

Survey of Dental Caries Prevention: Physicians

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for physicians and their team members to improve the oral/dental health of the public.

1. In the past year have you had child patients 6 months to 3 years of age present with tooth decay, sometimes referred to as early childhood caries (ECC)?
 - Yes
 - No

2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has tooth decay? **(Select THREE)**
 - Child is in pain at visit
 - Child has difficult behavioral issues
 - Child does not return for follow-up care
 - Child (parent) is frequently a no-show
 - Parent/caregiver does not follow my instructions
 - Child's teeth always needs cleaning
 - Parent/caregiver does not seem to care about child's oral/dental health
 - I don't feel adequately trained to treat these cases
 - Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
 - Parent/caregiver will not accept the recommended fluoride regimen
 - I don't encounter problems
 - Other, please explain _____

3. How effective do you think each of the following is for preventing tooth decay in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent sugar consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you provide/recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?
- Yes
 - No
5. Do you ask the source of drinking water for your patients 6 months to 3 years of age?
- Yes
 - No
6. Do you recommend your patients 6 months to 3 years of age drink tap water?
- Yes
 - No
7. Do you routinely assess dental caries risk factors for your patients 6 months to 3 years of age?
(If no, skip to question 9)
- Yes
 - No
8. Which of the following caries risk factors do you use for your patients 6 months to 3 years of age?
(Select all that apply.)
- Frequency of dental visits
 - Child has special health care needs
 - Child's exposure to fluoride
 - Child has tooth decay
 - Times per day child's teeth are brushed
 - Socio-economic status of child's parents
 - Mother's history of tooth decay
 - Daily between-meal exposures to cavity producing food
 - Visible plaque
 - Presence of enamel demineralization
 - Other, please explain _____
9. Do you discuss with pregnant patients or women of child-bearing age the importance of good oral/dental health and how it may impact the health of their newborn?
- Yes
 - No
10. Do you discuss oral/dental care for a newborn infant with your pregnant patients?
- Yes
 - No
 - N/A
11. Do you or members of your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age? (If no, skip to question 13)
- Yes
 - No

12. How frequently do you provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age?
- At initial visit
 - As needed
 - At every visit
 - Other, please explain _____

13. What topics do you include in the education about preventing tooth decay for parents/caregivers of children 6 months to 3 years of age?

Topic	Children ages 0-18 months	Children ages 19-36 months
Toothbrushing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth/gums	<input type="checkbox"/>	<input type="checkbox"/>
Flossing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops/tablets	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of early childhood caries	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of fluoride action	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/sugar reduction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>
Home fluoride rinses	<input type="checkbox"/>	<input type="checkbox"/>
Use of silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Is it your clinic policy to provide motivational interviewing to families of young patients?
- Yes
 - No
15. Is it your clinic policy to set oral/dental health self-management goals with families of young patients?
- Yes
 - No

16. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask hygienist, assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Some medical providers believe that they can prevent tooth decay among their Medicaid patients. How sure are you that you can prevent tooth decay in these patients?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. When treating pregnant women, I or my staff ask her whether she has had a dental appointment during her pregnancy.

Always	Most of the time	Occasionally	Rarely	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

Always	Most of the time	Occasionally	Rarely	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. When a pregnant patient explains she has not had a dental visit, we:
(Select all that apply.)
- Explain to her that dental visits are important for her health and her baby's health
 - Refer her to a dentist for an appointment
 - Help her make an appointment with the dentist
 - N/A
 - Other, please explain _____

21. We recommend women with infants 2 to 3 years of age take their child for dental visits.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. We consult with dental providers regarding mutual patients.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. We have established relationships and a referral process with dental providers.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about you.

24. Excluding medical school, have you ever taken a course on communication skills?
- Yes
 - No
25. How would you rate your medical school training regarding preventing tooth decay?
- Very good
 - Good
 - Poor
 - Very poor
 - Not sure
26. Where did you receive your pre-doctoral medical education?
- In the United States
 - Outside the United States
27. How many years has it been since you graduated from medical school?
- Less than 5 years
 - 6-10 years
 - 11-20 years
 - More than 20 years
28. What is your specialty?
- Family Medicine/Family Practice

- Internal Medicine
- Pediatric Medicine
- Other please specify _____

29. What is your gender?

- Female
- Male
- Other, please specify _____

30. Are you Hispanic/Latino?

- Yes
- No

31. What is your race ethnicity? **(Select all that apply.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown

Survey of Dental Caries Prevention: Dentists

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for dentists and dental team members to improve the oral health of the public.

1. In the past year have you had child patients 6 months to 3 years of age present with early childhood caries (ECC)?

- Yes
- No

2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has early childhood caries or ECC? **(Select THREE)**

- Child is in pain at visit
- Child has difficult behavioral issues
- Child does not return for follow-up care
- Child (parent) is frequently a no-show
- Parent/caregiver does not follow my instructions
- Child's teeth always needs cleaning
- Parent/caregiver does not seem to care about child's oral health
- I don't feel adequately trained to treat these cases
- Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
- Parent/caregiver will not accept the recommended fluoride regimen
- I don't encounter problems
- Other, please explain _____

3. How effective do you think each of the following is for preventing dental caries in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOHF KNOWLEDGE ASSESSMENTS

Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?
 Yes
 No
5. Do you ask the source of drinking water for your patients 6 months to 3 years of age?
 Yes
 No
6. Do you recommend your patients 6 months to 3 years of age drink tap water?
 Yes
 No
7. Do you routinely assess dental caries risk factors for your patients 6 months to 3 years of age?
(If no, skip to question 9)
 Yes
 No
8. Which of the following caries risk factors do you use for your patients 6 months to 3 years of age?
(Select all that apply.)
 Frequency of dental visits
 Child has special health care needs
 Child's exposure to fluoride
 Child has decay
 Times per day child's teeth are brushed
 Socio-economic status of child's parents
 Mother's history of caries
 Daily between-meal exposures to cavity producing food
 Visible plaque
 Presence of enamel demineralization
 New lesions since last visit
 Other, please explain _____
9. Do you discuss with pregnant patients or women of child-bearing age the importance of good oral health and how it may impact the health of their newborn?
 Yes
 No
10. Do you discuss oral care for a newborn infant with your pregnant patients?
 Yes
 No
11. Do you or members of your team provide caries prevention education to parents/caregivers of children 6 months to 3 years of age? **(If no, skip to question 13)**
 Yes
 No

12. How frequently do you or your team provide caries prevention education to parents/caregivers of children 6 months to 3 years of age?
- At initial visit
 - As needed
 - At every visit
 - Other, please explain _____
13. What topics do you or your team include in caries prevention education for parents/caregivers of children 6 months to 3 years of age? **(Select all that apply.)**

Topic	Children ages 0-18 months	Children ages 19-36 months
Toothbrushing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Clean infant's mouth/gums	<input type="checkbox"/>	<input type="checkbox"/>
Flossing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops/tablets	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of early childhood caries	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of fluoride action	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/sugar reduction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>
Use of silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Is it your clinic policy to provide motivational interviewing to families of young patients?
- Yes
 - No
15. Is it your clinic policy to set self-management goals with families of young patients?
- Yes
 - No

16. Please indicate the extent to which you personally agree or disagree with each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
It is desirable to use professionally applied fluorides for all children in areas without fluoridated water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most important mechanism of action of fluoride is that it is incorporated into developing teeth to make them more resistant to acid demineralization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The increased use of bottled water increases tooth decay among young children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels of salivary microorganisms may indicate levels of caries risk or activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental caries is a chronic, infectious disease process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilute, frequently administered fluorides are more effective in caries prevention than more concentrated, less frequently administered fluorides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most important mechanism of action of fluoride is the remineralization of incipient decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of sugar consumed is more important in causing caries than frequency of sugar consumption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fructose, glucose and sucrose are cariogenic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased salivary flow increases the risk for developing caries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of plaque is more valuable for maintaining gingival health than for preventing caries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask hygienist, assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Some clinicians believe that they can prevent ECC among their Medicaid patients. How sure are you that you can prevent ECC in these patients?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. When treating pregnant women, I or my staff ask her whether she is attending recommended prenatal medical appointments.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. When our dental team learns a patient is pregnant, we ask when her last prenatal medical appointment was.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. When a pregnant patient explains she has not had a prenatal medical visit, we:

(Select all that apply.)

- Explain to her that prenatal visits are important for her health and her baby's health
- Refer her to an OB for an appointment
- Help her make an appointment with the OB
- Other, please explain _____

22. We recommend women with infants 6 months to 3 years of age take their child for well-baby visits.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. We consult with prenatal providers regarding mutual patients.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. We have established relationships and a referral process with prenatal providers.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about you.

25. Excluding dental school, have you ever taken a course on communication skills?

- Yes
- No

26. How would you rate your dental school training regarding dental caries prevention?

- Very good
- Good
- Poor
- Very poor
- Not sure

27. Where did you receive your pre-doctoral dental education?

- In the United States
- Outside the United States

28. How many years has it been since you graduated from dental school?

- Less than 5 years
- 6-10 years
- 11-20 years
- More than 20 years

29. What is your gender?
- Female
 - Male
 - Other, please specify _____
30. Are you Hispanic/Latino?
- Yes
 - No
31. What is your race ethnicity? **(Select all that apply.)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown

Survey of Dental Caries Prevention: Obstetric Providers

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for obstetric providers and their team members to improve the oral/dental health of the public.

1. In the past year have you had pregnant patients present with tooth decay?
- Yes
 - No
 - Don't know/Not Sure
2. How effective do you think each of the following is for preventing tooth decay in pregnant patients?

	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent sugar consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you ask the source of drinking water for your pregnant patients?
- Yes
 - No
4. Do you recommend your pregnant patients drink tap water?

- Yes
- No

5. Do you routinely assess dental caries risk factors for your pregnant patients?
(If no, skip to question 7)

- Yes
- No

6. Which of the following caries risk factors do you use for your pregnant patients?
(Select all that apply.)

- Frequency of dental visits
- Pregnant patient's exposure to fluoride
- Pregnant patient's has tooth decay
- Times per day the pregnant patient brushes her teeth
- Socio-economic status of the pregnant patient
- Pregnant patient's history of tooth decay
- Daily between-meal exposures to cavity producing food
- Visible plaque
- Presence of enamel demineralization
- Other, please explain _____

7. Do you discuss oral/dental health with your pregnant patients?

- Yes
- No

8. How frequently do you discuss oral/dental health with your pregnant patients?

- At initial visit
- As needed
- At every visit
- Other, please explain _____

9. Is it your clinic policy to provide motivational interviewing to your pregnant patients?

- Yes
- No

10. Is it your clinic policy to set oral/dental health self-management goals with your pregnant patients?

- Yes
- No

11. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask hygienist, assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Some obstetric providers believe that they can prevent tooth decay among their pregnant Medicaid patients. How sure are you that you can prevent tooth decay in these patients?

- Very Sure**
 Somewhat Sure
 Somewhat Unsure
 Very Unsure
 Don't Know

13. When treating pregnant women, we ask her whether she has had a dental appointment during her pregnancy.

- Always**
 Most of the time
 Occasionally
 Rarely

14. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

- Always**
 Most of the time
 Occasionally
 Rarely

15. When a pregnant patient explains she has not had a dental visit, we:

(Select all that apply.)

- Explain to her that dental visits are important for her health and her baby's health
- Refer her to a dentist for an appointment
- Help her make an appointment with the dentist
- Other, please explain _____

16. We consult with dental providers regarding mutual patients.

- Always**
 Most of the time
 Occasionally
 Rarely

17. We have established relationships and a referral process with dental providers.

- Always**
 Most of the time
 Occasionally
 Rarely

Tell us about you.

18. Excluding medical school, have you ever taken a course on communication skills?
- Yes
 - No
19. How would you rate your medical school training regarding preventing tooth decay?
- Very good
 - Good
 - Poor
 - Very poor
 - Not sure
20. Where did you receive your pre-doctoral medical education?
- In the United States
 - Outside the United States
21. How many years has it been since you graduated from medical school?
- Less than 5 years
 - 6-10 years
 - 11-20 years
 - More than 20 years
22. What is your gender?
- Female
 - Male
 - Other, please specify _____
23. Are you Hispanic/Latino?
- Yes
 - No
24. What is your race ethnicity? **(Select all that apply.)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown

Survey of Dental Caries Prevention: Dental Hygienists

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for dentists and dental team members to improve the oral health of the public.

1. In the past year have you had child patients 6 months to 3 years of age present with early childhood caries (ECC)?
- Yes
 - No
2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has early childhood caries or ECC? **(Select THREE)**
- Child is in pain at visit

- Child has difficult behavioral issues
- Child does not return for follow-up care
- Child (parent) is frequently a no-show
- Parent/caregiver does not follow my instructions
- Child's teeth always needs cleaning
- Parent/caregiver does not seem to care about child's oral health
- I don't feel adequately trained to treat these cases
- Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
- Parent/caregiver will not accept the recommended fluoride regimen
- I don't encounter problems
- Other, please explain _____

3. How effective do you think each of the following is for preventing dental caries in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?
- Yes
 No
5. Do you ask the source of drinking water for your patients 6 months to 3 years of age?
- Yes
 No
6. Do you recommend your child patients 6 months to 3 years of age drink tap water?
- Yes
 No
7. Do you routinely assess dental caries risk factors for your patients 6 months to 3 years of age?
(If no, skip to question 9)
- Yes
 No
8. Which of the following caries risk factors do you use for your patients 6 months to 3 years of age?
(Select all that apply.)
- Frequency of dental visits
 Child has special health care needs
 Child's exposure to fluoride
 Child has decay
 Times per day child's teeth are brushed
 Socio-economic status of child's parents
 Mother's history of caries
 Daily between-meal exposures to cavity producing food
 Visible plaque
 Presence of enamel demineralization
 New lesions since last visit
 Other, please explain _____
9. Do you discuss with pregnant patients or women of child-bearing age the importance of good oral health and how it may impact the health of their newborn?
- Yes
 No
10. Do you discuss oral care for a newborn infant with your pregnant patients?
- Yes
 No
11. Do you provide caries prevention education to parents/caregivers of children 6 months to 3 years of age? **(If no, skip to question 13)**
- Yes
 No

12. How frequently do you provide caries prevention education to parents/caregivers of children 6 months to 3 years of age?
- At initial visit
 - As needed
 - At every visit
 - Other, please explain _____
13. What topics do you include in caries prevention education for parents/caregivers of children 6 months to 3 years of age? **(Select all that apply.)**

Topic	Children ages 0-18 months	Children ages 19-36 months
Toothbrushing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth/gums	<input type="checkbox"/>	<input type="checkbox"/>
Flossing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops/tablets	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of early childhood caries	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of fluoride action	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/sugar reduction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>
Use of silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Is it your clinic policy to provide motivational interviewing to families of young patients?
- Yes
 - No
15. Is it your clinic policy to set self-management goals with families of young patients?
- Yes
 - No

16. Please indicate the extent to which you personally agree or disagree with each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
It is desirable to use professionally applied fluorides for all children in areas without fluoridated water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most important mechanism of action of fluoride is that it is incorporated into developing teeth to make them more resistant to acid demineralization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The increased use of bottled water increases tooth decay among young children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels of salivary microorganisms may indicate levels of caries risk or activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental caries is a chronic, infectious disease process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilute, frequently administered fluorides are more effective in caries prevention than more concentrated, less frequently administered fluorides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most important mechanism of action of fluoride is the remineralization of incipient decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of sugar consumed is more important in causing caries than frequency of sugar consumption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fructose, glucose and sucrose are cariogenic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased salivary flow increases the risk for developing caries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of plaque is more valuable for maintaining gingival health than for preventing caries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Some clinicians believe that they can prevent ECC among their Medicaid patients. How sure are you that you can prevent ECC in these patients?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. When treating pregnant women, I ask her whether she is attending recommended prenatal medical appointments.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. When our dental team learns a patient is pregnant, we ask when her last prenatal medical appointment was.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. When a pregnant patient explains she has not had a prenatal medical visit, we:

(Select all that apply.)

- Explain to her that prenatal visits are important for her health and her baby's health
- Refer her to an OB for an appointment
- Help her make an appointment with the OB
- Other, please explain _____

22. We recommend women with infants 6 months to 3 years of age take their child for well-baby visits.

- | Always | Most of the time | Occasionally | Rarely |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. We consult with prenatal providers regarding mutual patients.

- | Always | Most of the time | Occasionally | Rarely |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. We have established relationships and a referral process with prenatal providers.

- | Always | Most of the time | Occasionally | Rarely |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about you.

25. Excluding dental hygiene school, have you ever taken a course on communication skills?

- Yes
- No

26. How would you rate your dental hygiene school training regarding dental caries prevention?

- Very good
- Good
- Poor
- Very poor
- Not sure

27. Where did you receive your dental hygiene education?

- In the United States
- Outside the United States

28. How many years has it been since you graduated from dental hygiene school?

- Less than 5 years
- 6-10 years
- 11-20 years
- More than 20 years

29. What is your gender?
- Female
 - Male
 - Other, please specify _____
30. Are you Hispanic/Latino?
- Yes
 - No
31. What is your race ethnicity? **(Select all that apply.)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown

Survey of Dental Caries Prevention: Nurses

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for nurses and their team members to improve the oral/dental health of the public.

1. In the past year have you had child patients 6 months to 3 years of age present with tooth decay, sometimes referred to as early childhood caries (ECC)?
- Yes
 - No
2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has tooth decay? **(Select THREE)**
- Child is in pain at visit
 - Child has difficult behavioral issues
 - Child does not return for follow-up care
 - Child (parent) is frequently a no-show
 - Parent/caregiver does not follow my instructions
 - Child's teeth always needs cleaning
 - Parent/caregiver does not seem to care about child's oral/dental health
 - I don't feel adequately trained to treat these cases*
 - Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
 - Parent/caregiver will not accept the recommended fluoride regimen
 - I don't encounter problems
 - Other, please explain _____
3. How effective do you think each of the following is for preventing tooth decay in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOHF KNOWLEDGE ASSESSMENTS

Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent sugar consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you provide/recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?
- Yes
 No
5. Do you ask the source of drinking water for your patients 6 months to 3 years of age?
- Yes
 No
6. Do you recommend your patients 6 months to 3 years of age drink tap water?
- Yes
 No
7. Do you routinely assess dental caries risk factors for your patients 6 months to 3 years of age?
(If no, skip to question 9)
- Yes
 No
8. Which of the following caries risk factors do you use for your patients 6 months to 3 years of age?
(Select all that apply.)
- Frequency of dental visits
 Child has special health care needs
 Child's exposure to fluoride
 Child has tooth decay
 Times per day child's teeth are brushed
 Socio-economic status of child's parents
 Mother's history of tooth decay
 Daily between-meal exposures to cavity producing food
 Visible plaque
 Presence of enamel demineralization
 Other, please explain _____
9. Do you discuss with pregnant patients or women of child-bearing age the importance of good oral/dental health and how it may impact the health of their newborn?
- Yes
 No
10. Do you discuss oral/dental care for a newborn infant with your pregnant patients?
- Yes
 No
 N/A
11. Do you or members of your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age? (If no, skip to question 13)
- Yes
 No

12. How frequently do you provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age?
- At initial visit
 - As needed
 - At every visit
 - Other, please explain _____

13. What topics do you include in the education about preventing tooth decay for parents/caregivers of children 6 months to 3 years of age?

Topic	Children ages 0-18 months	Children ages 19-36 months
Toothbrushing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth/gums	<input type="checkbox"/>	<input type="checkbox"/>
Flossing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops/tablets	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of early childhood caries	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of fluoride action	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/sugar reduction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>
Home fluoride rinses	<input type="checkbox"/>	<input type="checkbox"/>
Use of silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Is it your clinic policy to provide motivational interviewing to families of young patients?
- Yes
 - No
15. Is it your clinic policy to set oral/dental health self-management goals with families of young patients?
- Yes
 - No

16. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask hygienist, assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Some medical providers believe that they can prevent tooth decay among their Medicaid patients. How sure are you that you can prevent tooth decay in these patients?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. When treating pregnant women, we ask her whether she has had a dental appointment during her pregnancy.

Always	Most of the time	Occasionally	Rarely	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

Always	Most of the time	Occasionally	Rarely	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. When a pregnant patient explains she has not had a dental visit, we:

(Select all that apply.)

- Explain to her that dental visits are important for her health and her baby's health
- Refer her to a dentist for an appointment
- Help her make an appointment with the dentist
- Other, please explain _____

21. We recommend women with infants 2 to 3 years of age take their child for dental visits.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. We consult with dental providers regarding mutual patients.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. We have established relationships and a referral process with dental providers.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about you.

24. Excluding nursing school, have you ever taken a course on communication skills?

- Yes
- No

25. How would you rate your nursing school training regarding preventing tooth decay?

- Very good
- Good
- Poor
- Very poor
- Not sure

26. Where did you receive your nursing education?

- In the United States
- Outside the United States

27. How many years has it been since you graduated from nursing school?

- Less than 5 years
- 6-10 years
- 11-20 years
- More than 20 years

28. What is your nursing specialty?
- Licensed Practical Nurse
 - Registered Nurse
 - Nurse Practitioner
 - Other, please specify _____
29. What is your gender?
- Female
 - Male
 - Other, please specify _____
30. Are you Hispanic/Latino?
- Yes
 - No
31. What is your race ethnicity? **(Select all that apply.)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown
-

Survey of Dental Caries Prevention: Medical Assistants

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for medical team members to improve the oral/dental health of the public.

1. In the past year, has your clinic had child patients 6 months to 3 years of age present with tooth decay, sometimes referred to as early childhood caries (ECC)?
- Yes
 - No
 - Don't Know
2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has tooth decay? **(Select THREE)**
- Child is in pain at visit
 - Child has difficult behavioral issues
 - Child does not return for follow-up care
 - Child (parent) is frequently a no-show
 - Parent/caregiver does not follow my instructions
 - Child's teeth always needs cleaning
 - Parent/caregiver does not seem to care about child's oral health
 - Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
 - Parent/caregiver will not accept the recommended fluoride regimen
 - Other, please explain _____
3. How effective do you think each of the following is for preventing tooth decay in children 6 months to 3 years of age?

TOHF KNOWLEDGE ASSESSMENTS

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent sugar consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your clinic provide/recommend fluoride products (tablets, drops, toothpaste,) for patients 6 months to 3 years of age for their home use?
- Yes
 - No
 - Don't know
5. Do you or someone on your team ask the source of drinking water for your patients 6 months to 3 years of age?
- Yes
 - No
 - Don't know
6. Do you or someone on your team recommend your child patients 6 months to 3 years of age drink tap water?
- Yes
 - No
 - Don't know
7. Do you or someone on your team routinely assess risk factors for tooth decay for your patients 6 months to 3 years of age? (If no, skip to question 9)
- Yes
 - No
 - Don't know
8. Which of the following risk factors for tooth decay do you or someone on your team use for your patients 6 months to 3 years of age? **(Select all that apply.)**
- Frequency of dental visits
 - Child has special health care needs
 - Child's exposure to fluoride
 - Child has tooth decay
 - Times per day child's teeth are brushed
 - Socio-economic status of child's parents
 - Mother's history of tooth decay
 - Daily between-meal exposures to cavity producing food
 - Visible plaque
 - Presence of enamel demineralization
 - New lesions since last visit
 - Don't know
 - Other, please explain _____
9. Do you or someone on your team discuss with pregnant patients or women of child-bearing age the importance of good oral/dental health and how it may impact the health of their newborn?
- Yes
 - No
 - Don't know

10. Do you or someone on your team discuss oral/dental care for a newborn infant with your pregnant patients?
- Yes
 No
 Don't know
11. Do you or someone on your team provide education about preventing tooth decay to parents/ caregivers of children 6 months to 3 years of age? (If no, skip to question 13)
- Yes
 No
 Don't know
12. How frequently do you or someone on your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age?
- At initial visit
 As needed
 At every visit
 Don't know
 Other, please explain _____
13. What topics do or your team you include in education about preventing tooth decay for parents/caregivers of children 6 months to 3 years of age?

Topic	Children ages 0-18 months	Children ages 19-36 months
Toothbrushing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth/gums	<input type="checkbox"/>	<input type="checkbox"/>
Flossing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops/tablets	<input type="checkbox"/>	<input type="checkbox"/>
Preventing tooth decay	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of fluoride action	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/sugar reduction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>
Home fluoride rinses	<input type="checkbox"/>	<input type="checkbox"/>
Use of silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Is it your clinic policy to provide motivational interviewing to families of young patients?
- Yes
 No
 Don't know

15. Is it your clinic policy to set oral/dental self-management goals with families of young patients?

- Yes
- No
- Don't know

16. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Not Applicable
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. When treating pregnant women, our team asks her whether she has had a dental appointment during her pregnancy.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of the time | Occasionally | Rarely | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of the time | Occasionally | Rarely | Don't Know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. When a pregnant patient explains she has not had a dental visit, we:

(Select all that apply.)

- Explain to her that dental visits are important for her health and her baby's health
- Refer her to a dentist for an appointment
- Help her make an appointment with the dentist
- Don't know
- Other, please explain _____

20. Our team recommends women with infants 2 to 3 years of age take their child for dental visits.

- | | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely | Don't
know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. We consult with prenatal providers regarding mutual patients.

- | | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely | Don't
know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. We have established relationships and a referral process with dental providers.

- | | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely | Don't
know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about you.

23. Excluding medical assisting school, have you ever taken a course on communication skills?

- Yes
- No

24. How would you rate your medical assisting school training regarding preventing tooth decay?

- Very good
- Good
- Poor
- Very poor
- Not sure

25. Where did you receive your medical assisting education?

- In the United States
- Outside the United States

26. How many years has it been since you graduated from medical assisting school?

- Less than 5 years
- 6-10 years
- 11-20 years
- More than 20 years

27. What is your gender?

- Female

- Male
- Other, please specify _____

28. Are you Hispanic/Latino?

- Yes
- No

29. What is your race ethnicity? **(Select all that apply.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown

Survey of Dental Caries Prevention: Dental Assistants

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for dental team members to improve the oral/dental health of the public.

32. In the past year, has your clinic had child patients 6 months to 3 years of age present with early childhood caries (ECC)?

- Yes
- No
- Don't Know

33. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has early childhood caries or ECC? **(Select THREE)**

- Child is in pain at visit
- Child has difficult behavioral issues
- Child does not return for follow-up care
- Child (parent) is frequently a no-show
- Parent/caregiver does not follow my instructions
- Child's teeth always needs cleaning
- Parent/caregiver does not seem to care about child's oral health
- Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
- Parent/caregiver will not accept the recommended fluoride regimen
- Other, please explain _____

34. How effective do you think each of the following is for preventing dental caries in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOHF KNOWLEDGE ASSESSMENTS

Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Does your clinic provide/recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?
- Yes
 - No
 - Don't know
36. Do you or someone on your team ask the source of drinking water for your patients 6 months to 3 years of age?
- Yes
 - No
 - Don't know
37. Do you or someone on your team recommend your child patients 6 months to 3 years of age drink tap water?
- Yes
 - No
 - Don't know
38. Do you or someone on your team routinely assess dental caries risk factors for your patients 6 months to 3 years of age? **(If no or don't know, skip to question 9)**
- Yes
 - No
 - Don't know
39. Which of the following caries risk factors do you or someone on your team use for your patients 6 months to 3 years of age? **(Select all that apply.)**
- Frequency of dental visits
 - Child has special health care needs
 - Child's exposure to fluoride
 - Child has decay
 - Times per day child's teeth are brushed
 - Socio-economic status of child's parents
 - Mother's history of caries
 - Daily between-meal exposures to cavity producing food
 - Visible plaque
 - Presence of enamel demineralization
 - New lesions since last visit
 - Don't know
 - Other, please explain _____
40. Do you or someone on your team discuss with pregnant patients or women of child-bearing age the importance of good oral health and how it may impact the health of their newborn?
- Yes
 - No
 - Don't know

41. Do you or someone on your team discuss oral care for a newborn infant with your pregnant patients?
- Yes
 - No
 - Don't know
42. Do you or someone on your team provide caries prevention education to parents/caregivers of children 6 months to 3 years of age? **(If no, skip to question 13)**
- Yes
 - No
 - Don't know
43. How frequently do you or someone on your team provide caries prevention education to parents/caregivers of children 6 months to 3 years of age?
- At initial visit
 - As needed
 - At every visit
 - Don't know
 - Other, please explain _____
44. What topics do you or your team include in caries prevention education for parents/caregivers of children 6 months to 3 years of age? **(Select all that apply.)**

Topic	Children ages 0-18 months	Children ages 19-36 months
Toothbrushing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth/gums	<input type="checkbox"/>	<input type="checkbox"/>
Flossing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops/tablets	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of early childhood caries	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of fluoride action	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/sugar reduction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>
Use of silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

45. Is it your clinic policy to provide motivational interviewing to families of young patients?
- Yes
 - No
 - Don't know

46. Is it your clinic policy to set self-management goals with families of young patients?

- Yes
- No
- Don't know

47. Please indicate the extent to which you personally agree or disagree with each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
It is desirable to use professionally applied fluorides for all children in areas without fluoridated water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most important mechanism of action of fluoride is that it is incorporated into developing teeth to make them more resistant to acid demineralization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The increased use of bottled water increases tooth decay among young children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels of salivary microorganisms may indicate levels of caries risk or activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental caries is a chronic, infectious disease process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilute, frequently administered fluorides are more effective in caries prevention than more concentrated, less frequently administered fluorides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most important mechanism of action of fluoride is the remineralization of incipient decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of sugar consumed is more important in causing caries than frequency of sugar consumption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fructose, glucose and sucrose are cariogenic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased salivary flow increases the risk for developing caries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of plaque is more valuable for maintaining gingival health than for preventing caries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Not Applicable
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. When treating pregnant women, our team asks her whether she is attending recommended prenatal medical appointments.

Always	Most of the time	Occasionally	Rarely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. When our dental team learns a patient is pregnant, we ask when her last prenatal medical appointment was.

Always	Most of the time	Occasionally	Rarely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. When a pregnant patient explains she has not had a prenatal medical visit, we:

(Select all that apply.)

- Explain to her that prenatal visits are important for her health and her baby's health
- Refer her to an OB for an appointment
- Help her make an appointment with the OB
- Don't know
- Other, please explain _____

52. Our team recommends women with infants 6 months to 3 years of age take their child for well-baby visits.

Always	Most of the time	Occasionally	Rarely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-

53. We consult with prenatal providers regarding mutual patients.

- | Always | Most of the time | Occasionally | Rarely | Don't know |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

54. We have established relationships and a referral process with prenatal providers.

- | Always | Most of the time | Occasionally | Rarely | Don't know |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about you.

55. Excluding dental assisting school, have you ever taken a course on communication skills?

- Yes
 No

56. How would you rate your dental assisting school training regarding dental caries prevention?

- Very good
 Good
 Poor
 Very poor
 Not sure

57. Where did you receive your dental assisting education?

- In the United States
 Outside the United States

58. How many years has it been since you graduated from dental assisting school?

- Less than 5 years
 6-10 years
 11-20 years
 More than 20 years
 I did not attend dental assisting school

59. What is your gender?

- Female

 Male
 Other, please specify _____
-

Survey of Dental Caries Prevention: Non-Clinical Staff

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to improve the information and care we provide to our patients related to oral/dental health. This survey is voluntary. All information you give us will remain private and anonymous.

1. In which type of program do you work?

- Women, Infants and Children (WIC)
- Early Head Start
- Head Start
- Home Visitor
- Other (please explain)_____

2. How long have you worked for this program?

- Less than a year
- 1-2 years
- 3-5 years
- More than 5 years

3. Would you say that having accurate information about preventing tooth decay is:

Very Important	Somewhat Important	Not Important	Don't know/ Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you think all children develop tooth decay?

Yes	Probably Yes	No	Probably No	Don't Know/ Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How concerned are you about the children in your program getting tooth decay?

Very Concerned	Somewhat Concerned	Not at all Concerned	Don't know/ Not Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In your opinion, what is the best way to prevent tooth decay? (Choose one answer)

- Going to a dentist
- Brushing teeth
- Cleaning infant's mouth/gums
- Brushing teeth with fluoride toothpaste
- Flossing teeth
- Using fluoridated water (*drinking tap water*)
- Using other fluorides (*fluoride varnish/drops or tablets*)
- Don't know
- Other (please explain)_____

7. In your opinion, how important are baby teeth?

Would you say they are:

Very Important	Somewhat Important	Not Important	Don't know/ Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Have you heard the term “early childhood caries” or baby bottle tooth decay?

Yes No Don't know/Not sure

9. Have you ever heard of fluoride?

Yes No Don't know/Not sure

10. What do you think fluoride is used for? (Choose one answer)

- Used to clean teeth
- Used to prevent tooth decay
- Used to purify water
- Used to whiten teeth
- Used to prevent plaque
- Don't know/Not sure
- Other (please explain) _____

11. Sometimes barriers interfere with children getting the dental care they need. Check the THREE that you think are the major barriers.

- Parent didn't think the child's problem was serious enough
- Parent problems getting to the appointment (transportation, childcare, getting off work)
- Cost of dental care (parent has no insurance or could not afford it)
- Dentists aren't available or don't accept Medicaid
- Long wait times to get appointments
- Child is afraid of the dentist
- Parent is afraid of the dentist
- Parent didn't feel welcomed in the dental office
- Other (please explain) _____

12. Do you help parents sign up for Medicaid if needed?

Yes No Don't know/Not sure

13. If yes, how are parents helped?

(Choose all that apply)

- Provide a phone number for Medicaid office
- Help them fill out the application
- Provide transportation to the Medicaid appointment
- Other (please explain) _____

14. What other ways do you or your staff members help parents access medical or dental care for their children? (Choose all that apply)

- Provide names and phone numbers for health providers
- Make appointments
- Provide transportation/childcare
- Explain to the parent what to expect
- Help parent advocate for child's health needs
- Other (please explain) _____

15. When a pregnant woman explains she has not had a prenatal medical or dental visit, we: (Select all that apply).

- Explain to her that prenatal visits are important for her health and her baby's health
- Refer her to an OB for an appointment
- Follow-up with her to find out if she had an appointment with an OB
- Help her make an appointment with an OB
- Refer her to a dentist for an appointment
- Follow-up with her to find out if she had an appointment with a dentist
- Help her make an appointment with a dentist
- Other, please explain _____

16. What does your program do to educate parents about oral health? (Choose all that apply)

- Teach how to clean infant mouth/gums
- Teach parent how to lift the lip
- Provide toothbrushes and fluoride toothpaste to families
- Teach tooth brushing with fluoride toothpaste
- Practice tooth brushing with fluoride toothpaste
- Teach the importance of drinking fluoridated tap water
- Teach in-between meal snacks that are "tooth healthy"
- Teach parents about the importance of oral health to general health
- Teach mom how to care for her own mouth
- Other (please explain) _____

17. Is it your program policy to set oral health self-management goals with families of young patients?

- Yes No

18. What is your most important source of oral health information? (Choose one answer)

- In-service training
 Medical provider
 Dental provider
 Health Department
 Internet/Social media
 Library
 Family/Friends
 TV/Radio
 Other (please explain) _____

19. Have you had training on cavity prevention?

- Yes No

20. If yes, when?

- Within the past year
 2-4 years ago
 5 or more years ago

21. Have you had a course or training in communication skills?

- Yes No

22. What is the highest grade you completed in school?

- High School or Less
 Some College
 Graduated College
 Graduate School

23. Are you Hispanic/Latino?

- Yes No

24. What is your race? (Choose all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White
 Race/ethnicity unknown

60. Are you Hispanic/Latino?

- Yes
 No

61. What is your race ethnicity? (Select all that apply.)

- American Indian or Alaska Native
 Asian

6. Have you been shown the procedure called 'lift the lip'?

- Yes No

7. Health providers suggest mothers practice 'lift the lip' once a month to check their baby's teeth. How sure are you that you can do this?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	No Opinion	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you drink tap water? (water from a faucet)

- Yes No

9. If you don't drink tap water, why not?
(Choose one answer)

- Tastes terrible
 Unsafe
 My family drinks bottled water
 All my friends drink bottled water
 We drink well water
 Other (please explain) _____

10. What do you think fluoride is used for?
(Choose one answer)

- Used to clean teeth
 Used to prevent tooth decay
 Used to purify water
 Used to whiten teeth
 Used to prevent plaque
 Don't know/Not sure
 Other (please explain) _____

11. When did you last brush your teeth?

- This morning
 Last night
 Don't know/Don't remember
 Other (please explain) _____

12. When you brush your teeth what do you put on your toothbrush?

- Toothpaste
 Baking soda
 Nothing
 Other (please explain) _____

13. Do your gums bleed when you brush your teeth?

- Yes No

14. Do you think that when you grow older you will lose all or most of your teeth?

Yes	Probably Yes	No	Probably No	No Opinion	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What is your most important source of oral health information? (Choose one answer)

- Internet/ Social media
- Library
- Doctor
- Dentist
- Family/Friends
- TV/Radio
- Other (please explain) _____

Think about your last medical or dental appointment to answer questions 16 and 17.

16. Your provider explained things in a way that was easy to understand.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Your provider spent enough time with you.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. I am comfortable asking my provider if I have concerns about my teeth or gums.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How sure are you that you can follow the written instructions on a bottle of Tylenol or Aspirin?

Not Sure at all	A little Sure	Somewhat Sure	Quite Sure	Extremely Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How often do you have someone help you read printed materials that your health care provider gave you?

Never	Sometimes	Occasionally	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are pregnant, please answer questions 21, 22 and 23. If you are not, please skip to question 24.

21. Did your OB provider refer you to a dentist?

- Yes No

22. Thinking about this pregnancy, how many weeks pregnant were you when you went to your first prenatal dental visit?

- I haven't been to the dentist during this pregnancy
 13 weeks or less
 14-27 weeks
 More than 27 weeks
 Don't know/Don't remember

23. Have you completed all treatment recommended by your dentist during this pregnancy?

- Yes No

24. How old are you? _____

25. What is the highest grade you completed in school?

- Less than High School
 High School Graduate
 Technical School
 Some College
 Graduated College
 Graduate School

26. Are you Hispanic/Latino?

- Yes No

27. What is your race? (Choose all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White
 Race/ethnicity unknown

Survey of Dental Caries Prevention: Patients

Thank you for taking time to complete this survey. HealthEfficient is doing this project to improve the oral/dental care and information we provide our patients. You are invited to take part in this project because you are a pregnant woman or have young children. The purpose of the project is to get your opinions about oral/dental health and how your health providers communicate with you. You can choose to take part in this project or you can choose not to. All information you give us will remain private and anonymous, meaning your name cannot not be linked to your answers. If you decide to take part in this project, you may stop at any time. If you do not take part in this project or if you stop, it will not affect current or future services. If we write a report or article about this project, we will not use your name.

30. In your opinion, what is the best way to prevent

tooth decay? (Choose one answer)

If you are pregnant, please answer Questions 12 and 13. If you are not, please skip to Question 14

40. Thinking about this pregnancy, how many weeks pregnant were you when you went to your first prenatal dental visit?

- I haven't been to the dentist during this pregnancy
- 13 weeks or less
- 14-27 weeks
- More than 27 weeks
- Don't know/Don't remember

41. Have you completed all treatment recommended by your dentist during this pregnancy?

- Yes No

42. I can afford to buy toothpaste and toothbrushes for my family.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Thinking about your last health appointment, your provider explained things in a way that was easy to understand

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Thinking about your last health appointment, your provider spent enough time with you

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. I am comfortable asking my health provider if I have concerns about my teeth or gums.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How sure are you that you can follow the written instructions on a bottle of Tylenol or Aspirin?

Not Sure at all	A little Sure	Somewhat Sure	Quite Sure	Extremely Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. How often do you have someone help you read printed materials that your health care provider gave you?

Never	Sometimes	Occasionally	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. What is your most important source of dental health information? (Choose one answer)

- Internet/ Social media
- Library
- Doctor
- Dentist
- Family/Friends
- TV/Radio
- Other (please explain) _____

49. How old are you? _____

50. What is your highest grade you completed in school?

- Less than High School
- High School Graduate
- Technical School
- Some College
- Graduated College
- Graduate School

51. Are you Hispanic/Latino?

- Yes No

52. What is your race? (Choose all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Race/ethnicity unknown

These assessments have been developed by HealthEfficient in collaboration with Dr. Alice Horowitz, Research Associate Professor at the University of Maryland School of Public Health.

For questions please contact:

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