

Orthodontia

Q.HYF7 & HAQ8, NHANES III, 1988-1994

(Has ____/Have you) ever received orthodontic treatment such as wearing braces, bands, or removable appliances to straighten teeth?

- 1 Yes
- 2 No

Q.HYF8 & HAQ9, NHANES III, 1988-1994

How old (was ____/were you) when (_____/you) started your most recent orthodontic treatment?

- ____ Age
- 9 DK

Q.DN04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001

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 DK