



State Added Oral Health Questions – BRFSS, PRAMS and YRBS Updated October 2024

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

The BRFSS questionnaire is designed by a working group of BRFSS state coordinators and CDC staff. The questionnaire is approved by all state coordinators. Currently, the questionnaire has three parts: 1) the core component, consisting of the fixed core, rotating core, and emerging core, 2) optional modules, and 3) state-added questions. All health departments must ask the core component questions without modification in wording, however, the modules are optional. If you are interested in adding a question to your state's BRFSS, please contact your state BRFSS coordinator (https://www.cdc.gov/brfss/state_info/coordinators.htm). The two rotating core oral health questions are asked on even numbered years.

State Added BRFSS Questions Asked During any BRFSS Cycle From 2016 to 2024

- 1) Arkansas
 - a) Have you ever been told by a dentist, doctor, or other health professional that you have tooth decay or cavities? Yes, No, Don't Know, Refused
 - b) Do you have untreated tooth decay or cavities?
 - c) Have you ever been told by a dentist, doctor, or other health professional that you have gum disease or periodontal disease? Yes, No, Don't Know, Refused
 - d) Have you had treatment for periodontal, or gum disease in the past or present? Yes, No, Don't Know, Refused
 - e) A dental sealant is a thin, plastic coating placed on the chewing surfaces of teeth to prevent tooth decay. Have any of your children between the ages of 6 – 16 years old ever had a dental sealant on at least one tooth? Yes, No, Don't Know, Refused
- 2) California
 - a) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance; prepaid plans such as HMOs (Health Maintenance Organizations); or government plans such as Medi-Cal (Medicaid)? Yes, No, Don't Know, Refused
 - b) What is the main reason you have not visited the dentist in the past year?
Fear/apprehension/nervousness/pain/dislike going, Cost, Do not have/know a dentist, Cannot get to the office/clinic (Too far away, no transportation, no appointments available), No reason to go (No problems, no teeth), Other priorities, Have not thought of it, Other, Don't know/Not sure, Refused
 - c) In the past year, have you had a doctor, dentist, or dental hygienist check for oral cancer by pulling on your tongue, sometimes with gauze wrapped around it, and feeling under the tongue and inside the cheeks? Yes, No, Don't Know, Refused
- 3) Colorado
 - a) Next I'm going to ask you about dental insurance coverage that pays for some or all of your routine dental care. Do you have any type of dental insurance? Yes, No, Don't Know/Not Sure, Refused
 - i) Please tell me if you currently have the following types of dental insurance. Do you have...
 - (1) Private dental insurance, such as Delta Dental, Anthem Blue Cross and Blue Shield, United, or another company. Yes, No, Don't Know/Not Sure, Refused
 - (2) A government plan such as Medicaid, Medicare, insurance through the military or VA, or Indian Health Service. Yes, No, Don't Know/Not Sure, Refused
 - (3) Any other type of dental insurance (specify). Yes, No, Don't Know/Not Sure, Refused
 - b) How long has it been since you had your teeth cleaned by a dentist or dental hygienist? Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within

the past 5 years (2 years but less than 5 years ago), 5 or more years ago, Don't know / Not sure, Never, Refused

- c) People often delay or do not get needed dental care. By dental care I mean check-ups, cleanings, fillings for cavities, and treatment for mouth pain or toothaches. During the past 12 months, have you delayed or gone without needed dental care? Yes, No, Don't Know/Not Sure, Refused
 - d) Has a health care provider ever referred you to or advised you to go to a dentist or dental hygienist? Yes, No, Don't Know/Not Sure, Refused
 - e) Overall, how would you rate the health of your teeth and gums? Would you say ... Excellent, Very good, Good, Fair, Poor, Don't know/Not Sure, Refused
 - f) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? Yes, No, DK/Not Sure, Refused (Prior to 2020)
- 4) Connecticut
- a) Have you ever been told that you have periodontal disease (gum disease)? Yes, No, Don't know / Not sure, Refused
 - b) Have you ever had treatment for gum disease such as scaling and root planing, or deep cleaning? Yes, No, Don't know / Not sure, Refused
 - c) What type/ kind of dental insurance do you have? Through your employer or someone else's employer, Medicaid / HUSKY, Purchase through Access Health CT, Other, Don't know / Not sure, Refused
 - d) Questions in child portion of BRFSS
 - i) In the past 12 months has the child seen a dental provider? Yes, No, Don't know / Not sure, Refused
 - ii) In the past 12 months, have you been told by a dental provider that the child has dental decay (cavities)? Yes, No, Don't know / Not sure, Refused
 - iii) Has the child received dental SEALANT on at least one permanent tooth by a dentist or dental hygienist? Yes, No, Don't know / Not sure, Refused
- 5) District of Columbia
- a) During the past 12 months, was there any time when you needed dental care but did not get it? Yes, No, Don't know / Not sure, Refused
 - b) What was the main reason you did not receive the care you needed? Fear, apprehension, nervousness, pain, dislike going, Cost/ Could not afford/too expensive, Do not have/know a dentist, Did not have time, Hours aren't convenient, Cannot get to the office/clinic (too far away, no transportation), Cannot get to the office/clinic (no appointments available), Other priorities, Have not thought of it, No dental insurance, Other (Specify: _____), Don't know/ Not Sure, Refused
 - c) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as DC Medicaid? Yes, No, Don't know / Not sure, Refused
- 6) Florida
- a) Do you have any kind of dental care coverage, including dental insurance, prepaid plans, government plans such as Medicaid, or Indian Health Service? Yes, No, Don't know / Not sure, Refused
- 7) Hawaii
- a) Who paid for your last dental visit? Yourself; Dental insurance; Both insurance and yourself; Dental care was free (Free clinic, donated free care); Other; Can't remember; Don't know; Refused
 - b) What is the main reason you have not visited a dentist in the last 2 years? Fear, apprehension, nervousness, pain, dislike going; Cost; Do not have/know a dentist; Cannot get to the office/clinic (too far away, no transportation, no appointments available); No reason to go (no problems); Other priorities; Have not thought of it; Other; No teeth or toothless; Don't know; Refused
- 8) Idaho
- a) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? Yes, No, DK/Not Sure, Refused

- b) At your last dental visit, did the dentist or dental hygienist tell you that they were examining you for signs of oral cancer? Yes, No, Don't know/not sure, Refused

9) Illinois

- a) How long has it been since you had your teeth cleaned by a dentist or dental hygienist? Within the past year, Within the past 2 years, Within the past 5 years, 5 or more years ago, Don't know/not sure, Never, Refused
- b) When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue; sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks? Within the past year, Within the past 2 years, Within the past 5 years, 5 or more years ago, Don't know/not sure, Never, Refused
- c) During the past 12 months have you ever gone to an emergency room for tooth pain because you could not get a dental appointment? Yes, No, Don't know/not sure, Refused
- d) Now think about the non-alcoholic drinks you drank during the past week, that is, the past 7 days, including with meals and snacks. How often did you drink a can, bottle, or glass of soda or pop, lemonade, sweetened tea or coffee drinks, energy drinks, or other sugary drinks such as Coke, Pepsi, Snapple, Red Bull or Sunny Delight? Please answer in times per day or times per week. __ Times per day, __ Times per week, Less than once a day, Never, Don't know/Not sure, Refused

10) Iowa

- a) During the past 12 months, have you had a dental problem which you would have liked to see a dentist about but you did not see the dentist? Yes, No, Don't know/not sure, Refused
 - i) What is the main reason you have not visited the dentist in the last 12 months? Fear, apprehension, nervousness, pain, dislike going, Cost, Do not have/know a dentist, Did not have time, Cannot get to the office/clinic (too far away, no transportation), Cannot get to the office/clinic (no appointments available), Other priorities, Have not thought of it, Other

11) Kansas

- a) During the past 12 months, was there any time when you needed dental care but did not get it? Yes, No, Don't know/Not sure, Refused
 - i) What was the main reason you did not receive the dental care you needed? Fear, apprehension, nervousness, pain, dislike going, Could not afford / cost / too expensive, Dentist would not accept my insurance, including Medicaid, Do not have / know a dentist, Lack transportation / too far away, Hours aren't convenient, Do not have time, Other ailments prevent dental care, Could not get into dentist / clinic, Outside issues preventing obtaining treatment, Appointment has been or is being scheduled, Dentist refused / unable to provide treatment, Other, No Dental Insurance, Did not need/want to go, Don't know / Not sure, Refused
- b) In the last 12 months, have you been to a hospital emergency department for relief of dental pain or pain in your mouth not related to injury? Yes, No, Don't know/Not sure, Refused
- c) Included in the mental, depression and oral health section for females of child bearing ages 18-44
 - i) During the past 12 months was there any time that you needed dental care but did not get it? Yes, No, Don't know/Not sure, Refused
- d) Included in the disability module, 2017
 - i) How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 5 years (2 years but less than 5 years ago), Five or more years ago, Don't know / Not sure, Never, Refused
 - ii) During the past 12 months, was there any time when you needed dental care but did not get it? Yes, No, Don't know/Not sure, Refused

12) Maine

- a) In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products? Yes, No, Don't know/Not sure, Refused

13) Maryland

- a) Have you ever had a test or exam for oral or mouth cancer in which the doctor or dentist pulls on your

tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks? I think so, Yes, No, Don't know / Not sure, Refused

- b) When did you have your most recent oral or mouth cancer exam? Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 3 years (2 years but less than 3 years ago), Within the past 5 years (3 years but less than 5 years ago), 5 or more years ago, Never, Don't know / Not sure, Refused
- c) What type of medical care person examined you when you had your last check-up for oral cancer? Doctor/physician, Nurse/Nurse Practitioner, Dentist, Dental Hygienist, Other

14) Michigan

- a) When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue sometimes with gauze wrapped around it and feels under the tongue and inside the cheeks? Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 5 years (2 years but less than 5 years ago), 5 or more years ago, Don't know / Not sure, Never, Refused
- b) In the past year, did you have your blood pressure checked in a dental office setting? Yes, No, Don't know / Not sure, Refused
- c) Have you been covered for the entire past 12 month period by any of the following types of dental insurance? Coverage provided by your employer, Coverage provided by someone else's employer, A plan that you or someone else buys on your own, Medicaid, Healthy Michigan Plan, TRICARE (formerly CHAMPUS), VA, or Military, Some other source of dental insurance, Covered for only part of the year, None (no coverage), Don't know / Not sure, Refused

15) Minnesota

- a) A common problem with the mouth is gum disease. By gum disease, we mean any kind of problem with the gums around your teeth that lasts for at least 2 weeks, except for problems caused by injury or problems caused by partials or dentures. Do you think you have gum disease? Yes, No, Don't know / Not sure, Refused
- b) Overall, how would you rate the health of your teeth and gums? Would you say ... Excellent, Very Good, Good, Fair, Poor, Don't know/Not sure, Refused
- c) Have you ever had treatment for gum disease such as scaling and root planning, sometimes called "deep cleaning"? Yes, No, Don't know / Not sure, Refused
- d) Have you ever had any teeth that have become loose on their own without an injury? Yes, No, Don't know / Not sure, Refused
- e) Have you ever been told by a dental professional that you have lost bone around your teeth? Yes, No, Don't know / Not sure, Refused
- f) In the last seven days, how many times have you cleaned in between your teeth using dental floss? Number, Don't know / Not sure, Refused

16) Missouri (dental care for randomly selected child)

- a) How long has it been since the 'Xth Child' last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 5 years (2 years but less than 5 years ago), 5 or more years ago, Don't know / Not sure, Never, Refused
- b) Was there a time in the past 12 months when 'Xth Child' needed to see a dentist but could not due to cost? Yes, No, Don't know/Not sure, Refused
- c) Does the 'Xth Child' have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMO's or government plans such as Medicaid? Yes, No, Don't know/Not sure, Refused

17) Montana

- a) What is the main reason you did not visit the dentist in the last year? Fear, apprehension, nervousness, pain, dislike going, Could not afford/cost/too expensive, No insurance, Dentist would not accept my insurance, including Medicaid, Do not have/know a dentist, Lack transportation/ too far away, Hours aren't convenient, Could not get an appointment, Did not have time/ didn't think about it /Low priority,

Other ailments prevent dental care, Don't need it/ No dental problems, No teeth, Other, Don't Know, Refused

- b) Which of the following best describes the water that you drink at home most often? (2017) Unfiltered tap water, Filtered tap water, Bottled or vended water, Water from another source (specify), Don't know/Not sure, Refused
- c) The next question asks you about water fluoridation. Do you personally agree or disagree with the following statement, "It is safe to drink water from community water systems that add fluoride." (2017) Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree, Don't Know, Refused

18) Nebraska

- a) How long has it been since you had your teeth cleaned by a dentist or dental hygienist? Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 5 years (2 years but less than 5 years ago), 5 or more years ago, Don't know/Not sure, Never, Refused
- b) During the past 12 months, have you gone to a hospital emergency room for tooth pain or a dental problem, not counting visits for injury or trauma? Yes, No, Don't know/Not sure, Refused

19) North Carolina

- a) In the past year, have you had a dentist or dental hygienist check for oral cancer by pulling on your tongue with gauze wrapped around it, feeling under the tongue and inside the cheeks, and checking the back of your throat? Yes, No, Don't know/Not sure, Refused

20) Ohio

- a) During the past 12 months, how many times have you gone to the hospital emergency room for a dental problem? (Do not count visits for injury or trauma.) 0 times, 1 time, 2-3 times, 4+, No teeth, Don't know/Not sure, Refused
 - i) Of the times you've gone to the hospital emergency room for a dental problem in the past 12 months, were any visits for the **same** problem? Yes, No, Don't know/Not sure, Refused
 - ii) During the past 12 months, were you admitted to the hospital after visiting the emergency room for a dental problem? Yes, No, Don't know/Not sure, Refused
- b) What kind of dental insurance do you have (private insurance or public insurance such as Medicaid)? Private insurance, Medicaid, Do not have dental insurance, Don't know / Not sure, Refused

21) Pennsylvania

- a) How long has it been since you had your teeth cleaned by a dentist or dental hygienist? Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 5 years (2 years but less than 5 years ago), 5 or more years ago, Don't know / Not sure, Never, Refused
- b) Have you been covered for the entire past 12-month period by any of the following types of dental insurance?

22) Rhode Island

- a) During the past 12 months, was there any time when you needed dental care (including checkups), but didn't get it because you couldn't afford it? Yes, No, Don't know / not sure, Refused
- b) Where do you get your dental insurance? (2020) I do not have dental coverage or insurance, Coverage obtained through your employer or someone else's employer, A plan that you or a family member buys on your own, Medicare Advantage plan (purchased supplemental plan), Medicaid or RiteSmiles, Tricare, VA, or Military, Alaska Native, Indian Health Services, Tribal Health Services, Other
- c) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? Yes, No, Don't know / Not sure, Refused
 - i) Which plan provides this dental coverage? Delta Dental, Blue Cross Dental, Other private plan, Medicaid or Medical Assistance Dental (White Anchor Card), Medicare (supplement or managed care plan), Military, veterans, or TriCare Family Dental Plan, Other, No dental coverage, Don't know / not sure, Refused

- d) (child module) Where does this child get their dental insurance? (2020) No Coverage, Coverage obtained through your employer or someone else's employer, A plan that you or a family member buys on your own, Medicaid or RiteSmiles, Tricare, VA, or Military, Alaska Native, Indian Health Services, Tribal Health Services, Some other source of coverage
 - e) (child module) Does this child have any kind of insurance coverage that pays for some or all of his/her routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? Yes, No, Don't know / not sure, Refused
 - i) Which plan provides this dental coverage? Delta Dental, Blue Cross Dental, Other private plan, Rite Smiles, Medicaid or Medical Assistance Dental (White Anchor Card), Military, veterans, or TriCare Family Dental Plan, Other, No dental coverage, Don't know / not sure, Refused
 - f) (child module) About how long has it been since this child last went to a dentist or dental hygienist? During the past year (anytime less than 12 months ago), One or two years ago, Three to five years ago, More than five years ago, Never, Don't know / Not sure, Never, Refused
- 23) South Dakota (2015, 2017)
- a) (child module) How long has it been since this child last visited the dentist or a dental clinic?
 - b) (child module) What is the main reason this child has not visited the dentist in the last year?
 - c) (child module) Do you have any kind of insurance coverage that pays for some or all of this child's routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?
 - d) (child module) During the past 6 months, did this child have a toothache more than once, when biting or chewing?
 - e) (child module) During the past 12 months, how many times has this child missed school because of problems with their teeth or mouth?
 - f) (child module) During the past 12 months, how many times has this child visited a hospital emergency room because of dental problems?
- 24) Tennessee
- a) What was the main reason you last visited the dentist? Went in on own for check-up, examination, or cleaning, Was called in by the dentist for check-up, examination, or cleaning, Something was wrong, bothering or hurting, Went for treatment of a condition that dentist discovered at earlier checkup or examination, Other, Refused, Don't know
 - b) Have you ever had a test or exam for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks? Yes, No, Don't know/Not sure, Refused
 - c) During the past 12 months, how many times have you gone to a hospital emergency room for a dental problem? Do not count visits for injury or trauma. Number of times, No teeth, Don't know/not sure, None, Refused
- 25) Texas
- a) How many times did you brush your teeth yesterday? Once, Twice, 3 times, 4 or more times, None, Don't know/Not sure, No teeth, Refused
 - b) Has state added questions on sugar sweetened beverage consumption
- 26) Virginia
- a) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance prepaid plans? Yes, No, Don't know/not sure, Refused
- 27) Washington
- a) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? Yes, No, DK/Not Sure, Refused (2016, 2018, not asked in 2020)
 - b) How often during the last year have you had painful aching anywhere in your mouth? Very often, Occasionally, Hardly ever, Never, Don't Know, Refused

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

The PRAMS questionnaire has two parts; core questions that are asked by all states and questions that are chosen from a pretested list of standard questions developed by CDC or developed by states on their own. The current PRAMS process reviews and revises the questionnaire periodically. The Phase 9 questionnaire will be used beginning in 2023. If you are interested in adding a state oral health question to future phases, you should contact your state's PRAMS coordinator ([Participating PRAMS Sites | PRAMS | CDC](#)).

PRAMS Phase 9 Oral Health Questions (2023-present)

- 1) Core questions asked by all states
 - a) In the 12 months before you got pregnant with your new baby, did you have any of the following healthcare visits? For each one check No or Yes.
 - i) Visit to have my teeth cleaned
 - b) During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist? No, Yes
- 2) Standard questions available for optional use by states
 - a) Since your new baby was born, have you had your teeth cleaned by a dentist or dental hygienist? No, Yes
 - i) *Used by: MD*
 - b) During your most recent pregnancy, what kind of problem did you have with your teeth or gums? For each one, check No or Yes.
 - i) I had cavities that needed to be filled
 - ii) I had painful, red, or swollen gums
 - iii) I had a toothache
 - iv) I needed to have a tooth pulled
 - v) I had an injury to my mouth, teeth, or gums
 - vi) I had some other problem with my teeth or gums
 - vii) *Used by: AR*
 - c) Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each one, check No or Yes.
 - i) I could not find a dentist or dental clinic that would take pregnant patients
 - ii) I could not find a dentist or dental clinic that would take Medicaid patients
 - iii) I did not think it was safe to go to the dentist during pregnancy
 - iv) I couldn't afford to go to the dentist or dental clinic
 - v) I couldn't find a dentist or dental clinic close by that I could get to
 - vi) *Used by: AZ, CO, DC, DE, HI, IL, IA, MA, MD, MN, MO, ND, NH, NM, NYC, NY, PR, RI, SD, TX, UT, WV*
 - d) The following statements are about the care of your teeth during your most recent pregnancy. For each one, check No or Yes.
 - i) I knew it was important to care for my teeth and gums during my pregnancy
 - ii) A dental or other healthcare provider talked with me about how to care for my teeth and gums
 - iii) I had insurance to cover dental care during my pregnancy
 - iv) I needed to see a dentist for a problem
 - v) I went to a dentist or dental clinic about a problem
 - vi) *Used by: AR, CO, DC, HI, IA, MA, MN, ND, NH, RI, TX, VA, WI, WV*
 - e) Did you get treatment from a dentist or another healthcare provider for the dental problem that you were having during your pregnancy? Check ONE answer
 - i) No
 - ii) Yes, I got treatment during my pregnancy
 - iii) Yes, I got treatment after my pregnancy
 - iv) Yes, I got treatment both during and after my pregnancy

- v) *Used by: AR*
- 3) State created/added questions
 - a) Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each one, check No or Yes.
 - i) I couldn't find a dentist or dental clinic that would take pregnant patients
 - ii) I couldn't find a dentist or dental clinic that would take Medicaid patients
 - iii) I didn't think it was safe to go to the dentist during pregnancy
 - iv) I couldn't afford to go to the dentist or dental clinic
 - v) I couldn't find a dentist or dental clinic close by that I could get to
 - vi) I have a fear of dentist
 - vii) *Used by: AZ*
 - b) Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each one, check No or Yes.
 - i) I couldn't find a dentist or dental clinic that would take pregnant patients
 - ii) I couldn't find a dentist or dental clinic that would take Medicaid patients
 - iii) I didn't think it was safe to go to the dentist during pregnancy
 - iv) I couldn't afford to go to the dentist or dental clinic
 - v) I didn't need to see a dentist for a problem
 - vi) *Used by: WA*

YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBSS) & OTHER YOUTH RELATED SURVEYS

YRBSS monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence, sexual behaviors related to unintended pregnancy and sexually transmitted diseases, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity. YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts. YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

Standard and National High School Questionnaire (2015, 2017, 2019, 2021, 2023, 2025)

- 1) When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work? During the past 12 months, between 12 and 24 months ago, more than 24 months ago, never, not sure

State Added/Created Questions Asked During any Cycle From 2015 to 2023

- 1) Colorado (Healthy Kids Colorado Survey)
 - a) In the past 12 months, which of the following problems with your mouth or teeth have you experienced? Do not include problems caused by braces or mouth injury, such as being hit in the mouth. (Select all that apply.) Difficulty when biting or chewing foods, avoided smiling, felt anxious or embarrassed, took days off school because of pain or discomfort, problems sleeping, experienced pain, I have not experienced any of these problems with my mouth or teeth
- 2) Hawaii (middle and high school modules)
 - a) During the past 12 months, did you have a toothache? Yes, no, not sure
- 3) Michigan (Youth Tobacco Survey)
 - a) How long has it been since you last visited a dentist or a dental clinic (including an orthodontist)? Within the last year (12 months ago or less), Within the past 2 years (more than 1 year, but less than 2 years ago), Within the past 5 years (more than 2 years ago but less than 5 years ago), 5 or more years ago, Never, Don't know/Not sure
 - b) Did you have a toothache during the past 6 months that was bad enough to do any of the following things? I did not have a bad toothache during the past 6 months, Bad enough to change what you ate or drink, Bad enough to keep you from sleeping, Bad enough to make you go to the dentist, Bad enough to make you miss school

- c) Have you ever had a filling, crown or cap? Yes, No, Don't know/Not sure
 - d) How many times a day do you brush your teeth? Once a day, Two times a day, More than two times a day, Never
- 4) Minnesota
- a) Have you had any of the following dental problems during the past 12 months? Toothaches or pain, decayed teeth or cavities, swollen, painful or bleeding gums, could not eat certain foods because of a dental problem, missed one or more school days because of a dental problem, I have not had any of these dental health problems
 - b) IF ONE OR MORE DENTAL PROBLEMS: Have you had this dental problem treated by a dentist? Yes, no but I will see a dentist, no I am not able to
- 5) Oregon (Oregon Healthy Teens Survey)
- a) During the past 12 months, did you miss one or more hours of school due to any of the following reasons? I had a toothache or painful tooth; My mouth was hurting; I had to go to the dentist because of tooth or mouth pain; I had to go to the hospital emergency room because of tooth or mouth pain; I had a mouth injury from playing sports.
 - b) Have you ever had a cavity? During the past 12 months, between 12 and 24 months ago, more than 24 months ago, I have never had a cavity, not sure
- 6) Rhode Island
- a) During the past 12 months, how many times have your teeth or mouth been painful or sore? 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or more times.
 - b) During the past 12 months, how often were you self-conscious or embarrassed because of your teeth or mouth? Never, Rarely, Sometimes, Most of the time, Always
 - c) What type of water do you drink most often? (Select only one response.) I do not drink water, Bottled water purchased from a store, Carbonated water (seltzer, sparkling water, club water, or soda stream) in either a bottle, can, or glass. Tap water or water directly from the faucet or bubbler without a filter on it, Water from a faucet, refrigerator, or pitcher with a filter on it, Some other type of water. (2019, Middle school only)
- 7) South Dakota
- a) During the past 12 months, how many times have you missed school because of problems with your teeth or mouth? 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or 7 times, 8 or 9 times, 10 or 11 times, 12 or more times
 - b) During the past 12 months, how many times have you gone to a hospital emergency room for problems with your teeth or mouth? 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or 7 times, 8 or 9 times, 10 or 11 times, 12 or more times
- 8) Texas
- a) During the past 12 months, how many times have your teeth or mouth been painful or sore? 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or more times
 - b) During the past 12 months, how many times did you go to an emergency room or urgent care center for problems with your teeth or mouth? 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or more times
 - c) During the past 12 months, how many times have you missed school because of problems with your teeth or mouth? (Do not include times you missed school for routine dental or orthodontic appointments.) 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or more times