

Oral Health Assessment and Review Questionnaire

March 2019

The Scottish Dental Clinical Effectiveness Programme (SDCEP) are reviewing the evidence underpinning the current guidance on *Oral Health Assessment and Review*. The purpose of this questionnaire is to support and inform this review.

Please complete this questionnaire without referring to any literature or consulting with colleagues.

Most of the questions require you to select a box, but there are also text boxes that we hope you will use. **Please do not take too long over your replies, your immediate reaction to each question is likely to be more accurate than a long thought out response.**

If you work in more than one practice, please answer in respect to the practice in which you spend the majority of your time.

Please be assured that your responses will be held in confidence and anonymised. It will not be possible to identify you, your practice or your patients in any report or publication that arises from this work. The questionnaire should take approximately 10 minutes to complete.

Your contribution is valued and gratefully received.



Translation Research
in a Dental Setting

SECTION 1: CURRENT PRACTICE

Currently, in your practice, which elements of oral health assessment and review – as outlined in the SDCEP Oral Health Assessment and Review guidance - do you routinely a) assess, and b) record?

Please tick [✓] all boxes that apply. If you do not put a tick in either assess or record, it will be assumed that you do not carry out this element of an oral health assessment.

	Assess	Record
Social history		
1. Smoking	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol intake	<input type="checkbox"/>	<input type="checkbox"/>
3. Diet factors	<input type="checkbox"/>	<input type="checkbox"/>
4. Fluoride toothpaste	<input type="checkbox"/>	<input type="checkbox"/>
Medical history		
5. Conditions	<input type="checkbox"/>	<input type="checkbox"/>
6. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
7. Medications	<input type="checkbox"/>	<input type="checkbox"/>
Dental history		
8. Oral hygiene	<input type="checkbox"/>	<input type="checkbox"/>
9. Grind/clench	<input type="checkbox"/>	<input type="checkbox"/>
10. Previous treatment experience	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety		
11. Level	<input type="checkbox"/>	<input type="checkbox"/>
Head and neck		
12. Visual assessment of facial bones	<input type="checkbox"/>	<input type="checkbox"/>
13. Mouth opening	<input type="checkbox"/>	<input type="checkbox"/>
14. Lymph swelling	<input type="checkbox"/>	<input type="checkbox"/>
15. Soft tissue swelling	<input type="checkbox"/>	<input type="checkbox"/>
16. TMJ	<input type="checkbox"/>	<input type="checkbox"/>
Tooth surface and loss		
17. Attrition	<input type="checkbox"/>	<input type="checkbox"/>
18. Abrasion	<input type="checkbox"/>	<input type="checkbox"/>
19. Erosion	<input type="checkbox"/>	<input type="checkbox"/>
20. Tooth wear progression	<input type="checkbox"/>	<input type="checkbox"/>
Periodontal tissue		
21. BPE scores	<input type="checkbox"/>	<input type="checkbox"/>
22. Bleeding index	<input type="checkbox"/>	<input type="checkbox"/>
23. Attachment loss rate	<input type="checkbox"/>	<input type="checkbox"/>
Caries		
24. Lesions	<input type="checkbox"/>	<input type="checkbox"/>
25. Change in caries rate	<input type="checkbox"/>	<input type="checkbox"/>
26. Exposed roots	<input type="checkbox"/>	<input type="checkbox"/>
Oral mucosal		
27. Dry mouth	<input type="checkbox"/>	<input type="checkbox"/>
28. Intra-oral soft tissue exam	<input type="checkbox"/>	<input type="checkbox"/>
Dental trauma		
29. Teeth	<input type="checkbox"/>	<input type="checkbox"/>
30. Soft tissue	<input type="checkbox"/>	<input type="checkbox"/>
Tooth abnormalities		
31. Number/size/colour	<input type="checkbox"/>	<input type="checkbox"/>

	Assess	Record
Dentures		
32. Suitable/required	<input type="checkbox"/>	<input type="checkbox"/>
Risk		
33. Patient determined as high/medium/low risk	<input type="checkbox"/>	<input type="checkbox"/>

Currently, in your practice, do you conduct any of the following elements of oral health assessment and review, as outlined in the SDCEP Oral Health Assessment and Review guidance?

Please tick ☒ Yes or No as appropriate.

	Yes	No
Recall		
34. Set according to risk	<input type="checkbox"/>	<input type="checkbox"/>
Personal care plan		
35. Personal care plan provided verbally	<input type="checkbox"/>	<input type="checkbox"/>
36. Personal care plan provided in written form	<input type="checkbox"/>	<input type="checkbox"/>

On average, how long do you think a full oral health assessment – as outlined in the SDCEP Oral Health Assessment and Review guidance – would take?

SECTION 2: IMPORTANCE OF ORAL HEALTH ASSESSMENT ELEMENTS

Which elements of an oral health assessment (as outlined in the SDCEP Oral Health Assessment and Review guidance) do you think are important for treatment planning? Please circle your answer [e.g. ⑤] on a scale from 1-7, where 1 = not at all important, and 7 = extremely important.

	Not at all important						Extremely important
Social history							
1. Smoking	1	2	3	4	5	6	7
2. Alcohol intake	1	2	3	4	5	6	7
3. Diet factors	1	2	3	4	5	6	7
4. Fluoride toothpaste	1	2	3	4	5	6	7
Medical history							
5. Conditions	1	2	3	4	5	6	7
6. Allergies	1	2	3	4	5	6	7
7. Medications	1	2	3	4	5	6	7
Dental history							
8. Oral hygiene	1	2	3	4	5	6	7
9. Grind/clench	1	2	3	4	5	6	7
10. Previous treatment experience	1	2	3	4	5	6	7
Anxiety							
11. Level	1	2	3	4	5	6	7

	Not at all important						Extremely important
Head and neck							
12. Visual assessment of facial bones	1	2	3	4	5	6	7
13. Mouth opening	1	2	3	4	5	6	7
14. Lymph swelling	1	2	3	4	5	6	7
15. Soft tissue swelling	1	2	3	4	5	6	7
16. TMJ	1	2	3	4	5	6	7
Tooth surface and loss							
17. Attrition	1	2	3	4	5	6	7
18. Abrasion	1	2	3	4	5	6	7
19. Erosion	1	2	3	4	5	6	7
20. Tooth wear progression	1	2	3	4	5	6	7
Periodontal tissue							
21. BPE scores	1	2	3	4	5	6	7
22. Bleeding index	1	2	3	4	5	6	7
23. Attachment loss rate	1	2	3	4	5	6	7
Caries							
24. Lesions	1	2	3	4	5	6	7
25. Change in caries rate	1	2	3	4	5	6	7
26. Exposed roots	1	2	3	4	5	6	7
Oral mucosal							
27. Dry mouth	1	2	3	4	5	6	7
28. Intra-oral soft tissue exam	1	2	3	4	5	6	7
Dental trauma							
29. Teeth	1	2	3	4	5	6	7
30. Soft tissue	1	2	3	4	5	6	7
Tooth abnormalities							
31. Number/size/colour	1	2	3	4	5	6	7
Dentures							
32. Suitable/required	1	2	3	4	5	6	7
Risk							
33. Patient determined as high/medium/low risk	1	2	3	4	5	6	7
Recall							
34. Set according to risk	1	2	3	4	5	6	7
Personal care plan							
35. Personal care plan provided verbally	1	2	3	4	5	6	7
36. Personal care plan provided in written form	1	2	3	4	5	6	7

SECTION 3: BELIEFS AND ATTITUDES ABOUT ORAL HEALTH ASSESSMENTS

This section will assess your beliefs and attitudes regarding oral health assessments and the existing Oral Health Assessment and Review guidance.

Please indicate the extent to which you agree with each of the following statements by circling your answer [e.g. ⑤] on a scale of 1-7, where 1 = strongly disagree and 7 = strongly agree.

Some of the questions may seem repetitive but it is important that you answer them all.

	Strongly Disagree						Strongly Agree
1. I know what the current guidance is, regarding Oral Health Assessment and Review.	1	2	3	4	5	6	7
2. I know the reasons why I should conduct an oral health assessment with patients.	1	2	3	4	5	6	7
3. I can carry out an oral health assessment to a good standard.	1	2	3	4	5	6	7
4. I have the skills to conduct an oral health assessment.	1	2	3	4	5	6	7
5. It is part of my job to conduct an oral health assessment with patients.	1	2	3	4	5	6	7
6. My practice is committed to conducting oral health assessments with patients.	1	2	3	4	5	6	7
7. I feel confident when I am conducting an oral health assessment.	1	2	3	4	5	6	7
8. I find it easy to conduct an oral health assessment in accordance with the guidance.	1	2	3	4	5	6	7
9. Conducting an oral health assessment is not worthwhile for my practice.	1	2	3	4	5	6	7
10. Conducting an oral health assessment helps me improve the oral health of my patients.	1	2	3	4	5	6	7
11. It will benefit my patients if I conduct an oral health assessment.	1	2	3	4	5	6	7
12. It will benefit me to carry out oral health assessments on my patients.	1	2	3	4	5	6	7
13. There will be negative consequences if I don't conduct oral health assessments.	1	2	3	4	5	6	7
14. I get appropriately paid for my time conducting oral health assessments.	1	2	3	4	5	6	7
15. Delivering an oral health assessment is a necessary part of my job.	1	2	3	4	5	6	7
16. I choose to conduct oral health assessments in accordance with the guidance.	1	2	3	4	5	6	7
17. Conducting oral health assessments prevents me from carrying out other activities within my practice.	1	2	3	4	5	6	7
18. My goal is to conduct an oral health assessment with all my patients.	1	2	3	4	5	6	7
19. I am too busy to conduct an oral health assessment with every patient.	1	2	3	4	5	6	7
20. I have experience conducting all elements of an oral health assessment.	1	2	3	4	5	6	7

21. My practice has the necessary resources to conduct oral health assessments.	1	2	3	4	5	6	7
22. There is sufficient time to carry out oral health assessments.	1	2	3	4	5	6	7
23. I am supported by my dental team in conducting oral health assessments.	1	2	3	4	5	6	7
24. Patients want an oral health assessment.	1	2	3	4	5	6	7
25. I find it stressful to conduct oral health assessments.	1	2	3	4	5	6	7
26. I am happy to conduct oral health assessments with my patients.	1	2	3	4	5	6	7
27. Conducting oral health assessments is compatible with other elements of my job.	1	2	3	4	5	6	7
28. I am encouraged by my practice to conduct oral health assessments.	1	2	3	4	5	6	7

SECTION 4: DEMOGRAPHICS

Please answer by putting a tick [✓] in the appropriate boxes. Text boxes are provided when more information is required.

1. Age	25 years or below	<input type="checkbox"/>
	26-35 years	<input type="checkbox"/>
	36-50 years	<input type="checkbox"/>
	Over 50 years	<input type="checkbox"/>
2. Sex	Female	<input type="checkbox"/>
	Male	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>
3. What is your professional role?	Principal dentist	<input type="checkbox"/>
	Associate dentist	<input type="checkbox"/>
	VDP	<input type="checkbox"/>
	If Other please state:	
4. How many years has it been since you qualified?	0-5 years	<input type="checkbox"/>
	6-10 years	<input type="checkbox"/>
	11-20 years	<input type="checkbox"/>
	21-30 years	<input type="checkbox"/>
	31+ years	<input type="checkbox"/>
5. In which NHS Board area(s) do you work? (tick <input checked="" type="checkbox"/> all that apply)	NHS Ayrshire & Arran	<input type="checkbox"/>
	NHS Borders	<input type="checkbox"/>
	NHS Dumfries & Galloway	<input type="checkbox"/>
	NHS Fife	<input type="checkbox"/>
	NHS Forth Valley	<input type="checkbox"/>
	NHS Grampian	<input type="checkbox"/>
	NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	NHS Highland	<input type="checkbox"/>
	NHS Lanarkshire	<input type="checkbox"/>
	NHS Lothian	<input type="checkbox"/>
	NHS Orkney	<input type="checkbox"/>
	NHS Shetland	<input type="checkbox"/>
	NHS Tayside	<input type="checkbox"/>
	NHS Western Isles	<input type="checkbox"/>
6. In which type of practice do you work?	Fully NHS	<input type="checkbox"/>
	Mixed NHS/private	<input type="checkbox"/>
	Fully private	<input type="checkbox"/>
7. In which setting do you work?	GDS	<input type="checkbox"/>
	PDS	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	If other, please give details:	
8. Does your practice have a practice manager?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
9. On average, how many sessions per week do you work? (0.5 days = 1 session)		

