PR ID:

Dentist Survey

Oral Cancer Prevention Project Phase 3

This section of the survey is to be completed by the dentist. It will only take about 3-5 minutes to complete. The information provided is confidential and the results will be reported only as statistical summaries, with no personal or practice identifiers. We appreciate your participation as it is critical to the success of this project.

Please answer how much the Oral Cancer Prevention Project has influenced you to do each of the following actions by marking on the scale from 1 -5 with 1 meaning "Not Influenced at All" and 5 meaning "Very Much Influenced."

D1. ***How much has the Oral Cancer Prevention Project influenced you to do each of the following?***	**Not Influenced at All**				**Very Much Influenced**
	1	**2**	**3**	**4**	**5**
a) Identify or screen patients for tobacco use by questions in the medical history form	❒	❒	❒	❒	❒
b) Identify or screen patients for tobacco use by directly asking them	❒	❒	❒	❒	❒
c) Identify or screen patients for tobacco use by physical exam	❒	❒	❒	❒	❒
d) Document patient tobacco use in the dental record/chart	❒	❒	❒	❒	❒
e) Advise tobacco users to quit	❒	❒	❒	❒	❒
f) Provide patients with patient education materials related to tobacco use	❒	❒	❒	❒	❒
g) Refer patients to the following resources					
1-800-QUIT-NOW quitline/other quitline numbers	❒	❒	❒	❒	❒
Tobacco cessation websites----------	❒	❒	❒	❒	❒
Other providers (for tobacco cessation)----------	❒	❒	❒	❒	❒
Quit tobacco programs in the area----------	❒	❒	❒	❒	❒
Other (specify)_____	❒	❒	❒	❒	❒
h) Help tobacco users set a quit date	❒	❒	❒	❒	❒
i) Recommend nicotine replacement therapy like the patch or gum	❒	❒	❒	❒	❒
j) Prescribe medicines to help a tobacco user quit	❒	❒	❒	❒	❒

D2. What is the biggest barrier in your practice to optimal implementation of tobacco screening and prevention as it relates to oral cancer prevention? (CHECK ONLY <u>ONE</u> BOX)

☐ My practice is too busy

☐ I do not have Patient Education Materials

☐ I can't get reimbursed

☐ I do not know what to do, or how to do it

☐ I do not believe it will work

☐ Other (please specify)_____

We are interested in how the Oral Cancer Prevention Project has met your needs and expectations. The next couple of questions are about your experiences with the Project.

D3. How satisfied were you with the Oral Cancer Prevention Project overall?

- ❒ Very Satisfied
- ❒ Satisfied
- ❒ Neither
- ❒ Dissatisfied
- ❒ Very Dissatisfied

D4. Would you recommend this project to a colleague?

- ❒ Yes, Strongly Recommend
- ❒ Yes, Recommend
- ❒ No, Would not recommend

Now we would like for you to provide us with information about yourself.

D5. What is your age?_____years

D6. What is your gender? Male Female

D7. What is your ethnicity?_____

- ❒ Caucasian/White
- ❒ African American
- ❒ Native American
- ❒ Asian
- ❒ Hispanic
- ❒ Other, please specify_____

PR ID:

General Practice Survey
Oral Cancer Prevention Project Phase 3

This section of the survey is to be completed by the dentist or a staff member designated by the dentist. It will only take about 10 minutes to complete. The information provided is confidential and the results will be reported only as statistical summaries, with no personal or practice identifiers. We appreciate your participation as it is critical to the success of this project.

Your Name: _____ Job Title:_____ Today's Date:_____

PRACTICE CHARACTERISTICS

P1. For each of the following, please estimate the percentage of the people who work in this practice, including dentists, hygienists, assistants, and other office staff. (If you do not know exact percentages, please provide your BEST GUESS.)

a) Approximately what percentage of the **people who work in this practice**, including dentists, hygienists assistants, and other office staff are…? [please check that the total adds to approximately 100%]

Male	about ____ %
Female	about ____ %
	[Adds to about 100%]

b) Approximately what percentage of the **people who work in this practice**, including dentists, hygienists, assistants, and other office staff are…? [please check that the total adds to approximately 100%]

Caucasian/White	about ____ %
African American	about ____ %
Native American	about ____ %
Asian	about ____ %
Hispanic	about ____ %
Other, please specify_____	about ____ %
	[Adds to about 100%]

c) Approximately what percentage of the **people who work in this practice**, including dentists, hygienists, assistants, and other office staff are…? [please check that the total adds to approximately 100%]

Tobacco users	about ____ %
Non-tobacco users	about ____ %
	[Adds to about 100%]

d) Approximately what percentage of the **people who work in this practice**, including dentists, hygienists, assistants, and other office staff are:…? [please check that the total adds to approximately 100%]

14-18 years of age	about ____ %
19-30 years of age	about ____ %
31-40 years of age	about ____ %
41-50 years of age	about ____ %
51-60 years of age	about ____ %
over 60 years of age	about ____ %
	[Adds to about 100%]

P2. Has your practice made any changes in the way that it approaches oral cancer prevention in the <u>past 18 months</u>?

_____ No _____ Yes

If you answered **YES** to question P2: On which of the following areas did your changes **focus**? (check all that apply)

a) ___ Increased staff training for oral cancer screening examinations
b) ___ Changed office protocols or policies to increase rates of oral cancer screening exams
c) ___ Increased patient education regarding oral cancer prevention
d) ___ Increased use of Oral CDx Brush Biopsy for early detection of oral cancer
e) ___ Increased systematic screening for risky alcohol use
f) ___ Increased systematic advice for moderation of alcohol intake
g) ___ Increased use of patient education materials related to alcohol and oral cancer
h) ___ Increased systematic screening for tobacco use
i) ___ Increased systematic advice to tobacco users to quit using
j) ___ Increased use of patient education materials related to tobacco use and quitting
k) ___ Increased advice to all patients related to healthy diet and oral cancer prevention
l) ___ Other (please specify)_____

<u>PATIENT CHARACTERISTICS</u>

P3. For each of the following, please estimate the percentage of <u>patients</u> in this practice. (If you do not know exact percentages, please provide your BEST GUESS.)

a) Approximately what percentage of the **patients in this practice** are…?

Asked about using tobacco about ____ % of all patients

b) Approximately what percentage of the **tobacco users in this practice** are…?

Advised to quit tobacco about ____ % of tobacco users

Please answer how often you have done each of the following actions <u>in the past 30 days</u> by marking on the scale from 1 -5 with 1 meaning "At No Visits" and 5 meaning "At Every Visit."

TOBACCO

P4. In the past 30 days *how often have the following been done with patients who use tobacco?*	**At No Visits 1**	**2**	**3**	**4**	**At Every Visit 5**
a) Advised to quit tobacco	❒	❒	❒	❒	❒
b) Provided patient education materials related to tobacco use	❒	❒	❒	❒	❒
c) Referred to the following resources:					
1-800-QUIT-NOW quitline/other quitline numbers----	❒	❒	❒	❒	❒
Tobacco cessation website----------	❒	❒	❒	❒	❒
Other providers (for tobacco cessation)----------	❒	❒	❒	❒	❒
Quit tobacco programs in the area----------	❒	❒	❒	❒	❒
Other (specify)_____	❒	❒	❒	❒	❒
d) Evaluated how ready a tobacco user is to quit	❒	❒	❒	❒	❒

TOBACCO USERS NOT PLANNING TO QUIT

P5. In the past 30 days *how often have the following been done with patients who use tobacco and* ***are not planning*** *to quit?*	**At No Visits 1**	**2**	**3**	**4**	**At Every Visit 5**
a) Discussed potentially negative consequences of tobacco use	❒	❒	❒	❒	❒
b) Discussed potential benefits of stopping tobacco use	❒	❒	❒	❒	❒
c) Encouraged them to write down their reasons for quitting	❒	❒	❒	❒	❒

TOBACCO USERS PLANNING TO QUIT

P6. In the past 30 days *how often have the following been done with patients who use tobacco and* ***are planning*** *to quit?*	**At No Visits 1**	**2**	**3**	**4**	**At Every Visit 5**
a) Encouraged them to seek positive support from family and friends	❒	❒	❒	❒	❒
b) Advised to remove all triggers for tobacco use (cigarette lighters, ashtrays, pipes) from their home	❒	❒	❒	❒	❒
c) Helped set a quit date	❒	❒	❒	❒	❒
d) Recommended nicotine replacement therapy like the patch or gum	❒	❒	❒	❒	❒
e) Prescribed medicines to help tobacco user quit	❒	❒	❒	❒	❒

The survey should be returned in the attached addressed, stamped envelope. If you have any questions about this survey, please call XX XX at XXX-XXX-XXXX.