

NHS Education for Scotland

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.



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 $[\ensuremath{\square}]$ 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.

Social history			Assess	Reco	rd
2. Alcohol intake	Soc	ial history			
1.	1.	Smoking			
Medical history	2.	Alcohol intake			
Nedical history	3.	Diet factors			
5. Conditions 6. Allergies 7. Medications Dental history 8. Oral hygiene 9. Grind/clench 10. Previous treatment experience Anxiety 11. Level Head and neck 12. Visual assessment of facial bones 13. Mouth opening 14. Lymph swelling 15. Soft tissue swelling 16. TMJ Tooth surface and loss 17. Attrition 18. Abrasion 19. Erosion 20. Tooth wear progression Periodontal tissue 21. BPE scores 22. Bleeding index 23. Attachment loss rate 24. Lesions 25. Change in caries rate<	4.	Fluoride toothpaste			
6. Allergies	Med	dical history			
	5.	Conditions			
Dental history	6.	Allergies			
8. Oral hygiene	7.	Medications			
9. Grind/clench	Der	ital history		•	
10. Previous treatment experience	8.	Oral hygiene			
Anxiety	9.	Grind/clench			
11. Level	10.	Previous treatment experience			
Head and neck 12. Visual assessment of facial bones	Anx	riety			
12. Visual assessment of facial bones	11.	Level			
13. Mouth opening	Hea	nd and neck			
14. Lymph swelling	12.	Visual assessment of facial bones			
15. Soft tissue swelling	13.	Mouth opening			
16. TMJ	14.	Lymph swelling			
Tooth surface and loss 17. Attrition	15.	Soft tissue swelling			
17. Attrition	16.	TMJ			
18. Abrasion	Too	th surface and loss			
19. Erosion	17.	Attrition			
20. Tooth wear progression	18.	Abrasion			
Periodontal tissue 21. BPE scores	19.	Erosion			
21. BPE scores	20.	Tooth wear progression			
22. Bleeding index 23. Attachment loss rate Caries 24. Lesions 25. Change in caries rate 26. Exposed roots Coral mucosal 27. Dry mouth 28. Intra-oral soft tissue exam Dental trauma 29. Teeth 30. Soft tissue Tooth abnormalities	Per	iodontal tissue			
23. Attachment loss rate	21.	BPE scores			
Caries 24. Lesions	22.	Bleeding index			
24. Lesions 25. Change in caries rate 26. Exposed roots Coral mucosal 27. Dry mouth 28. Intra-oral soft tissue exam Dental trauma 29. Teeth 30. Soft tissue Tooth abnormalities	23.	Attachment loss rate			
25. Change in caries rate 26. Exposed roots Coral mucosal 27. Dry mouth 28. Intra-oral soft tissue exam Dental trauma 29. Teeth 30. Soft tissue Tooth abnormalities	Car	ies			
26. Exposed roots	24.	Lesions			
Oral mucosal 27. Dry mouth 28. Intra-oral soft tissue exam Dental trauma 29. Teeth 30. Soft tissue Tooth abnormalities	25.	Change in caries rate			
27. Dry mouth 28. Intra-oral soft tissue exam Dental trauma 29. Teeth 30. Soft tissue Tooth abnormalities	26.	Exposed roots			
28. Intra-oral soft tissue exam Dental trauma 29. Teeth 30. Soft tissue Tooth abnormalities	Ora	l mucosal			
Dental trauma 29. Teeth 30. Soft tissue Tooth abnormalities	27.	Dry mouth			
29. Teeth 30. Soft tissue Tooth abnormalities	28.	Intra-oral soft tissue exam			
30. Soft tissue	Der	ital trauma	·		
Tooth abnormalities					
31. Number/size/colour	Too	th abnormalities			
	31.	Number/size/colour			

	Assess	Record
Dentures		
32. Suitable/required		
Risk		
33. Patient determined as high/m	edium/low risk	

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		
Personal care plan		
35. Personal care plan provided verbally		
36. Personal care plan provided in written form		

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				Ext	remely	
	impor	tant				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	1	2	2	4	_	_	7	
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	1	2	3	4	5	6	7	
form					1			

SECTION 3: BELIEFS AND ATTITUTES 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.

	Strong Disagr	-				St	rongly Agree
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 $[\ensuremath{\square}]$ in the appropriate boxes. Text boxes are provided when more information is required.

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

10. Does your practice use a	Yes		
computerised system for patient	No		
records?			
11. If yes, which system is used?			
SECTION 5: SUPPORT			
	4		and the Alexander
What do you think would support you SDCEP Oral Health Assessment and Re		•	
Local learning events/workshops (out of			,,
In-practice visits	<u> </u>		
Webexes (interactive)			
Webinars (lecture style)			
e-learning modules			
IT systems that can:		_	
(i) Record all elements of an oral health	assessment		
(ii) Support the risk assessment process			
(iii) produce a personal care plan based	on a		
patient's oral health assessment		Ш	
Other (please state)			
SECTION 6: ADDITIONAL COMMENTS			
Do you have any other comments abo	ut the oral h	ealth assessment and review	nrocess, as
outlined in the SDCEP Oral Health Asse			process, us
outlined in the oboth of at freathings	essinent und	. He view gardaneer	
Thank you for taking the time to answ	er these aue	stions. Your contribution is very	/ much appreciated
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If you would like to discuss any part of	this questio	nnaire then please contact: tria	ds@nes.scot.nhs.uk
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THANK YOU