

## 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.

1. 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
  
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
  - 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 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. 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 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
8. 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 \_\_\_\_\_
9. 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

10. Do you or someone on your team discuss oral care for a newborn infant with your pregnant patients?
- Yes
  - No
  - Don't know
11. 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
12. 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 \_\_\_\_\_

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"/>
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"/>

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 self-management goals with families of young patients?

- Yes
- No
- Don't know

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

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>
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	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"/>

18. 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"/>

19. 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"/>

20. 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 \_\_\_\_\_

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

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

22. We consult with prenatal providers regarding mutual patients.

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

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

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

**Tell us about you.**

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

- Yes
- No

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

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

26. Where did you receive your dental assisting education?

- In the United States
- Outside the United States

27. 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

28. What is your gender?

- Female
- Male
- Other, please specify \_\_\_\_\_

29. Are you Hispanic/Latino?

- Yes
- No

30. 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

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## **Survey of Dental Caries Prevention: Dental Assistants Scoring Rubric**

This document describes how to score the Dental Survey.

- The survey has 30 questions.
- The demographic and informational questions are not scored.
  - Demographic and informational questions: 1, 2, 24-28
- The scoring for each question is explained below the question.
- The correct answer for each question is high-lighted in yellow.

**Max Score possible: 133**



## 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.

1. 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

**NOT Scored (informational)**
  
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
  - 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 \_\_\_\_\_

**NOT Scored (informational)**
  
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	Q#	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	3E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	3F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	3G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	3H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	3I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCORING:** Each correct response is scored 1 point. For items 1-4 and 9, responses of either 'Effective' or 'Very Effective' are correct. Scores can range from 0-9.

4. Does your clinic recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?

Yes

No

Don't know

SCORE: Yes = 1; No = 0; Don't know = 0

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

SCORE: Yes = 1; No = 0; Don't know = 0

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

SCORE: Yes = 1; No = 0; Don't know = 0

7. 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

SCORE: Yes = 1; No = 0; Don't know = 0

8. 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 8A

Child has special health care needs 8B

Child's exposure to fluoride 8C

Child has decay 8D

Times per day child's teeth are brushed 8E

Socio-economic status of child's parents 8F

Mother's history of caries 8G

Daily between-meal exposures to cavity producing food 8H

Visible plaque 8I

Presence of enamel demineralization 8J

New lesions since last visit 8K

Don't know 8L

Other, please explain \_\_\_\_\_ 8M

SCORE: Each item selected is scored 1 point. 'Don't know' and 'Other' = 0. Scores can range from 0-11.

9. 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

SCORE: Yes = 1; No = 0; Don't know = 0

10. Do you or someone on your team discuss oral care for a newborn infant with your pregnant patients?

Yes

No

Don't know

SCORE: Yes = 1; No = 0; Don't know = 0

11. 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

SCORE: Yes = 1; No = 0; Don't know = 0

12. 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 \_\_\_\_\_.

SCORE: Yes = 1; No = 0; Don't know = 0

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	Score	Q#	Children ages 19-36 months	Score	Q#
Toothbrushing instruction	<input type="checkbox"/>	1	13A1	<input type="checkbox"/>	1	13A2
Clean infant's mouth/gums	<input type="checkbox"/>	1	13B1	<input type="checkbox"/>	0	13B2
Flossing instruction	<input type="checkbox"/>	0	13C1	<input type="checkbox"/>	0	13C2
Use of fluoride varnish	<input type="checkbox"/>	1	13D1	<input type="checkbox"/>	1	13D2
Fluoride drops/tablets	<input type="checkbox"/>	1	13E1	<input type="checkbox"/>	1	13E2
Prevention of early childhood caries	<input type="checkbox"/>	1	13F1	<input type="checkbox"/>	1	13F2
Community water fluoridation	<input type="checkbox"/>	1	13G1	<input type="checkbox"/>	1	13G2
Mechanism of fluoride action	<input type="checkbox"/>	1	13H1	<input type="checkbox"/>	1	13H2
Nutrition/sugar reduction	<input type="checkbox"/>	1	13I1	<input type="checkbox"/>	1	13I2
Use of fluoride dentifrice	<input type="checkbox"/>	1	13J1	<input type="checkbox"/>	1	13J2
Use of silver diamine fluoride	<input type="checkbox"/>	1	13K1	<input type="checkbox"/>	1	13K2
Don't know	<input type="checkbox"/>	0	13L1	<input type="checkbox"/>	0	13L2
Other, please specify _____	<input type="checkbox"/>		13M	<input type="checkbox"/>		13M

SCORE: Correct responses are indicated in the score column. Score each correct response as one point. 'Other' is not scored. Scores can range from 0 to 22. For item #5 (fluoride drops/tablets), we will need to know if the clinic is in an area with community water fluoridation (CWF). If respondent practices in an area with CWF, not checking this item is correct. If respondent practices in an area without CWF, the item should be checked. Scores can range from 0-22.

14. Is it your clinic policy to provide motivational interviewing to families of young patients?

- Yes
- No
- Don't know

SCORE: Yes = 1; No = 0; Don't know = 0

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

- Yes
- No
- Don't know

SCORE: Yes = 1; No = 0; Don't know = 0

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

Q#		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
16A	It is desirable to use professionally applied fluorides for all children in areas without fluoridated water.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
16B	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"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
16C	The increased use of bottled water increases tooth decay among young children.	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1
16D	Levels of salivary microorganisms may indicate levels of caries risk or activity.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
16E	Dental caries is a chronic, infectious disease process.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
16F	Dilute, frequently administered fluorides are more effective in caries prevention than more concentrated, less frequently administered fluorides.	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1
16G	The most important mechanism of action of fluoride is the remineralization of incipient decay.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
16H	Quantity of sugar consumed is more important in causing caries than frequency of sugar consumption.	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16I	Fructose, glucose and sucrose are cariogenic.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
16J	Decreased salivary flow increases the risk for developing caries.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
16K	Removal of plaque is more valuable for maintaining gingival health than for preventing caries.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0

SCORE: Score each response as indicated. Scores can range from 0 to 27.

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

	Q#	Always	Most of the time	Occasionally	Rarely	Not Applicable
Ask patients to repeat back information or instructions	17A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	17B	<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	17C	<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	17D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	17E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	17F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	17G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	17H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	17I	<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	17J	<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	17K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	17L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Not Applicable = 0. Scores can range from 0 to 36.

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

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

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't Know = 0.

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

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

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't Know = 0.

20. 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 20A
  - Refer her to an OB for an appointment 20B
  - Help her make an appointment with the OB 20C
  - Don't know 20D
  - Other, please explain \_\_\_\_\_ 20E

For the first three items, score each selected item as 1 point. 'Don't know' = 0; Other' = 0.

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

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

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't Know = 0.

22. We consult with prenatal providers regarding mutual patients.

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

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't Know = 0.

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

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

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't Know = 0.

**Tell us about you.**

These demographic questions are not scored.

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

- Yes
- No

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

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

26. Where did you receive your dental assisting education?
- In the United States
  - Outside the United States
27. 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
28. What is your gender?
- Female
  - Male
  - Other, please specify \_\_\_\_\_
29. Are you Hispanic/Latino?
- Yes
  - No
30. 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

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