



State Added Oral Health Questions – BRFSS, PRAMS and YRBS Updated August 24, 2020

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 2016-2020:

- 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) Fear/apprehension/nervousness/pain/dislike going
 - ii) Cost
 - iii) Do not have/know a dentist
 - iv) Cannot get to the office/clinic (Too far away, no transportation, no appointments available)
 - v) No reason to go (No problems, no teeth)
 - vi) Other priorities
 - vii) Have not thought of it
 - viii) Other
 - ix) Don't know/Not sure
 - x) 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
- 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
- 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

14) 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?

15) 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: _____), Rlite 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
- 16) 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?
- 17) 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
- 18) Texas
- a) Has state added questions on sugar sweetened beverage consumption
- 19) 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
- 20) 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 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

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)

- 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 Created/Added Questions

- 1) Colorado (Healthy Kids Colorado Survey, 2019, high school module)
 - 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 (2013, 2015 and 2017 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, 2020-2021)
 - 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 (2019)
- 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 (2019 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 (2015, 2017, 2019)
- 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 (2011, 2013, 2015, 2017, 2019)
- 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 (2015, 2017, 2019)
- 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