INITIAL SURVEY: Customized Oral Hygiene Therapy Patient Survey

I Thank you for taking the time to fill out this survey about your thoughts concerning the Customized Oral Hygiene Therapy you received. All answers are anonymous and the results will only be reported on a group level.

1 What is your age range?

* 20-30 (1)
* 31-40 (2)
* 41-50 (3)
* 51-60 (4)
* 61-70 (5)
* 71-80 (6)
* Greater than 80 (7)

2 Please indicate what gender you associate with?

* Male (1)
* Female (2)

3 Is the University of Michigan School of Dentistry where all your dental needs are met?

* Yes (1)
* No (2)

Answer If Is the University of Michigan School of Dentistry where all your dental needs are met? No Is Selected

4 If you  responded NO, please indicate how many dental providers (dentist or dental hygienist) you have seen previously.

5 Do you currently have dental insurance of any kind?

* Yes (1)
* No (2)

6 Please rate how well you think your habits Were Prior the Customized Oral Hygiene Therapy session you had with your student provider.

* Deficient (1)
* Poor (2)
* OK (3)
* Good (4)
* Excellent (5)

7 After the Customized Oral Hygiene Therapy session, how would you rate understanding your oral hygiene needs?

* Much better (1)
* Somewhat better (2)
* About the same (3)
* Somewhat worse (4)
* Much worse: Why? (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 Prior to the Customized Oral Hygiene Therapy session how often were you brushing your teeth?

* 2-3 times per week (1)
* 4-5 times per week (2)
* 1 time per day (3)
* 2 times per day (4)
* More than 2 times per day (5)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q34 Prior to the Customized Oral Hygiene Therapy session, how long did you brush your teeth each time?

* less than 30 secs (1)
* 30 sec to 1 min (2)
* 1 - 2 mins (3)
* 2 - 3 mins (6)
* More than 3 mins (4)

9 After the Customized Oral Hygiene Therapy session do you feel you have a better understanding of how often/long you should be brushing your teeth?

* Much better (1)
* Somewhat better (2)
* About the same (3)
* Somewhat worse (4)
* Much worse: Why? (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10 Prior to the oral hygiene session, how would you rate your mouth odor?

* Very bad odor (1)
* Bad odor (2)
* Moderate odor (3)
* Light odor (4)
* No odor (5)

11 Prior to the session were you aware of the oral hygiene tools other than toothbrush and floss that were available?

* Yes (1)
* No (2)

12 Do you know where you can purchase the products your student recommended to you?

* Yes (1)
* No (2)

13 Did the use of the disclosing agent aid in your understanding regarding the need for increased oral hygiene care?

* Yes (1)
* Maybe (2)
* No (3)

14 Did the disclosing solution help aid in the oral hygiene instructions you were given?

* Yes (1)
* Maybe (2)
* No (3)

15 Was this the first time a dental clinician had “customized” their oral hygiene advice for your specific needs?

* Yes (1)
* No (2)

Q36 After the Customized Oral Hygiene Therapy session, do you understand the areas you need to focus and how to reinforce it with the correct tool and methods?

* Yes (1)
* Maybe (2)
* No (3)

16 Do you believe the customized oral hygiene therapy  session will helped you achieve better oral health?

* A great deal (1)
* A lot (2)
* Somewhat (3)
* A little (4)
* Not at all (5)

17 Did you receive the custom made video

* Yes (1)
* No (2)
* I don't know (3)

18 How do you plan to view your video?

* phone (1)
* tablet (2)
* other (3)

19 How helpful do you believe having the video for you to watch will be?

* Extremely useful (1)
* Very useful (2)
* Moderately useful (3)
* Slightly useful (4)
* Not at all useful (5)

20 Would you recommend this form of instruction to a friend or family member?

* Yes (1)
* Maybe (2)
* No: Why not? (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21 Please indicate how much you agree or disagree with this statement:  I feel that good oral hygiene has a positive impact on your general health and well-being?

* Strongly agree (1)
* Somewhat agree (2)
* Neither agree nor disagree (3)
* Somewhat disagree (4)
* Strongly disagree (5)

22 Do you frequently feel fatigue or have sleep disorders?

* Yes (1)
* No (2)

23 Do you smoke?

* Yes (1)
* No (2)

If No Is Selected, Then Skip To Do you believe an increase in oral hy...

24 Are you interested in quitting smoking?

* Yes (1)
* No (2)

25 Please rate how much you agree with this statement : Toothpaste could help assist in quitting smoking.

* Strongly agree (1)
* Somewhat agree (2)
* Neither agree nor disagree (3)
* Somewhat disagree (4)
* Strongly disagree (5)

26 Please rate how much you agree with this statement : Brushing my teeth more often could help assist with quitting smoking.

* Strongly agree (1)
* Somewhat agree (2)
* Neither agree nor disagree (3)
* Somewhat disagree (4)
* Strongly disagree (5)

27 Please rate how much you agree with this statement: A toothpick type device could help assist with quitting smoking.

* Strongly agree (1)
* Somewhat agree (2)
* Neither agree nor disagree (3)
* Somewhat disagree (4)
* Strongly disagree (5)

28 Do you believe an increase in oral hygiene can have a positive influence on any of the following: (select all that apply)

* Better sleep quality (1)
* Feeling more energetic (2)
* Feeling more comfortable in social situations (3)
* Feeling more confident (4)
* Increase in appearance (5)
* Increase in selfesteem (6)
* Increase in general happiness (7)
* Increase in smiling and laughing (8)
* Increase in ones social life (9)
* Increase in successes at work (10)
* Increased in ones attendance to activities (11)
* Increase in romantic relationship/s (12)
* Change in appatite (13)
* Change in weight (14)
* Other (15)

29 Please provide any feedback you feel could help the Customized Oral Hygiene Therapy Program. Please hand the IPAD back to your student to finish the survey.

30 Student or Faculty Use only: Please enter the last 4 digits of the ID#