

ORAL CANCER PREVENTION PROJECT

We appreciate your participation in the Oral Cancer Prevention Project. An important part of the project is the completion of this survey about your practice. The information provided is confidential and the results will be reported only as statistical summaries, with no personal identifiers.

Name of person completing survey: _____ Today's Date: _____

Your position: _____

Do the dentist(s) in this practice also practice at other settings?

_____yes _____no

PART 1: PATIENT DEMOGRAPHICS

For each of the following, please estimate the percentage of **patients** in this practice.
(If you do not know exact percentages, please provide your BEST GUESS.)

1a. Approximately what percentage of the patients in this practice are ... ?
[please check that the total adds to approximately 100%]

Children & Teenagers (1 to 18 years)	about _____%
Young adults (19 to 44 years)	about _____%
Middle aged adults (45 to 64 years)	about _____%
Elderly (65 or older)	about _____%
	[Adds to about 100%]

1b. Approximately what percentage of the **patients** in this practice are..?
[please check that the total adds to approximately 100%]

White, not of Hispanic origin	about _____%
White, of Hispanic origin	about _____%
Black or African-American, not of Hispanic origin	about _____%
Black or African-American, of Hispanic origin	about _____%
American Indian	about _____%
Asian or Pacific Islander	about _____%
Other, please specify _____	about _____%
	[Adds to about 100%]

1c. Approximately what percentage of the patients in this practice are ...?
[please check that the total adds to approximately 100%]

Covered by private insurance that pays for some or all dental care	about _____%
Covered by a public program that pays for some or all dental care	about _____%
Not covered by any third party and pay their own bills	about _____%
Not covered by any third party and receive free care or for a fee that is substantially reduced	about _____% [Adds to about 100%]

PART 2: ABOUT THIS PRACTICE

2a. Check one of the following that best describes this practice during the past 12 months?

- _____ 1. Too busy to treat all people requesting appointments
- _____ 2. Provided care to all who requested appointments, but the practice was overburdened
- _____ 3. Provided care to all who requested appointments, and the practice was not overburdened
- _____ 4. Not busy enough - the practice could have treated more patient

2b. On approximately what percent of patients are the following services provided at some time while they are patients in this practice?

(If you do not know exact percentages, please provide your BEST GUESS.)

- _____ % of patients get: Diet counseling
- _____ % of patients get: Tobacco counseling
- _____ % of patients get: Alcohol moderation and/or cessation counseling
- _____ % of patients get: Blood pressure screening
- _____ % of patients get: Oral cancer screening examination
- _____ % of patients get: Oral hygiene instruction
- _____ % of patients get: In-office fluoride application
- _____ % of patients get: Fluoride gel/rinse prescribed or recommended for home use
- _____ % of patients get: Patient education from written pamphlets
- _____ % of patients get: Patient education from videos or slides
- _____ % of patients get: Intraoral photographs taken (conventional, non-video photography)
- _____ % of patients get: Intraoral video images taken (usually done with fiberoptic)
- _____ % of patients get: Oral CDx Brush Biopsy for early detection of oral cancer
- _____ % of patients get: Surgical Biopsy
- _____ % of patients get: In-office whitening (usually done with carbamide peroxide)
- _____ % of patients get: At-home whitening (usually done with carbamide peroxide)

PART 3: USE OF COMPUTERS IN THIS OFFICE

3a. How many computers with Internet access does this practice have? _____

3b. What type of Internet access do you have at this practice? (check all that apply):

- _____ High-speed internet or phone access (DSL or Cable)
- _____ Dial-up (requires user to key-in phone number for access)
- _____ Other, please specify _____

3c. Indicate in what ways this dental practice uses the computer (check all that apply):

- _____ Patient education
- _____ Electronic dental record
- _____ Drug reference database
- _____ Other, please specify _____
- _____ Email
- _____ Personal use
- _____ Decision support systems
- _____ Order supplies
- _____ Scheduling
- _____ Billing

PART 4: CHARACTERISTICS OF PROVIDERS

Please provide the following information on all providers (dentists, hygienists, dental assistants) at this practice:

Dentist(s) First Name	Dentist(s) Last Name	Office and/or Home Email(s)	Years at this practice
Hygienist(s) First Name	Hygienist(s) Last Name	Office and/or Home Email(s)	Years at this practice
Dental Assistant(s) First Name	Last Name	Office and/or Home Email(s)	Years at this practice
Please complete the following for the OTHER PROVIDERS at this practice			
First Name	Last Name	Office and/or Home Email(s)	Years at this practice

Thank you. Please return the completed survey in the enclosed, addressed envelope within one week of receiving materials. If you have any questions regarding the questionnaire, please call: Andrea Mathews, UAB School of Dentistry, 205-934-2578.