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 2016-2018:**

1) 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) Main Reason Not Visited Dentist in Last Year: Description: What is the main reason you have not visited the dentist in the past year?
      i) 1 Fear/apprehension/nervousness/pain/dislike going
      ii) 2 Cost
      iii) 3 Do not have/know a dentist
      iv) 4 Cannot get to the office/clinic
      v) Notes: (too far away, no transportation, no appointments
      vi) available)
      vii) 5 No reason to go (No problems, no teeth)
      viii) 6 Other priorities
      ix) 7 Have not thought of it
      x) 8 Other
      xi) 77 Don’t know/Not sure
      xii) 99 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

2) Colorado
   a) Has a health care provider ever referred you to or advised you to go to a dentist or dental hygienist? [asked of patients who said yes to having diabetes] Yes, No, Don't Know, Refused (asked 2017 to align with diabetes module)
   b) Delayed needed dental care
   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, DK/Not Sure, Refused

3) 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

4) 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

5) 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

6) 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) Over the last 2 weeks, how often have you been bothered by having little or no interest or pleasure in doing things? Would you say this happens...? Never, For several days, For more than half the days, Nearly every day, Don’t know/not sure, Refused.

7) Iowa (2015)

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? (If “yes”, then) What is the main reason you have not visited the dentist in the last 12 months?

i) Fear, apprehension, nervousness, pain, dislike going

ii) Cost

iii) Do not have/know a dentist

iv) Did not have time

v) Cannot get to the office/clinic (too far away, no transportation)

vi) Cannot get to the office/clinic (no appointments available)

vii) Other priorities

viii) Have not thought of it

ix) Other

8) 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?

1) Fear, apprehension, nervousness, pain, dislike going

2) Could not afford / cost / too expensive

3) Dentist would not accept my insurance, including Medicaid

4) Do not have / know a dentist

5) Lack transportation / too far away
(6) Hours aren’t convenient
(7) Do not have time
(8) Other ailments prevent dental care
(9) Could not get into dentist / clinic
(10) Outside issues preventing obtaining treatment
(11) Appointment has been or is being scheduled
(12) Dentist refused / unable to provide treatment
(13) Other (specify: ______________)
(14) No Dental Insurance
(15) Did not need/want to go
(16) Don’t know / Not sure
(17) 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

9) 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, (SPECIFY ______________)

10) 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) 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

11) 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

12) Montana

a) What is the main reason you did not visit the dentist in the last year?
   i) Fear, apprehension, nervousness, pain, dislike going
   ii) Could not afford/cost/too expensive
   iii) No insurance
   iv) Dentist would not accept my insurance, including Medicaid
   v) Do not have/know a dentist
   vi) Lack transportation/too far away
   vii) Hours aren’t convenient
   viii) Could not get an appointment
   ix) Did not have time/didn’t think about it/Low priority
   x) Other ailments prevent dental care
   xi) Don’t need it/No dental problems
   xii) No teeth
   xiii) Other
   xiv) Don’t Know
   xv) 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

13) 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

14) 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) 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? Interviewer: we are looking for who provides the insurance coverage. Delta Dental, Blue Cross Dental, Other private plan (Specify:_________________), Medicaid or Medical Assistance Dental (White Anchor Card), Medicare (supplement or managed care plan), Military, veterans, or TriCare Family Dental Plan, Other (Specify:_________________), No dental coverage, Don’t know / not sure, Refused

c) (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? Interviewer: we are looking for who provides the insurance coverage. Delta Dental, Blue Cross Dental, Other private plan (Specify:_________________), Rite
Smiles, Medicaid or Medical Assistance Dental (White Anchor Card), Military, veterans, or TriCare
Family Dental Plan, Other (Specify:_________________), No dental coverage, Don’t know / not sure, Refused
d) (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
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?
16) 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
17) Texas
a) Has state added questions on sugar sweetened beverage consumption
18) Virginia
a) Do you have any kind of dental care coverage, including dental insurance, prepaid plans such as HMOs,
government plans such as Medicaid, or Indian Health Service? Yes, No, Don’t know/not sure, Refused
19) 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
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 every 4 years. The Phase 8 questionnaire will be used from 2016-2020. If you are interested in adding a state oral health question for Phase 9, you should contact your state’s PRAMS coordinator (https://www.cdc.gov/prams/states.htm).

**PRAMS Phase 8 Oral Health Questions (2016-2020)**

1) Core questions asked by all states
   a) What type of health care visit did you have in the 12 months before you got pregnant with your new baby?
      i) Visit to have my teeth cleaned by a dentist or dental hygienist
   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: HI, MA
   b) During your most recent pregnancy, what kind of problem did you have with your teeth or gums? For each item, check No if you did not have this problem during pregnancy or Yes if you did.
      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: KY, MS, NH, NY, PR, UT, WV
   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 item, check No if it was not something that made it hard for you to go to a dentist during pregnancy or Yes if it was.
      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 could not afford to go to the dentist or dental clinic
      v) Used by: AZ, CA, CO, CT, DC, HI, IA, IN, KY, MA, MN, MO, NC, ND, NH, NY, RI, PR, SD, TX, UT, VA, VT, WA, WI, WV
   d) This question is about the other care of your teeth during your most recent pregnancy. For each item, check No if it is not true or does not apply to you or Yes if it is true.
      i) I knew it was important to care for my teeth and gums during my pregnancy
      ii) A dental or other health care worker 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, AZ, CO, CT, DC, DE, GA, HI, IA, IN, KY, MA, ME, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NV, NY, PA, PR, RI, SC, TN, TX, UT, VA, VT, WI, WV
   e) Did you get treatment from a dentist or another doctor for the 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: KY, NY
3) State created/added questions
   a) During your most recent pregnancy, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, check No if it is not true or does not apply to you or Yes if it is true.
      i) Ask me about my teeth and gums
      ii) Look at my teeth and gums
      iii) Talk with me about visiting a dentist or dental hygienist
      iv) Help me get dental care
      v) Give me information about taking care of my teeth and gums
      vi) Give me information about taking care of my baby’s teeth and gums
      vii) Used by: FL
   b) Do you have any insurance that pays for some or all of your dental care? Please include dental insurance, prepaid plans such as HMOs, or government plans such as MaineCare or Medicaid. No, Yes
      i) Used by: ME
   c) My baby will see a dentist by his or her first birthday (true/false).
      i) Used by: MI