Refused	0	579	
9	Don't know	0	579	
.	Missing	8268	8847	

<b>OHQ136</b>		<b>Target</b>		
		B(13 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Had heart valve problem?		
<b>English Text:</b> Q4. Heart valve problem?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	49	49	
2	No	407	456	
7	Refused	0	456	
9	Don't know	0	456	
.	Missing	8391	8847	

<b>OHQ138</b>		<b>Target</b>		
		B(13 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Had congenital heart disease?		
<b>English Text:</b> Q5. Congenital heart disease?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	12	12	
2	No	395	407	
7	Refused	0	407	
9	Don't know	0	407	
.	Missing	8440	8847	

<b>OHQ140</b>		<b>Target</b>		
		B(13 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Had bacterial endocarditis?		
<b>English Text:</b> Q6. Bacterial endocarditis?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	1	1	
2	No	394	395	
7	Refused	0	395	
9	Don't Know	0	395	
.	Missing	8452	8847	

<b>OHQ142</b>		<b>Target</b>		
		B(13 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Had rheumatic fever?		
<b>English Text:</b> Q7. Rheumatic fever?				
<b>English Instructions:</b> Has a doctor ever said you have:				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	42	42	
2	No	5662	5704	
7	Refused	0	5704	
9	Don't know	1	5705	
.	Missing	3142	8847	

<b>OHQ144</b>		<b>Target</b>		
		B(13 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Have kidney disease w/ renal dialysis?		
<b>English Text:</b> Q8. Kidney disease requiring renal dialysis?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	7	7	
2	No	5656	5663	
7	Refused	0	5663	
9	Don't know	0	5663	
.	Missing	3184	8847	

<b>OHQ146</b>		<b>Target</b>		
		B(13 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Have other artificial material?		
<b>English Text:</b> Q11. Other artificial material in your heart, veins, or arteries?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	74	74	
2	No	5565	5639	
7	Refused	0	5639	
9	Don't know	0	5639	
.	Missing	3208	8847	

<b>OHQ148</b>		<b>Target</b>		
		B(13 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Have a hip, bone, or joint replacement?		
<b>English Text:</b> Q12. A hip, bone, or joint replacement?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	87	87	
2	No	5481	5568	
7	Refused	0	5568	
9	Don't know	0	5568	
.	Missing	3279	8847	

<b>OHQ011</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Describe the cond. of your mouth/teeth		
<b>English Text:</b> How would you describe the condition of your teeth? Would you say.....				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Excellent	333	333	
2	Very good	755	1088	
3	Good	1751	2839	
4	Fair	1555	4394	
5	Poor	1040	5434	
7	Refused	0	5434	
9	Don't know	8	5442	
.	Missing	3405	8847	

<b>OHQ490a</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Toothache		
<b>English Text:</b> What specific problems do you have with your teeth? - Toothache				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	167	167	
77	Refused	0	167	
99	Don't know	8	175	
.	Missing	8672	8847	

<b>OHQ490b</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Sensitivity		
<b>English Text:</b> What specific problems do you have with your teeth? - Sensitivity				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	263	263	
77	Refused	0	263	
99	Don't know	8	271	
.	Missing	8576	8847	

<b>OHQ490c</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Cavities/Caries		
<b>English Text:</b> What specific problems do you have with your teeth? - Cavities/Caries				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	897	897	
77	Refused	0	897	
99	Don't know	8	905	
.	Missing	7942	8847	

<b>OHQ490d</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Broken/missing fillings or restorations		
<b>English Text:</b> What specific problems do you have with your teeth? - Broken/missing fillings or restorations				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	238	238	
77	Refused	0	238	
99	Don't know	8	246	
.	Missing	8601	8847	

<b>OHQ490e</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Broken / fractured teeth		
<b>English Text:</b> What specific problems do you have with your teeth?- Broken / fractured teeth				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	393	393	
77	Refused	0	393	
99	Don't know	8	401	
.	Missing	8446	8847	

<b>OHQ490f</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
0 to 999		Staining/discoloration of teeth		
<b>English Text:</b> What specific problems do you have with your teeth? - Staining/discoloration of teeth				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	138	138	
77	Refused	0	138	
99	Don't know	8	146	
.	Missing	8701	8847	

<b>OHQ490g</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Crooked teeth or need braces		
<b>English Text:</b> What specific problems do you have with your teeth? - Crooked teeth, or teeth that need braces				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	227	227	
77	Refused	0	227	
99	Don't know	8	235	
.	Missing	8612	8847	

<b>OHQ490h</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Teeth needing extractions		
<b>English Text:</b> What specific problems do you have with your teeth? - Teeth needing extractions				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	155	155	
77	Refused	0	155	
99	Don't know	8	163	
.	Missing	8684	8847	

<b>OHQ490i</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Missing teeth		
<b>English Text:</b> What specific problems do you have with your teeth? - Missing teeth				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	526	526	
77	Refused	0	526	
99	Don't know	8	534	
.	Missing	8313	8847	

<b>OHQ490j</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Denture problems		
<b>English Text:</b> What specific problems do you have with your teeth? - Denture problems				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	249	249	
77	Refused	0	249	
99	Don't know	8	257	
.	Missing	8590	8847	

<b>OHQ490k</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Periodontal problems		
<b>English Text:</b> What specific problems do you have with your teeth? - Periodontal problems				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	528	528	
77	Refused	0	528	
99	Don't know	8	536	
.	Missing	8311	8847	

<b>OHQ490l</b>		<b>Target</b>		
		B(16 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Unsatisfactory prior dental experience		
<b>English Text:</b> Unsatisfactory prior dental experience				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	29	29	
77	Refused	0	29	
99	Don't know	8	37	
.	Missing	8810	8847	

<b>OHQ490m</b>	<b>Target</b>			
	B(16 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	None/no specific problem			
<b>English Text:</b> None/no specific problem				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	1475	1475	
77	Refused	0	1475	
99	Don't know	8	1483	
.	Missing	7364	8847	

<b>OHQ490n</b>	<b>Target</b>			
	B(16 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Other			
<b>English Text:</b> Other				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Checked	372	372	
77	Refused	0	372	
99	Don't know	8	380	
.	Missing	8467	8847	

<b>OHQ410</b>		<b>Target</b>		
		B(25 Yrs. to 120 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Removable complete/partial max denture		
<b>English Text:</b> Do you have an upper removable partial or full denture?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	1039	1039	
2	No	2894	3933	
7	Refused	0	3933	
9	Don't Know	0	3933	
.	Missing	4914	8847	

<b>OHQ420</b>		<b>Target</b>		
		B(25 Yrs. to 120 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Wears complete/partial max denture		
<b>English Text:</b> Do you usually wear it during the day?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	956	956	
2	No	83	1039	
7	Refused	0	1039	
9	Don't know	0	1039	
.	Missing	7808	8847	

<b>OHQ430</b>		<b>Target</b>		
		B(25 Yrs. to 120 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Removable complete/partial mand. denture		
<b>English Text:</b> Do you have a lower removable partial or full denture?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	791	791	
2	No	3140	3931	
7	Refused	1	3932	
9	Don't Know	1	3933	
.	Missing	4914	8847	

<b>OHQ440</b>		<b>Target</b>		
		B(25 Yrs. to 120 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Wears complete/partial Mand. denture		
<b>English Text:</b> Do you usually wear it during the day?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	674	674	
2	No	117	791	
7	Refused	0	791	
9	Don't Know	0	791	
.	Missing	8056	8847	

<b>OHAREC</b>		<b>Target</b>		
		B(2 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Overall recommendation for care		
<b>English Text:</b> Overall recommendation for care				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	See a dentist immediately	10	10	
2	See a dentist within the next 2 weeks	206	216	
3	See a dentist at your earliest convenience	4986	5202	
4	Continue your regular routine care	3035	8237	
.	Missing	610	8847	

<b>OHAROCDT</b>		<b>Target</b>		
		B(2 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Untreated Caries / Restorative needs		
<b>English Text:</b> A. Decayed teeth				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	2511	2511	
.	Missing	6336	8847	

<b>OHAROCGP</b>	<b>Target</b>			
	B(2 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Periodontal needs			
<b>English Text:</b> B. Gums/gum disease				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	1057	1057	
.	Missing	7790	8847	

<b>OHAROCOH</b>	<b>Target</b>			
	B(2 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Gingival / OHI needs			
<b>English Text:</b> C. Oral hygiene				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	4559	4559	
.	Missing	4288	8847	

<b>OHAROC CI</b>		<b>Target</b>		
		B(2 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Assessment of soft tissue lesion		
<b>English Text:</b> D. Clinical impression of soft tissue condition				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	8	8	
.	Missing	8839	8847	

<b>OHAROC DE</b>		<b>Target</b>		
		B(2 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Denture/Partial Denture/plates		
<b>English Text:</b> E. Denture/Partial Denture/plates				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	111	111	
.	Missing	8736	8847	

<b>OHAROTH</b>	<b>Target</b>			
	B(2 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Some other finding			
<b>English Text:</b> Some other finding (specify w/ referral letter)				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	306	306	
.	Missing	8541	8847	

<b>OHARNF</b>	<b>Target</b>			
	B(2 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	No significant needs			
<b>English Text:</b> F. No significant findings				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	3011	3011	
.	Missing	5836	8847	

<b>OHARCMT</b>		<b>Target</b>		
		B(2 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Other Referral Comments		
<b>English Text:</b> Other Referral Comments				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
Other Referral Comments	Value was recorded	317	317	
< blank >	Missing	8530	8847	

<b>OHAPOS</b>		<b>Target</b>		
		B(2 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Was participant exam position recumbent		
<b>English Text:</b> Was the SP in a recumbent (laying down) position for all eligible assessments of the oral health exam?				
<b>English Instructions:</b> Was the SP in a recumbent (laying down) position for all eligible assessments of the oral health exam (Oral-facial--Loss of Attachment)?				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	8075	8075	
2	No	162	8237	
9	Can not assess	0	8237	
.	Missing	610	8847	