A1) Study ID__________

Oral Cancer Examinations in U.S. Dental Offices

Eligibility criteria

A2) Are you a practicing clinical general dentist or Registered Dental Hygienist?
   1) ☐ General dentist
   2) ☐ Registered Dental Hygienist
   3) ☐ Neither (if neither, stop and “Thank you for your interest in this project. However, you are currently not eligible to participate.”)

B) Are you: a. licensed in the U.S. to treat patients, and b. treating patients in the U.S. on a recurring basis
   1) ☐ Yes
   2) ☐ No (if no, stop and “Thank you for your interest in this project. However, you are currently not eligible to participate.”)

Accurate responses are critical to obtaining meaningful study findings.

This is not a test; rather it is a survey of the dental profession regarding actual practices. Study results may have utility in terms of dental, medical, and public health policy and education.

The following questions should be answered in terms of your dental practice and your patients. Responses are confidential and will be analyzed only in aggregate with all other participant responses in order to paint a picture of oral cancer examinations nationally.

Thank you for your involvement with the project.

Survey definitions: Please review the following definitions prior to responding to the questionnaire.

- **Oral Cancer Examination (OCE):** OCE is the visual-tactile, external and intraoral examination of the soft tissues that can discover evidence of oral premalignancy and cancer. It is sometimes termed an oral cancer screening examination, and the OCE can be a major component of the comprehensive head and neck examination.
- **New Patient Examination (NPE):** CDT D0150- Comprehensive oral evaluation - new patient OR, patient of record
- **Recall Examination:** CDT D0120- Periodic oral evaluation
- **Malignant:** Cancer, for example (e.g.), Squamous Cell Carcinoma (SCCA), Salivary gland adenocarcinoma
- **Premalignant:** A lesion with-increased potential for transformation to a cancer, e.g. epithelial dysplasia
- **Lesion suspicious for premalignancy/malignancy:** an oral lesion with characteristics suggesting it has the potential to transform, or has already transformed into an invasive cancer

Please note, “billing codes” are presented only to orient you to the type of examination being conducted.

ALL QUESTIONS APPLY TO ADULTS ≥ 21 YEARS OF AGE

OCE-Questionnaire-2017-02-24-V15.0.docx
Owner: Walter Psoter
1. On average, how many hours per week do you practice clinically? ____ (hours)

1a. Did you complete an accredited residency program following dental school? (Please check all that apply)

1ai. ☐ I am a hygienist: this question DOES NOT APPLY (programing note: if checked, all questions for dentists only should be auto-deleted for hygienists)

1aii. ☐ No               ☐ Yes  Programmer note, if no go to Q#2
1aiii. ☐ Completed Advanced Education in General Dentistry (AEGD) program, 1 year
1av.    ☐ Completed Advanced Education in General Dentistry (AEGD) program, 2 years
1av.    ☐ Completed General Practice Residency (GPR) program, 1 year
1avi.   ☐ Completed General Practice Residency (GPR) program, 2 years
1avii.  ☐ Completed specialty residency (oral and maxillofacial surgery, oral pathology, orthodontics, periodontics, endodontics, pedodontics, prosthodontics, oral medicine) but practice as general dentist
1aviii. ☐ Other (specify):_______________________________________________
The next set of questions is about how you conduct your routine new patient examinations (NPE CDT DO150) not presenting as an emergency.

(Please mark on the slider below to indicate your response percentage or level of confidence)

(Programmer note: For the on-line version, the % shows up as slider moves, not to enter score. Should be positioned above slider. The mailed questionnaire, if used, will also have them mark the slider and enter the score)

2. When conducting your routine new patient examinations (NPE CDT D0150):

a. On what percentage of your NPE patients do you palpate for anterior cervical lymph nodes?

[Slider]

0% 100%  ____% (Enter Score)

a1. How confident are you palpating these lymph nodes?

[Slider]

0% Completely unconfident 100% Completely confident

0% 100%  ____% (Enter Score)

b. On what percentage of your NPE patients do you palpate submandibular lymph nodes?

[Slider]

0% 100%  ____% (Enter Score)

b1. How confident are you palpating the submandibular lymph nodes?

[Slider]

0% Completely unconfident 100% Completely confident

0% 100%  ____% (Enter Score)
c. On what percentage of your NPE patients do you **palpate** the thyroid?

0% 100% ____% (Enter Score)

**c1. How confident are you palpating the thyroid?**

0% 100% ____% (Enter Score)

0% Completely **un**confident 100% Completely confident

**d. On what percentage of your NPE patients do you visually examine the buccal mucosa?**

0% 100% ____% (Enter Score)

d1. How confident are you in performing a visual exam of the buccal mucosa?

0% 100% ____% (Enter Score)

0% Completely **un**confident 100% Completely confident

e. On what percentage of your NPE patients do you **palpate** the buccal mucosa?

0% 100% ____% (Enter Score)

e1. How confident are you in palpating the buccal mucosa?

0% 100% ____% (Enter Score)

0% Completely **un**confident 100% Completely confident
f. On what percentage of your NPE patients do you **visually examine the oropharynx**?

![Percentage Scale]

f1. How confident are you **visually examining** the oropharynx?

![Percentage Scale]

0% Completely **unconfident**

100% Completely confident

**g.** How do you **generally examine the oropharynx**? *(Check all that apply)*

- g1a. ☐ Have patient stick out his/her tongue and say “aaahhh.”
- g1b. ☐ As above, but also press the tongue down with a tongue blade or mouth mirror.
- g1c. ☐ Look in the back of the mouth without doing either of the above
- g1d. ☐ Other (please specify) ________________________________
- g1e. ☐ I do not visually examine the oropharynx as part of my routine new patient examinations

h. Do you generally examine the lateral borders of the tongue by *(Check all that apply):*

- h1a. ☐ Retracting the tongue with a mouth mirror
- h1b. ☐ Having the patient “stick out” his/her tongue from one side to the other
- h1c. ☐ Holding the tongue with a gauze
- h1d. ☐ Other? (specify) ________________________________

h1. How confident are you **visually examining** the lateral borders of the tongue?

![Percentage Scale]

**h2.** On what percentage of your NPE patients do you **hold the tongue with gauze** to visualize the lateral borders?

![Percentage Scale]
h3. How confident are you in performing a visual exam while holding the tongue with gauze to visualize the lateral borders?

0% 100% ___% (Enter Score)

0% Completely unconfident 100% Completely confident

i. On what percentage of your NPE patients do you visually examine the undersurface of the tongue?

0% 100% ___% (Enter Score)

0% Completely unconfident 100% Completely confident

i1. How confident are you in visually examining the undersurface of the tongue?

0% 100% ___% (Enter Score)

0% Completely unconfident 100% Completely confident

j. On what percentage of your NPE patients do you visually examine the floor of mouth?

0% 100% ___% (Enter Score)

0% Completely unconfident 100% Completely confident

j1. How confident are you in visually examining the floor of mouth?

0% 100% ___% (Enter Score)

0% Completely unconfident 100% Completely confident

j2. On what percentage of your NPE patients do you palpate the floor of mouth?

0% 100% ___% (Enter Score)
J3. How confident are you palpating the floor of mouth?

0%  ____% (Enter Score)

0% Completely unconfident 100% Completely confident

k. On what percentage of your NPE patients do you **visually examine** the retromolar pad area?

0%  ____% (Enter Score)

0% Completely unconfident 100% Completely confident

k1. How confident are you **visually examining** the retromolar pad area?

0%  ____% (Enter Score)

0% Completely unconfident 100% Completely confident

This next set of questions is about various aspects concerning your OCE.

3. **(Programmer note: if hygienists):** “Who conducts *most* of the initial and recall comprehensive oral cancer examinations for *your* patients? (if in a group practice, please average across your dentists).”

**(Programmer note: if dentists):** “Who conducts *most* of the initial and recall comprehensive oral cancer examinations for *your* patients?”

**(Please check one box ONLY in each row)**

3a. For new patient examinations: Dentist (2): _____ Hygienist (1): _____ (not generally conducted): ____ (0)

3b. For recall patient examinations: Dentist (2): _____ Hygienist (1): _____ (not generally conducted): ____ (0)

4. When conducting a comprehensive oral cancer examination, how confident are you in your ability to classify oral mucosa as **not within normal limits**.

0%  ____% (Enter Score)

0% Completely unconfident 100% Completely confident
5. **Auto-delete for hygienists**

Overall, my confidence level in assigning a presumptive diagnosis to oral mucosal lesions is:

![Confidence Level Scale](image)

6. **(Programmer note: if hygienists the question is):**

“In your primary practice site what percentage of your adult patients currently receives a comprehensive OCE? (in a group practice, please average across your dentists):”

**Programmer note: if dentists:**

“In your primary practice site what percentage of your adult patients currently receives a comprehensive OCE?”

<table>
<thead>
<tr>
<th></th>
<th>Adult Patients &lt;40 years old</th>
<th>Adult Patients 40-50 years old</th>
<th>Adult Patients &gt; 50 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. New patients</td>
<td>6ai.</td>
<td>6aii.</td>
<td>6aiii.</td>
</tr>
<tr>
<td>6b. Recall patients (at least twice a year*)</td>
<td>6bi.</td>
<td>6bii.</td>
<td>6biii.</td>
</tr>
<tr>
<td>6c. Recall patients (at least annually*)</td>
<td>6ci.</td>
<td>6cii.</td>
<td>6ciii.</td>
</tr>
<tr>
<td>6d. New Emergency patients at Emergency visit (auto-deleted for hygienists)</td>
<td>6di.</td>
<td>6dii.</td>
<td>6diii.</td>
</tr>
</tbody>
</table>

*Subject to their coming in

7a. Do you solicit a history of HPV infection on your medical history form?

☐ Yes
☐ No

7b. Do you verbally solicit a history of HPV infection?

☐ Never or almost never
☐ Yes, but only when the patient indicates ‘yes’ on medical history form and/or an oral lesion is present
☐ Yes, for most adults
☐ Other: ___________________________

7c. Do you solicit a history of behaviors associated with HPV-related infection on your medical history form?

☐ Yes
☐ No
7d. Do you *verbally* solicit a history of behaviors associated with HPV infection?  
☐ Never or almost never  
☐ Yes, but only when the patient indicates ‘yes’ on medical history form and/or an oral lesion is present  
☐ Yes, for most adults  
☐ Other: ___________________________

8. Which (if any) of the following factors influence the **Frequency** or **Comprehensiveness** of your new or recall OCEs? (Please mark a response for each box)  
*Programmer note: each Exam Frequency and Exam Comprehensiveness question is labeled as 8x1 and 8x2 respectively (x = 8a-j)*

<table>
<thead>
<tr>
<th>Factor</th>
<th>8a-j1 Exam Frequency</th>
<th>8a-j2 Exam Comprehensiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a. Any current smoking</td>
<td>□ Increase</td>
<td>□ Increase</td>
</tr>
<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
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<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8b. Ever Smoke &gt; 1 pack/day of cigarettes</td>
<td>□ Increase</td>
<td>□ Increase</td>
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<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
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<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8c. Use smokeless (chewing) tobacco</td>
<td>□ Increase</td>
<td>□ Increase</td>
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<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
</tr>
<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8d. Drink “socially”</td>
<td>□ Increase</td>
<td>□ Increase</td>
</tr>
<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
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<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8e. Heavy drinking</td>
<td>□ Increase</td>
<td>□ Increase</td>
</tr>
<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
</tr>
<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8f. Wear dentures</td>
<td>□ Increase</td>
<td>□ Increase</td>
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<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
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<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8g. History of sexually transmitted disease</td>
<td>□ Increase</td>
<td>□ Increase</td>
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<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
</tr>
<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8h. Any history of HPV or associated behaviors</td>
<td>□ Increase</td>
<td>□ Increase</td>
</tr>
<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
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<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8i. Being a male</td>
<td>□ Increase</td>
<td>□ Increase</td>
</tr>
<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
</tr>
<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
<tr>
<td>8j. Family history of oral or oropharyngeal cancer</td>
<td>□ Increase</td>
<td>□ Increase</td>
</tr>
<tr>
<td></td>
<td>□ Decrease</td>
<td>□ Decrease</td>
</tr>
<tr>
<td></td>
<td>□ No Change</td>
<td>□ No Change</td>
</tr>
</tbody>
</table>
9a. (auto-deleted for hygienists)
In the past **six (6) months**, approximately how many biopsies did you personally perform on patients with oral lesions suspicious for premalignancy/malignancy?

___ (number)  (If “0” go to 9b)

9a1. Of the oral lesions suspicious for premalignancy/malignancy you **biopsied yourself** in the past **six (6) months**, how many had a histopathologic diagnosis that was:

- 9a1i) potentially premalignant

- 9a1i) carcinoma *in situ* or a cancer

9b. (auto-deleted for hygienists)
In the past **three (3) months**, how many patients with oral lesions suspicious for premalignancy/malignancy did you **refer for consultation / biopsy**:

___ (number)

9b1. Of the patients with lesions suspicious for premalignancy/malignancy that you **referred for consultation/biopsy** in the past **three (3) months**, how many had a histopathologic diagnosis that was:

- 9b1i) potentially premalignant

- 9b1i) carcinoma *in situ* or a cancer

- 9b1ii) generally do not learn histopathologic diagnoses

9c. (auto-deleted for hygienists)
In the past **six (6) months**, how many patients with oral lesions suspicious for premalignancy/malignancy did you **refer for consultation / biopsy**:

___ (number)

9c1. Of the patients with lesions suspicious for premalignancy/malignancy that you **referred for consultation/biopsy** in the past 6 months, how many had a histopathologic diagnosis that was:

- 9b1i) potentially premalignant

- 9b1i) carcinoma *in situ* or a cancer

- 9b1ii) generally do not learn histopathologic diagnoses
10. (auto-deleted for hygienists)
Do you use the following as part of your new or recall examination armamentarium?

<table>
<thead>
<tr>
<th></th>
<th>Never (0)</th>
<th>Sometimes (1)</th>
<th>Always (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. Tissue autofluorescence/ Chemireflectance, e.g., VELscope, Identifi, OralID, Vizilite, Microlux</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Vital stains, e.g., Vizilite Plus (toluidine blue), OraBlu (toluidine blue), Lugol's Iodine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c. Salivary test (oral cancer), e.g., SaliMark:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10d. Salivary test (HPV), e.g., Oral DNA, OraRisk® HPV with Reflex</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. (auto-deleted for hygienists)
Do you use the following *after* an oral lesion is discovered?

<table>
<thead>
<tr>
<th></th>
<th>Never (0)</th>
<th>Sometimes (1)</th>
<th>Always (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a. Tissue autofluorescence/ Chemireflectance, e.g., VELscope, Identifi, OralID, Vizilite, Microlux</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b. Vital stains, e.g., Vizilite Plus (toluidine blue), OraBlu (toluidine blue), Lugol's Iodine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c. Cytopathological platforms, e.g., Oral CDX Brush Test, CtyID, Oral Advance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d. Salivary test (oral cancer), e.g., SaliMark:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e. Salivary test (HPV), e.g., Oral DNA, OraRisk® HPV with Reflex</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12a. Do you have optical “loupes” available?  Yes___ No___ (If no go to Q13)
12b. Do you generally wear optical “loupes” for your restorative dentistry?  Yes___ No___
12c. What percentage of the time do you wear optical “loupes” to visually examine the oral soft tissue when conducting an OCE?

0%  _____% (Enter Score)  100%

13. (auto-deleted for hygienists)
To what extent do the following signs and symptoms increase your suspicion that a lesion could be premalignant or malignant in the absence of an obvious cause, e.g., aphthous ulcer, “pizza burn”?
13a. White lesion

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13b. Red lesion

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13c. Red and white lesion

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13d. Induration (firmness) of lesion

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13e. Ulcerated lesion

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13f. Patient-reported lesion duration < 2 weeks

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13g. Patient-reported lesion duration ≥ 2 weeks

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)
13h. Positive contralateral (opposite side) nodes

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13i. Positive ipsilateral (same side) nodes

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13j. Pain in lesion area

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13k. Other1 (specify): ________________________________ (or N/A if left blank)

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)

13l. Other2 (specify) ________________________________ (or N/A if left blank)

0% Not at all suspicious

100% Extremely suspicious

___% (Enter Score)
14. (auto-deleted for hygienists)
What are the three (3) most important factors in deciding that an oral lesion requires consult or biopsy rather than first conducting a short-term observation: (Check up to three)

☐ 14a. Patient age
☐ 14b. Lesion duration
☐ 14c. Lesion color
☐ 14d. Lesion induration
☐ 14e. Lesion ulceration
☐ 14f. Lesion location
☐ 14g. Family history of OC
☐ 14h. Smoker
☐ 14i. Evidence of heavy alcohol consumption
☐ 14j. Gender
☐ 14k. Pain in lesion area
☐ 14l. Patient expressing concern about oral lesion/requesting further consultation/biopsy

The next set of questions will ask about referral/management of suspicious oral lesions.

15. (auto-deleted for hygienists)
To which type of practitioner do you generally refer patients with oral lesions suspicious for premalignancy or malignancy? (Check one only)

☐ 15a. Oral and Maxillofacial surgeon
☐ 15b. Oral medicine specialist
☐ 15c. Oral Pathologist
☐ 15d. ENT specialist
☐ 15e. Head & neck surgeon
☐ 15f. Dermatologist
☐ 15g. Primary care physician
☐ 15h. Other, Specify: ______________________

☐ 15i. I do not refer patients with oral lesions suspicious for premalignancy or malignancy

☐ 15j. I do not refer, I am someone to whom patients with lesions are referred

16. (auto-deleted for hygienists)
Do any of your patients’ medical/dental insurance plans require you to:

☐ 16a. use specific plan-defined referral specialists?
☐ Yes
☐ No
☐ Don’t know/Not sure
16b. refer to a primary care physician first (gatekeeper)?
   □ Yes
   □ No
   □ Don’t know/Not sure

17. (auto- deleted for hygienists)
When you refer for a consult and/or biopsy, do you routinely provide any of the following information to the practitioner to whom you are referring? (Check all that apply)
17a. □ Medical history
17b. □ Dental history
17c. □ Signs and symptoms associated with lesion of concern
17d. □ History of lesion (e.g., duration)
17e. □ Physical description of lesion
17f. □ Lesion location
17g. □ Radiographs
17h. □ Results from diagnostic adjuncts, e.g., VELscope
17i. □ Photographs
17j. □ Results from diagnostic salivary
17k. □ Other; Specify: ___________________
17l. □ N/A - I generally do not refer

18. (auto- deleted for hygienists)
When you refer a patient with an oral lesion suspicious for premalignancy or malignancy, how do you most often communicate the purpose of the referral appointment to the practitioner? (Check all that apply):
18a. □ I call the practitioner’s office myself
18b. □ A member of my staff calls the practitioner’s office
18c. □ Written communication is sent to the practitioner
18d. □ Written communication is taken to the practitioner by the patient
18e. □ My office and I do not communicate with the office to which the patient is being referred
18f. □ Other (specify) __________________________
18g. □ N/A - I generally do not refer

19a. When conducting an OCE, do you provide your patient with a general overview of the OCE procedures you will be using?
   □ Yes
   □ No

19b. In general, how comfortable are you talking about the OCE with most of your patients?

0% Completely uncomfortable 100% Completely comfortable ___% (Enter Score)
20a. When conducting an OCE, how likely are you to tell most of your patients that you will be checking for oral cancer?
☐ Not at all likely
☐ Somewhat likely
☐ Very likely

20b. (auto-deleted for hygienists)
When a patient with an oral lesion suspicious for premalignancy/malignancy is referred by you for a consult and/or biopsy, do you or your staff routinely follow up with a telephone call to the patient or specialist to confirm the appointment was kept?
☐ Yes
☐ No
☐ I do not refer patients with oral lesions

21a. ☐ Please check box if you have not seen a suspicious lesion in the past 3 years.
Programmer note: if #21a is checked, go to question #22. For any paper questionnaire, add “and go to question #22.”

21b. Estimate the average time between your initial detection of a potentially premalignant or malignant lesion and your biopsying that lesion or referring for a consultation-biopsy.

Please move slide marker to average time in days / weeks
Programmer note: place minor markers for days leaving major markers for weeks.

Day of discovery

1 2 3 4 5 6 > 6 weeks

WEEKS

21c. Comment(s) regarding this question (optional):
________________________________________________________
________________________________________________________________________________

22. (auto-deleted for hygienists)
When you refer a patient with an oral lesion suspicious of premalignancy or malignancy for a consult and/or biopsy, how likely is it that you schedule the patient for a follow-up appointment with you after the scheduled referral?

a. ☐ Not at all likely (0)
b. ☐ Somewhat likely (1)
c. ☐ Very likely (2)
d. ☐ I do not refer patients with oral lesions (7)
23. (auto-deleted for hygienists)
When a patient with an oral lesion suspicious for premalignancy or malignancy is referred by you for a consult and/or biopsy AND a biopsy was performed, what do you generally receive back from the practitioner to whom you referred the patient:

23x. ☐ I do not refer patients with oral lesions  Programmer note, skip to Q#24 if checked

Otherwise, check one box in each cell

<table>
<thead>
<tr>
<th>I generally receive:</th>
<th>A Written Report</th>
<th>A Phone Call</th>
<th>A Histopathological Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>23a. If negative for premalignancy / malignancy</td>
<td>☐ Yes - 23a1</td>
<td>☐ Yes - 23a2</td>
<td>☐ Yes - 23a3</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>23b. If positive for premalignancy / malignancy</td>
<td>☐ Yes - 23b1</td>
<td>☐ Yes - 23b2</td>
<td>☐ Yes - 23b3</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

24. (auto-deleted for hygienists)
When a patient with an oral lesion suspicious for premalignancy / malignancy is referred by you for a consult and/or biopsy AND a biopsy was performed, how does the patient learn the results?  (Check all that apply)

24a. ☐ I assume the other practitioner contacts the patient
24b. ☐ On receipt of the histologic report, I generally follow-up with the patient
24c. ☐ On receipt of the histologic report, my office staff generally follows-up with the patient
24d. ☐ I forward a copy of the histologic report to the patient
24e. ☐ I receive a letter from the specialist’s office that they have spoken with the patient
24f. ☐ I do not refer patients with oral lesions

25. Over the past 3 years, how many TOTAL hours of continuing education have you taken that were primarily dedicated to oral cancer, the oral soft tissue examination technique, and/or oral soft tissue lesion differential diagnosis? (Enter a whole number)

____ course hours over the past 3 years

26. Have you ever had “hands-on” continuing education in performing a visual-tactile head and neck examination?

☐ Yes (Go to Q26a.)
☐ No (Go to Q26b.)

26a. If yes, please rate the training in increasing your visual-tactile examination confidence:

0% Worthless  ___________% (Enter Score)  100% Positively practice changing
26b. If no, please rate the extent to which you believe “hands-on” continuing education would benefit you in conducting OCE.

0% of no benefit 100% A must CE

___% (Enter Score)

27. In your practice, how would you rate the importance of performing an OCE during your:

27a. New patient examination

0% Not important at all 100% Extremely important

___% (Enter Score)

27b. Recall patient examination

0% Not important at all 100% Extremely important

___% (Enter Score)

27c. Emergency patient examination

0% Not important at all 100% Extremely important

___% (Enter Score)

28. (auto-deleted for hygienists)

In my practice [primary practice (if more than one)] there is sufficient time / reimbursement for the dentist(s) to conduct complete/comprehensive/thorough OCEs for:

<table>
<thead>
<tr>
<th></th>
<th>Time</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>28a. New patient visits</td>
<td>☐ Yes (28ai)</td>
<td>☐ Yes (28aii)</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>28b. Recall patient visits</td>
<td>☐ Yes (28bi)</td>
<td>☐ Yes (28bii)</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ No</td>
</tr>
</tbody>
</table>
28c. Emergency patient visits

☐ Yes (28ci)
☐ No
☐ Yes (28cii)
☐ No

29. (auto-deleted for hygienists)
Does the practice have a hygienist?
☐ Yes
☐ No (Go to Q31)

30. (auto-deleted if #29 is no)
In my practice there is sufficient time / reimbursement for the hygienist(s) to conduct complete/comprehensive/thorough OCEs for

<table>
<thead>
<tr>
<th>Time</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes (30ai)</td>
<td>☑ Yes (30aii)</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☒ Do not know</td>
<td>☒ Do not know</td>
</tr>
</tbody>
</table>

30a. New patient visits

30b. Recall patient visits

31. Is there an important question or questions that we did not ask? If so, please type the question(s) in the following space, we may add it to a follow-up questionnaire.

31a. ______________________________________________________________

31b. ______________________________________________________________

31c. ______________________________________________________________

32. (auto-deleted for dentists)

(RDH only) My Dental Hygiene credentialing includes: (Please check highest obtained credentials)
☐ Certification
☐ Associate degree
☐ Bachelor degree
☐ Bachelor degree and other degree (MS, MPH, PhD etc)

33. Are you employed in any of the following dental firms? If so, please check your organization.
(please check one)
[ ] No
[ ] HealthPartners
[ ] Permanente Dental Associates
[ ] Park Dental

34. Would you like us to send you or your practice organization a $50.00 as a thank you for completing this survey?
[ ] Yes, please send compensation [SKIP QUESTION 34a]
[ ] No [SKIP TO Question 35]

34a. Please let us know where you would like the compensation sent:

☐ Address on File

☐ Other Address:

Name: __________________________________________________________

(First)        (Last)        (Suffix)

Practice Name: _________________________________________________

Street Address 1: ______________________________________________

Street Address 2: ______________________________________________

City: _______________   State: _______________   Zip: ________

35. Would you be willing to retake this questionnaire within 2 weeks of completing it (a test-retest validation)?
[ ] Yes
[ ] No