Eligibility Question:

Do you provide in person clinical care for at least one adult (> 18 years old) patient per week?

Yes       No

Questionnaire:
The key purpose of this study is to investigate if and how dentists treat adults with intellectual, acquired, and developmental disabilities.

Intellectual, acquired, and developmental disabilities (IADD) can include the following diagnoses: autism, cerebral palsy, Down’s syndrome/ trisomy 21, developmental delay/ disorder, traumatic brain injury, stroke with functional limitations, and Alzheimer’s/ dementia.

This is not meant to include patients with anxiety, dental phobia, or other non-intellectual mental health conditions. Behavioral tolerance can be broken down into the following spectrum:

A. Intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   For example, patients who will not sit in the dental chair/ enter the operatory, who are combative, will not open their mouth or sit still for dental treatment without other physical or pharmaceutical intervention or treatment modification to initiate and complete treatment

B. Somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   For example, patients who will eventually sit in the dental chair with some hesitancy or difficulty. They may be tolerant for cleanings, x-rays, exams, or non-invasive dental treatment, but are not tolerant for more invasive treatment such as injection of local anesthesia, restorations, or extractions without other physical or pharmaceutical intervention or treatment modification to complete treatment

C. Tolerant for dental care in the clinic setting without physical or pharmaceutical intervention
   For example, patients who are hesitant for dental treatment but will voluntarily open their mouths and can sit still for at least some minimal amount of time. They can tolerate all levels of dental care including injection of local anesthesia.

**PLEASE REFER TO THESE DEFINITIONS WHEN RESPONDING TO ALL QUESTIONS PERTAINING TO EACH CATEGORY OF BEHAVIORAL TOLERANCE FOR DENTAL CARE**

**PLEASE ANSWER QUESTIONS AS THEY PERTAIN TO ALL PATIENTS THAT YOU TREAT IN ALL LOCATIONS**
1. In the past year, have you provided dental treatment for one or more adult patients with IADD who fall into the following categories?

A. Intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   YES   NO

B. Somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   YES   NO

C. Tolerant for dental care in the clinic setting without physical or pharmaceutical intervention
   YES   NO

2. Approximately how many adult patients with IADD/behavioral challenges for dental care have you seen per month in the past year?
   [*** SKIP IN GROUP OF QUESTIONS FOR ANY YES TO QX 1]  
   A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
      <1 patient per month
      1-5 per month
      6-10 per month
      >10 per month
      Prefer not to answer

   B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
      <1 patient per month
      1-5 per month
      6-10 per month
      >10 per month
      Prefer not to answer

   C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention
      <1 patient per month
      1-5 per month
      6-10 per month
      >10 per month
      Prefer not to answer

3. What factors impact your ability to treat adults with IADD?
Please rate each factor below with its level of importance regarding your ability to treat these patients.

1- Very unimportant   2- somewhat unimportant   3- neither unimportant or important
4- somewhat important     5- very important

A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   a. They’re disruptive to the practice within the waiting room
      1  2  3  4  5  prefer not to answer

b. It is too time consuming or it requires extra time to treat these patients
   1  2  3  4  5  prefer not to answer

c. Not comfortable with patients of this population
   1  2  3  4  5  prefer not to answer

d. Poor reimbursement/ financial reasons
   1  2  3  4  5  prefer not to answer

e. I do not have the appropriate training or credentials to treat these patients
   1  2  3  4  5  prefer not to answer

f. I do not have the correct equipment, space, and/or facilities
   1  2  3  4  5  prefer not to answer

g. The frequency with which patients with IADD present to my practice
   1  2  3  4  5  prefer not to answer

h. My staff is not familiar/ trained to treat adults with IADD
   1  2  3  4  5  prefer not to answer

i. I have limited input regarding which patients I am allowed to treat
   1  2  3  4  5  prefer not to answer

j. Patients’ medical condition has changed and affected their ability to tolerate dental treatment (e.g. progression of a non-IADD condition such as Parkinson’s disease or a new acquired condition such as a stroke)
   1  2  3  4  5  prefer not to answer

B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   a. They’re disruptive to the practice within the waiting room
   1  2  3  4  5  prefer not to answer
b. It is too time consuming or it requires extra time to treat these patients
   1 2 3 4 5 prefer not to answer

c. Not comfortable with patients of this population
   1 2 3 4 5 prefer not to answer

d. Poor reimbursement/ financial reasons
   1 2 3 4 5 prefer not to answer

e. I do not have the appropriate training or credentials
   i. 2 3 4 5 prefer not to answer

f. I do not have the correct equipment, space, and/or facilities
   i. 2 3 4 5 prefer not to answer

g. The frequency with which patients with IADD present to my practice
   i. 2 3 4 5 prefer not to answer

h. My staff is not familiar/ trained to treat adults with IADD
   1 2 3 4 5 prefer not to answer

i. I have limited input regarding which patients I am allowed to treat
   1 2 3 4 5 prefer not to answer

j. Patients’ medical condition has changed and affected their ability to tolerate dental treatment (e.g., progression of a non-IADD condition such as Parkinson’s disease or a new acquired condition such as a stroke)
   1 2 3 4 5 prefer not to answer

C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention

   a. They’re disruptive to the practice within the waiting room
      1 2 3 4 5 prefer not to answer

   b. It is too time consuming, or it requires extra time to treat these patients
      1 2 3 4 5 prefer not to answer

   c. Not comfortable with patients of this population
      1 2 3 4 5 prefer not to answer
d. Poor reimbursement/ financial reasons
   1 2 3 4 5 prefer not to answer

e. I do not have the appropriate training or credentials
   1 2 3 4 5 prefer not to answer

f. I do not have the correct equipment, space, and/or facilities
   1 2 3 4 5 prefer not to answer

g. The frequency with which patients with IADD present to my practice
   1 2 3 4 5 prefer not to answer

h. My staff is not familiar/ trained to treat adults with IADD
   1 2 3 4 5 prefer not to answer

i. I have limited input regarding which patients I am allowed to treat
   1 2 3 4 5 prefer not to answer

j. Patients’ medical condition has changed and affected their ability to tolerate dental treatment (e.g., progression of a non-IADD condition such as Parkinson’s disease or a new acquired condition such as a stroke)
   1 2 3 4 5 prefer not to answer

4. Do you refer adults with IADD who call or present to your office for dental care to another provider for treatment? [**FOR EVERYONE TO ANSWER]**
   A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
      Never
      Less than 25% of these patients
      25% to less than 50% of these patients
      50% to less than 75% of these patients
      75% or more of these patients
      Prefer not to answer
   B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
      Never
      Less than 25% of these patients
      25% to less than 50% of these patients
      50% to less than 75% of these patients
      75% or more of these patients
      Prefer not to answer
C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention

Never
Less than 25% of these patients
25% to less than 50% of these patients
50% to less than 75% of these patients
75% or more of these patients
Prefer not to answer

5. Where do you refer adult patients with IADD for care?

[*** SKIP FOR ANY ANSWER OF Never FOR QX 4A,4B,4C]

A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention

a. Specialized care center or provider (designated to the care of adults with IADD)
   YES  NO  Prefer not to answer
b. Pediatric dentist or pediatric dental setting
   YES  NO  Prefer not to answer
c. Dental school clinic/ Academic dental provider
   YES  NO  Prefer not to answer
d. Private practice office
   YES  NO  Prefer not to answer
e. Hospital provider/ hospital clinic
   YES  NO  Prefer not to answer
f. Community health center clinic/ provider
   YES  NO  Prefer not to answer
g. OTHER

B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention

a. Specialized care center (designated to the care of adults with IADD)
   YES  NO  Prefer not to answer
b. Pediatric dentist
   YES  NO  Prefer not to answer
c. Dental school/ Academic dental center
   YES  NO  Prefer not to answer
d. Another dentist in the community
   YES  NO  Prefer not to answer
e. Hospital
   YES  NO  Prefer not to answer
f. Community health center
   YES  NO  Prefer not to answer

g. OTHER

C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention
   a. Specialized care center (designated to the care of adults with IADD)
      YES  NO  Prefer not to answer

   b. Pediatric dentist
      YES  NO  Prefer not to answer

   c. Dental school/ Academic dental center
      YES  NO  Prefer not to answer

   d. Another dentist in the community
      YES  NO  Prefer not to answer

   e. Hospital
      YES  NO  Prefer not to answer

   f. Community health center
      YES  NO  Prefer not to answer

   g. OTHER

6. What is the care setting where you provide dental treatment for adults with IADD? (Skip in for yes to question 1)
   A. My primary practice location (YES/NO/ prefer not to answer)

   B. A volunteer clinic setting, donated dental care or dental mission (YES/NO/ prefer not to answer)

   C. In home care (YES/NO/ prefer not to answer)

   D. An institutional residential facility (YES/NO/ prefer not to answer)

   E. A dental school or similar academic setting (Hospital, GPR) (YES/NO/ prefer not to answer)

   F. Other (free text)

7. If you treat adult patients with IADD, how frequently do you utilize the following methods to provide treatment for these patients?
   [*** SKIP THIS QUESTION IF THEY INDICATE THEY DO NOT TREAT NO FOR QX 1A, 1B, 1C]

   A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
      a. Either anxiolysis prescription or nitrous oxide
         Never
         Less than 25% of these patients
         25% to less than 50% of these patients
         50% to less than 75% of these patients
         75% or more of these patients
Prefer not to answer

b. **Moderate sedation ----- (>1 ORAL MEDICATION PRESCRIBED, ORAL SEDATION + NITROUS OXIDE, ORAL MEDICATION ADMINISTERED IN THE OFFICE SETTING FOR THE APPOINTMENT)**

Never
Less than 25% of these patients
25% to less than 50% of these patients
50% to less than 75% of these patients
75% or more of these patients
Prefer not to answer

c. **Protective stabilization (e.g., papoose board)**

Never
Less than 25% of these patients
25% to less than 50% of these patients
50% to less than 75% of these patients
75% or more of these patients
Prefer not to answer

d. **IV sedation in the clinic**

Never
Less than 25% of these patients
25% to less than 50% of these patients
50% to less than 75% of these patients
75% or more of these patients
Prefer not to answer

e. **Verbal behavior management/habituation, behavior modification methods**

Never
Less than 25% of these patients
25% to less than 50% of these patients
50% to less than 75% of these patients
75% or more of these patients
Prefer not to answer

f. **In the operating room/ surgery center**

Never
Less than 25% of these patients
25% to less than 50% of these patients
50% to less than 75% of these patients
75% or more of these patients
Prefer not to answer

B. **Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**
a. Either anxiolysis prescription or nitrous oxide
   - Never
   - Less than 25% of these patients
   - 25% to less than 50% of these patients
   - 50% to less than 75% of these patients
   - 75% or more of these patients
   - Prefer not to answer

b. Moderate sedation —— (>1 oral medication prescribed, oral sedation + nitrous oxide, oral medication administered in the office setting for the appointment)
   - Never
   - Less than 25% of these patients
   - 25% to less than 50% of these patients
   - 50% to less than 75% of these patients
   - 75% or more of these patients
   - Prefer not to answer

c. Protective stabilization (e.g., papoose board)
   - Never
   - Less than 25% of these patients
   - 25% to less than 50% of these patients
   - 50% to less than 75% of these patients
   - 75% or more of these patients
   - Prefer not to answer

d. IV sedation in the clinic
   - Never
   - Less than 25% of these patients
   - 25% to less than 50% of these patients
   - 50% to less than 75% of these patients
   - 75% or more of these patients
   - Prefer not to answer

e. Verbal behavior management/habituation, behavior modification methods
   - Never
   - Less than 25% of these patients
   - 25% to less than 50% of these patients
   - 50% to less than 75% of these patients
   - 75% or more of these patients
   - Prefer not to answer

f. In the operating room/ surgery center
   - Never
   - Less than 25% of these patients
   - 25% to less than 50% of these patients
   - 50% to less than 75% of these patients
   - 75% or more of these patients
   - Prefer not to answer
C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention

a. Either anxiolysis prescription or nitrous oxide
   Never
   Less than 25% of these patients
   25% to less than 50% of these patients
   50% to less than 75% of these patients
   75% or more of these patients
   Prefer not to answer

b. Moderate sedation ----- (>1 ORAL MEDICATION PRESCRIBED, ORAL SEDATION + NITROUS OXIDE, ORAL MEDICATION ADMINISTERED IN THE OFFICE SETTING FOR THE APPOINTMENT)
   Never
   Less than 25% of these patients
   25% to less than 50% of these patients
   50% to less than 75% of these patients
   75% or more of these patients
   Prefer not to answer

c. Protective stabilization (e.g., papoose board)
   Never
   Less than 25% of these patients
   25% to less than 50% of these patients
   50% to less than 75% of these patients
   75% or more of these patients
   Prefer not to answer

d. IV sedation in the clinic
   Never
   Less than 25% of these patients
   25% to less than 50% of these patients
   50% to less than 75% of these patients
   75% or more of these patients
   Prefer not to answer

e. Verbal behavior management/habituation, behavior modification methods
   Never
   Less than 25% of these patients
   25% to less than 50% of these patients
   50% to less than 75% of these patients
   75% or more of these patients
   Prefer not to answer

f. In the operating room/ surgery center
8. In general/on average how does scheduling, treating, and completing care for diagnosed dental disease for adult patients with IADD compare to scheduling, treating and completing care for dental disease for your patients without IADD?

[***SKIP IN QUESTIONS FOR YES ANSWER TO QX 1]

A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   a. It takes more time to schedule, treat, and complete treatment for patients with IADD
   b. It takes less time to schedule, treat, and complete treatment for patients with IADD
   c. It takes the same amount of time to schedule, treat, and complete treatment for patients with and without IADD

   Prefer not to answer

B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   a. It takes more time to schedule, treat, and complete treatment for patients with IADD
   b. It takes less time to schedule, treat, and complete treatment for patients with IADD
   c. It takes the same amount of time to schedule, treat, and complete treatment for patients with and without IADD

   Prefer not to answer

C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention
   a. It takes more time to schedule, treat, and complete treatment for patients with IADD
   b. It takes less time to schedule, treat, and complete treatment for patients with IADD
   c. It takes the same amount of time to schedule, treat, and complete treatment for patients with and without IADD

   Prefer not to answer
9. Have you ever received training specific to the management of adult patients with IADD? 
   [**ALL RESPONDENTS**]

   YES  NO  Prefer not to answer

8A. If so, where did this training occur? [**IF YES TO QX 8**]
   a. Dental School
      YES  NO  Prefer not to answer
   b. Residency
      YES  NO  Prefer not to answer
   c. Fellowship
      YES  NO  Prefer not to answer
   d. CE courses
      YES  NO  Prefer not to answer
   e. Practice experience
      YES  NO  Prefer not to answer
   f. Other- free text option
      YES  NO  Prefer not to answer

10. What is your confidence level regarding your ability to manage adult patients with IADD/behavior challenges for dental care? [**ALL RESPONDENTS**]
A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   Not at all confident
   Slightly confident
   Somewhat confident
   Moderately confident
   Extremely Confident
   not sure/ don’t know

B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   Not at all confident
   Slightly confident
   Somewhat confident
   Moderately confident
   Extremely Confident
   not sure/ don’t know

C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention
   Not at all confident
   Slightly confident
   somewhat confident
11. Do you have any support staff who are experienced with managing adults with IADD? [*** ALL RESPONDENTS]

YES  NO  prefer not to answer

12. Do you collaborate with physicians for care of adult patients with IADD? [** SKIP IN FOR ANY YES TO QX 1]

A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   Never
   Less than 25% of these patients
   25% to less than 50% of these patients
   50% to less than 75% of these patients
   75% or more of these patients
   prefer not to answer

B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
   Never
   Less than 25% of these patients
   25% to less than 50% of these patients
   50% to less than 75% of these patients
   75% or more of these patients
   prefer not to answer

C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention
   Never
   Less than 25% of these patients
   25% to less than 50% of these patients
   50% to less than 75% of these patients
   75% or more of these patients
   prefer not to answer

13. Please indicate the frequency with which you perform the following procedures for adults with IADD who need each individual procedure. [** SKIP IN GROUP FOR ANY YES TO QX1]
A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention

a. Exams
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

b. Restorations
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

c. Extractions/ surgical treatment
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

d. Implant placement
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

e. Preventive/routine treatment (e.g., prophylaxis, fluoride)
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

f. Removable prosthodontics (dentures and partial dentures)
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure

   prefer not to answer
75% or more of IADD patients who need this procedure prefer not to answer

g. **Fixed prosthodontics (crown and bridge, implant restorations)**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

h. **Periodontal therapy (surgical or non-surgical, non-prophylaxis)**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

i. **Endodontic therapy**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

j. **Orthodontics**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

k. **Comprehensive care (all treatment needs for a patient that you would ordinarily perform for a typical patient)**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

B. **Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**
a. Exams

Never
Less than 25% of IADD patients who need this procedure
25% to less than 50% of IADD patients who need this procedure
50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure
prefer not to answer

b. Restorations

Never
Less than 25% of IADD patients who need this procedure
25% to less than 50% of IADD patients who need this procedure
50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure
prefer not to answer

c. Ex Extractions/ surgical treatment

Never
Less than 25% of IADD patients who need this procedure
25% to less than 50% of IADD patients who need this procedure
50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure
prefer not to answer

d. Implant placement

Never
Less than 25% of IADD patients who need this procedure
25% to less than 50% of IADD patients who need this procedure
50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure
prefer not to answer

e. Preventive/routine treatment (e.g., prophylaxis, fluoride)

Never
Less than 25% of IADD patients who need this procedure
25% to less than 50% of IADD patients who need this procedure
50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure
prefer not to answer

f. Removable prosthodontics (dentures and partial dentures)

Never
Less than 25% of IADD patients who need this procedure
25% to less than 50% of IADD patients who need this procedure
50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure
prefer not to answer

g. Fixed prosthodontics (crown and bridge, implant restorations)
Never
Less than 25% of IADD patients who need this procedure
25% to less than 50% of IADD patients who need this procedure
50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure
prefer not to answer

h. Periodontal therapy (surgical or non-surgical, non-prophylaxis)
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

i. Endodontic therapy
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

j. Orthodontics
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

k. Comprehensive care (all treatment needs for a patient that you would ordinarily perform for a typical patient)
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure
   prefer not to answer

C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention

a. Exams
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure prefer not to answer

b. **Restorations**
   - Never
   - Less than 25% of IADD patients who need this procedure
   - 25% to less than 50% of IADD patients who need this procedure
   - 50% to less than 75% of IADD patients who need this procedure
   - 75% or more of IADD patients who need this procedure prefer not to answer

c. **Extractions/ surgical treatment**
   - Never
   - Less than 25% of IADD patients who need this procedure
   - 25% to less than 50% of IADD patients who need this procedure
   - 50% to less than 75% of IADD patients who need this procedure
   - 75% or more of IADD patients who need this procedure prefer not to answer

d. **Implant placement**
   - Never
   - Less than 25% of IADD patients who need this procedure
   - 25% to less than 50% of IADD patients who need this procedure
   - 50% to less than 75% of IADD patients who need this procedure
   - 75% or more of IADD patients who need this procedure prefer not to answer

e. **Preventive/routine treatment (e.g., prophylaxis, fluoride)**
   - Never
   - Less than 25% of IADD patients who need this procedure
   - 25% to less than 50% of IADD patients who need this procedure
   - 50% to less than 75% of IADD patients who need this procedure
   - 75% or more of IADD patients who need this procedure prefer not to answer

f. **Removable prosthodontics (dentures and partial dentures)**
   - Never
   - Less than 25% of IADD patients who need this procedure
   - 25% to less than 50% of IADD patients who need this procedure
   - 50% to less than 75% of IADD patients who need this procedure
   - 75% or more of IADD patients who need this procedure prefer not to answer

g. **Fixed prosthodontics (crown and bridge, implant restorations)**
   - Never
   - Less than 25% of IADD patients who need this procedure
   - 25% to less than 50% of IADD patients who need this procedure
   - 50% to less than 75% of IADD patients who need this procedure
75% or more of IADD patients who need this procedure prefer not to answer

h. **Periodontal therapy (surgical or non-surgical, non-prophylaxis)**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

i. **Endodontic therapy**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

j. **Orthodontics**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

k. **Comprehensive care (all treatment needs for a patient that you would ordinarily perform for a typical patient)**
   Never
   Less than 25% of IADD patients who need this procedure
   25% to less than 50% of IADD patients who need this procedure
   50% to less than 75% of IADD patients who need this procedure
   75% or more of IADD patients who need this procedure prefer not to answer

14. **Do you have credentials to treat adult patients with IADD in the operating room/ surgery center setting outside of your home clinic setting? [** SKIP IN FOR YES TO QX 1]**
   YES          NO          N/A  prefer not to answer

15. **Are adult patients with IADD behavioral difficulty ever referred to you/ your practice for dental care? [** SKIP IN FOR YES TO QX 1]**
   A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
YES NO prefer not to answer

B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention
YES NO prefer not to answer

C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention
YES NO prefer not to answer

16. Are you a participating Medicaid provider?
YES NO PREFER NOT TO ANSWER

[Standard Network Remuneration section]

1. [If EQ indicates practitioner is part of group practice ask] Are you employed at [INSERT NAME OF GROUP PRACTICE]?
   - Yes
   - No

[If 1 = “Yes”] END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]

2. [If practitioner does not indicate they are part of a group practice on the EQ or 1 = “No”] To help us determine if you are eligible for individual compensation for your participation in this questionnaire, are you employed in any of the following dental firms? If so, please check your organization (please select one).
   - Health Partners/Group Health Plan Inc
   - Park Dental
   - Permanente Dental Associates
   - Veterans Affairs Dental Services
☐ I am not employed by any of the above.

[If 2 /= “I am not employed by any of the above.”] END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]

3. [If 2 = “I am not employed by any of the above.”] Do you want to be compensated for your participation?

☐ Yes

☐ No

[If 3 = “No”] END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]

[Programmer Instructions: [If 3 = “Yes”] Display the following information in a non-editable format. The information should be derived from the Practitioner Load Form. If there is no address information available from the Practitioner Load Form, proceed to question 5 to display the fields for the practitioner to enter their information.]

4. [If 3 = “Yes” and address information is available from Practitioner Contact Form] Below is your Network enrollment information. For you to receive payment, we need to know if you would like to receive payment using the address, name, and phone number listed below or if you would like to provide updated information. Please review the information below and indicate your preference.

i) First name
   Middle name or initial, if available
   Last name

☐ I would like to receive payment using this information.

☐ I would like to receive payment for this questionnaire under a different name.
ii) Mailing address

☐ I would like to receive payment using this information.

☐ I would like to receive payment for this questionnaire at a different address.

iii) Primary Phone number

☐ I would like to receive payment using this information.

☐ I would like to receive payment for this questionnaire using a different phone number.

[If 4.i, 4.ii, and 4.iii = “I would like to receive payment using this information”] END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]

5. [If 4.i = “I would like to receive payment for this questionnaire under a different name”] Please provide the name under which you would like to receive payment.

First name
Middle name or initial
Last name

6. [If no address information is available from Practitioner Contact Form or 4.ii = “I would like to receive payment for this questionnaire at a different address”] Please provide the address information you would like to use for payment.

Address line 1
Address line 2 [optional]
City
State
ZIP code
7. [If 4.iii = “I would like to receive payment for this questionnaire using a different phone number.”] Please provide the phone number you would like to use for payment.

Primary Phone number

8. [If 4.i, 4.ii, and 4.111 =/= “I would like to receive payment using this information.” and 5, 6, or =/= Null] Do you want to update your Network information on file with the contact information you have provided?

☐ Yes, please update my enrollment information.

☐ No, I do not wish to update my enrollment information at this time.

END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]