

**Oral Cancer Prevention Phase 2  
Practice Questionnaire**

As a part of the Oral Cancer Prevention Project, please take a few minutes and complete the following survey. It will only take about three (3) minutes to complete. The survey should be returned in the attached addressed, stamped envelope. We appreciate your participation as it is critical to the success of this project.

1. Has your practice met as a group to discuss the way you approach oral cancer prevention in the past two months?  
\_\_\_\_ No (0)      \_\_\_\_ Yes, one time (1)      \_\_\_\_ Yes, two times (2)      \_\_\_\_ Yes, three or more times (3)

2. Has your practice made any changes in the way it approaches oral cancer prevention in the past two months?  
\_\_\_\_ No (0)      \_\_\_\_ Yes (1)

If you answered YES to question 2: On which of the following areas do your changes **focus**?  
(check all that apply)

- |   |   |
|---|---|
| a) ____ Increased staff training for oral cancer screening examinations                       | g) ____ Increased use of patient education materials related to alcohol and oral cancer     |
| b) ____ Changed office protocols or policies to increase rates of oral cancer screening exams | h) ____ Increased systematic screening for tobacco use                                      |
| c) ____ Increased patient education regarding oral cancer prevention                          | i) ____ Increased systematic advice to tobacco users to quit using                          |
| d) ____ Increased use of Oral CDx Brush Biopsy for early detection of oral cancer             | j) [left blank on purpose]  |
| e) ____ Increased systematic screening for risky alcohol use                                  | k) ____ Increased advice to all patients related to healthy diet and oral cancer prevention |
| f) ____ Increased systematic advice for moderation of alcohol intake                          | l) ____ Other (Specify)   |
- \_\_\_\_\_

3. Have you encountered **barriers** while planning oral cancer prevention strategies in your practice?  
\_\_\_\_ No (0)      \_\_\_\_ Yes (1)

If yes, please describe or identify: \_\_\_\_\_  
\_\_\_\_\_

4. Have there been any staff changes (dentists, hygienists, or assistants) in your practice in the past two months?  
\_\_\_\_ No (0)      \_\_\_\_ Yes (1)

5. Please rate the **likelihood** that **your practice** will change its management of oral cancer prevention in the next six months. (circle the appropriate response)

Not Likely				Extremely Likely	We already manage oral cancer prevention as aggressively as possible
1	2	3	4	5	8