Student COHT Survey

0 Thank you for taking the time to participate in this survey. Your answers will only be shared in a group analysis and will in no way affect your clinic  or course grades. If you have questions please contact Professor McComas (mccomas@umich.edu) or Professor Wang (jeffwa@umich.edu).

1 Please enter the last 4 digits of the patient ID for which you provided COHT.

2 Please enter the date of the initial COHT

3 Is a recall visit scheduled for this patient where you will reassess the home care?

* Yes (1)
* No (2)

Answer If Is a recall visit scheduled for this patient where you will reassess the home care? Yes Is Selected

4 What is the date of the recall visit?

5 Prior to the oral
hygiene session, how would you rate your patients oral hygiene habits?

* Extremely good (1)
* Somewhat good (2)
* Neither good nor bad (3)
* Somewhat bad (4)
* Extremely bad (5)

6 After the oral hygiene session, how would you rate your patients oral hygiene habits?

* Extremely good (1)
* Somewhat good (2)
* Neither good nor bad (3)
* Somewhat bad (4)
* Extremely bad (5)

7 Prior the oral hygiene session, how effective was the patient brushing their teeth?

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

8 After the oral hygiene session, how effective was the patient brushing their teeth?

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

9 Prior to the session was your patient aware of the oral hygiene tools other than toothbrush and floss that were available?

* Yes (1)
* No (2)

10 Was your patient receptive towards the new tools you
introduced?

* Yes (1)
* No (2)

11 Of the following list of home care tools, which one/s did you recommend to this patient? (select all that apply)

* Butler E-Z Flossers (1)
* Bulter Expanding Floss (2)
* Butler Floss Threaders (3)
* Gum Soft Picks (4)
* Oral B Satin Floss (5)
* Oral B Super Floss (6)
* Floss-aid Floss Holder (7)
* J & J Stimudents (8)
* Oral B Gingival Stimulator (9)
* Sensodyne Toothpaste (10)
* Pronamel Toothpaste (11)
* Butler End-Tuft Brush (12)
* Denture Brush (13)
* Oral B Advantage 35 (extra soft) (14)
* Oral B Indicator 30 (soft) (15)
* Oral B Proxabrush (16)
* Oral B Tapered Refills (17)
* Oral B Cylinder Refills (18)
* Oral B Proxabrush Trav-ler (19)
* Other (20) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Yes (1)
* Neutral (2)

13 Did the use of the disclosing agent aid in your understanding regarding where your patient needed to focus their efforts on?

* Yes (1)
* No (2)

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

* Yes (1)
* No (2)

15 On a scale of 1-5, 1 being least helpful to 5 being most
helpful do you believe the customized oral hygiene therapy has helped your
patient?

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

16 Have you obtained positive feedback from your patient?

* Yes, patient is very appreciative and provided video testimoy (1)
* Yes, patient is very appreciative (2)
* I don't know. Patient did not express (3)
* Patient percieved negatively (4)

17 On a scale of 1-5, 1 being least helpful to 5 being most helpful do you believe the customized oral hygiene therapy has helped your understanding of how to give "effective" oral hygiene instructions?

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

Q27 After participation of this project, I pay more attention to patients' oral hygiene for long-term periodontal health and stability

* Strongly agree (1)
* Agree (2)
* Neutral (3)
* Disagree (4)
* Strongly disagree (5)

18 Will you try to integrate this therapy in your future dental team practice?

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

19 Did you make and send the custom-made video?

* Yes (1)
* No (2)

If No Is Selected, Then Skip To Do you believe that improved oral hyg...

20 On a scale from 1-5 how helpful do you think the video was for the patient?

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

21 Do you believe that improved oral hygiene positively impact the following issues? (Select all that apply)

* Sleep quality (1)
* Feeling more energetic (2)
* Feeling more comfortable (3)
* Feeling more confident (4)
* Increase in one's appearance (5)
* Increase in mood and general happiness (6)
* Increase in smiling and laughing (7)
* Increase in social life activities (8)
* Increase in successes at work (9)
* Increase to activities (10)
* Increase/improvement in romantic relationships (11)
* Improved appatite (12)
* Improved weight (13)
* Other (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22 Please grade the overall experience with this Customized Oral Hygiene Therapy initiative

* Very positive (1)
* Positive (2)
* Neutral (3)
* Negative (4)
* Very negative, Why? (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23 Please give us your thoughts regarding this experience.

E Thank you for taking the time to take this survey and complete this experience.