

## Orofacial Pain

### *Q.MPQ.100, NHANES IV*

During the **past month**, {have you/has SP} had a problem with pain that lasted **more than 24 hours**?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

### *Q.MPQ.110, NHANES IV*

For how long {have you/has SP} experienced this pain? Would you say...

- 1 Less than a month
- 2 At least 1 month but less than 3 months,
- 3 At least 3 months but less than 1 year, or
- 4 Greater than 1 year
- 7 Refused
- 9 DK

### *Q.MPQ.120, NHANES IV*

Regarding {your/SP's} pain problem, which regions are affected?

- |                         |                    |
|-------------------------|--------------------|
| 1 Head                  | 14 Lower back-left |
| 2 Face/dental           | 15 Buttocks-right  |
| 3 Shoulder girdle-right | 16 Buttocks-left   |
| 4 Shoulder girdle-left  | 17 Upper leg-right |
| 5 Upper arm-right       | 18 Upper leg-left  |
| 6 Upper arm-left        | 19 Mid-leg-right   |
| 7 Mid-arm-right         | 20 Mid-leg-left    |
| 8 Mid-arm-left          | 21 Lower leg-right |
| 9 Lower arm-right       | 22 Lower leg-left  |
| 10 Lower arm-left       | 23 Neck            |
| 11 Upper back-right     | 24 Sternum         |
| 12 Upper back-left      | 25 Chest-right     |
| 13 Lower back-right     | 26 Chest-left      |

### *Q.R1a, NHIS, 1989*

During the past 6 months, did you have a toothache more than once, when biting or chewing?

- 1 Yes
- 2 No

### *Q.R1b, NHIS, 1989*

Did you first have this pain more than 6 months ago?

- 1 Yes
- 2 No

***Q.R3a, b, c, d, e, NHIS, 1989***

a. (During the past 6 months) Did you have a prolonged, unexplained burning sensation in your tongue or any other part of your mouth more than once?

- 1 Yes
- 2 No
- 9 DK

b. When you have this sensation, does it come and go or is it continuous and uninterrupted?

- 1 Come and go
- 2 Continuous/uninterrupted
- 8 Other
- 9 DK

c. During how many DIFFERENT MONTHS in the past 6 months did you have this sensation?

\_\_\_ Months

d. How many total days in the past 6 months did you have this sensation?

- 1 1–3 days
- 2 4–10 days
- 3 11–15 days
- 4 16–30 days
- 5 31–45 days
- 6 46+ days
- 7 “Everyday”
- 9 DK

e. Did you first have this sensation more than 6 months ago?

- 1 Yes
- 2 No

***Q.R4a, b, c, d, e, f, NHIS, 1989***

a. (During the past 6 months) Did you have pain in the jaw joint or in front of the ear more than once?

- 1 Yes
- 2 No

b. When you have this pain, does it come and go or is it continuous and uninterrupted?

- 1 Come and go
- 2 Continuous/uninterrupted
- 8 Other
- 9 DK

c. During how many DIFFERENT MONTHS in the past 6 months did you have this pain?

\_\_\_\_\_ Months

d. How many total days in the past 6 months did you have this pain?

- 1 1-3 days
- 2 4-10 days
- 3 11-15 days
- 4 16-30 days
- 5 31-45 days
- 6 46+ days
- 7 "Everyday"
- 9 DK

e. Did you first have this pain more than 6 months ago?

- 1 Yes
- 2 No

f. On a scale of 1-10, where 1 is mild and 10 is severe, how would you rate this pain at its worst? \_\_\_\_\_

***Q.R5a, b, c, d, e, f, NHIS, 1989***

a. (During the past 6 months) Did you have a dull, aching pain across your face or cheek more than once? Do not count sinus pain.

- 1 Yes
- 2 No

b. When you have this pain, does it come and go or is it continuous and uninterrupted?

- 1 Come and go
- 2 Continuous/uninterrupted
- 8 Other
- 9 DK

c. During how many DIFFERENT MONTHS in the past 6 months did you have this pain?

\_\_\_\_\_ Months

d. How many total days in the past 6 months did you have this pain?

- 1 1-3 days
- 2 4-10 days
- 3 11-15 days
- 4 16-30 days
- 5 31-45 days
- 6 46+ days
- 7 "Everyday"

9 DK

e. Did you have this pain more than 6 months ago?

- 1 Yes
- 2 No

f. On a scale of 1-10, where 1 is mild and 10 is severe, how would you rate this pain at its worst? \_\_\_\_\_

***Q.R6a, b, c, d, e, f, g, h, i, NHIS, 1989***

a. In the past 6 months, did you see or talk to a DENTIST for the pain we just discussed?

- 1 Yes
- 2 No

b. How many times during the last 6 months did you see or talk to a dentist about the pain?

- \_\_\_\_\_ Times
- 99 DK

c. (In the past 6 months), Did you see or talk to a MEDICAL DOCTOR for the pain we just discussed?

- 1 Yes
- 2 No

d. How many times?

- \_\_\_\_\_ Times
- 99 DK

e. (In the past 6 months), Did you see or talk to a any other type of health professional about the pain?

- 1 Yes
- 2 No

f. What kind of health professional? \_\_\_\_\_

g. How many times during the last 6 months did you see or talk to the (*person in 6f*)?

- \_\_\_\_\_ Times
- 99 DK

h. (In the past 6 months) Did you worry about the health of your teeth and gums because of the pain?

- 1 Yes

- 2 No

i. (In the past 6 months) Did you worry about the health of your body because of the pain?

- 1 Yes
- 2 No

***Q.R7, NHIS, 1989***

Here is a list of things people do when they have teeth, mouth, or face pain. Please tell me the things you did for the pain during the past six months?

- 1 Use a hot or cold compress
- 2 Take a prescription drug
- 3 Take an over-the-counter drug
- 4 Drink some liquor or wine because of the pain
- 5 Take time off work
- 6 Stay home more than usual
- 7 Avoid family and friends
- 8 Anything else? (specify) \_\_\_\_\_
- 0 None of the above
- 9 DK

***Q.ACN.331, NHIS, 1997, 1998, 1999, 2000, 2001, 2002***

During the past three months, did you have...Facial ache or pain in the jaw muscles or the joint in front of the ear?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

***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
- DK

***Q.1, BSS, 1999; 2003***

During the past 6 months, did {you/your child} have a toothache more than once, when biting or chewing?

- 1 No
- 2 Yes
- 3 DK/don't remember

***Q.HA37, MCBS, 1997; 1998; 1999; 2000; 2001***

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

- Chewing Problem
- Swallowing Problem
- Mouth Pain
- None Checked
- DK