

# STUDY DOCUMENTATION

## Participant baseline questionnaire

Participant Study No

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Improving the Quality of Dentistry

# Patient Baseline Questionnaire

CONFIDENTIAL

A UK Collaborative Study funded by the NIHR Health Technology Assessment (HTA)  
Programme

## HOW TO FILL IN THIS QUESTIONNAIRE

### IQuaD QUESTIONNAIRE INCLUDES VARIOUS SECTIONS:

SECTION 1 - You and Your Dental Practice

SECTION 2 - Oral Health Related Behaviour and Oral Health Related Knowledge

SECTION 3 - Your Views

SECTION 4 - You and Your Teeth

SECTION 5 - Describing Your Dental Cosmetic Appearance

SECTION 6 - Your costs

Most questions in each section can be answered by **putting a cross in a box or circling a number**, but we are also keen to have **your comments** and have printed comment boxes at various points which we hope you will use.

If a question doesn't seem to apply to you, please circle or cross the answer that is most appropriate. Try not to make a deliberate attempt to be consistent, just answer each question as honestly as possible, not what you believe you should answer or what we want to see.

Finally, please be assured that your answers will be held in confidence and anonymised.

### DATE COMPLETING THIS QUESTIONNAIRE:

D	D	/	M	M	/	Y	Y	Y	Y
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### SECTION 1: You and Your Dental Practice

Please put an X in the box next to the answer which applies to you.

1. When did you last visit the dental practice?      Less than a year ago ☐      1 – 2 years ago ☐      More than 2 years ago ☐
2. Was your last course of treatment:      NHS ☐      Private ☐      Combination ☐
3. Do you think of yourself as:      A regular attendee ☐      Someone who sees a dentist only when in pain or having trouble ☐
4. Last time you went to the dental practice were you given oral hygiene advice?      Yes ☐      No ☐
- If yes,
- Was this given by a hygienist? ☐
- Was this given by a dentist? ☐
5. Last time you went to the dental practice were you given a scale and polish?      Yes ☐      No ☐
- If yes,
- Was this given by a hygienist? ☐
- Was this given by a dentist? ☐
6. Have you smoked at any time during the last 12 months?      Yes ☐      No ☐
7. What type of toothbrush do you normally use?      Manual ☐      Electric ☐      Don't use toothbrush ☐

Please circle the number from 1 to 7, where 1 means 'very difficult' and 7 means 'not at all difficult', that you think most closely applies to you.

8. How difficult is it to travel to your dentist?.....
- | Very difficult |   |   |   | Not at all difficult |   |   |
|----------------|---|---|---|----------------------|---|---|
| 1              | 2 | 3 | 4 | 5                    | 6 | 7 |

## SECTION 2: Oral Health Related Behaviour and Oral Health Related Knowledge

Please put an X in the box next to the answer which applies to you.

### Questions on brushing your teeth

1. On **average**, how often do you brush your teeth?

Less than once a day ☐ Once a day ☐ Twice a day ☐ More than twice a day ☐

2. On **average**, how long do you take to brush your teeth?

Less than 1 minute ☐ 1 minute to under 2 minutes ☐ 2 minutes ☐ More than 2 minutes ☐

3. **Usually**, when you finish brushing your teeth do you?

Rinse with water ☐ Rinse with mouthwash ☐ Spit, but do not rinse ☐ Don't brush my teeth at all ☐ Don't brush but do use mouthwash ☐

4. How often do you **intend** to brush your teeth in the **future**?

Less than once a day ☐ Once a day ☐ Twice a day ☐ More than twice a day ☐

5. How long do you **intend** to take when you brush your teeth in the **future**?

Less than 1 minute ☐ 1 minute to under 2 minutes ☐ 2 minutes ☐ More than 2 minutes ☐

6. What do you **intend** to do when you finish brushing your teeth in the **future**?

Rinse with water ☐ Rinse with mouthwash ☐ Spit, but do not rinse ☐

7. Do you have a plan about when you will start brushing your teeth better?

Don't need one ☐ Yes ☐ No ☐

### Questions about flossing your teeth

8. **On average**, how often do you floss your teeth?

Never ☐ At least once a day ☐ At least once a week ☐ At least once a month ☐ other ☐

9. **On average**, how long do you take to floss your teeth?

Less than 30 seconds ☐ 30 seconds to under 1 minute ☐ 1 to under 2 minutes ☐ 2 minutes ☐ More than 2 minutes ☐

10. How often do you **intend** to floss your teeth in the **future**?

Never ☐ At least once a day ☐ At least once a week ☐ At least once a month ☐ other ☐

11. Do you have a plan about when you will start flossing your teeth better?

Don't need one ☐ Yes ☐ No ☐

12. **On average** how often do you use Interdental Brushes?

Never ☐ At least once a day ☐ At least once a week ☐ At least once a month ☐ other ☐

### SECTION 3: Your Views

Please circle the number from 1 to 7 that you think most closely applies to you.

**How confident are you that you can:**

		Not at All Confident					Extremely Confident	
1.	a) follow advice from your dentist about brushing your teeth	1	2	3	4	5	6	7
	b) brush your teeth so that your teeth can't get any cleaner	1	2	3	4	5	6	7
	c) brush your teeth as often as you should	1	2	3	4	5	6	7
	d) brush your teeth for as long as you should	1	2	3	4	5	6	7
	e) brush your teeth the way you should	1	2	3	4	5	6	7
	f) How confident are you that you can floss your teeth the way that you should?	1	2	3	4	5	6	7
	g) How confident are you that you can floss your teeth as often as you should?	1	2	3	4	5	6	7
2.	a) I always find it easy to follow advice from my dentist about brushing my teeth	1	2	3	4	5	6	7
	b) I would always like to brush my teeth until they can't get any cleaner, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
	c) I would like to brush my teeth as <b>often</b> as I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
	d) I would like to brush my teeth for as <b>long</b> as I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
	e) I would like to brush my teeth <b>the way</b> I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
3.	a) Brushing my teeth is a good thing to do	1	2	3	4	5	6	7
	b) Brushing my teeth is a boring thing to do	1	2	3	4	5	6	7
	c) Brushing my teeth makes my mouth feel good	1	2	3	4	5	6	7
	d) The <b>more often</b> I brush my teeth, the less decay I will get	1	2	3	4	5	6	7
	e) The <b>more often</b> I brush my teeth, the less gum disease I will get	1	2	3	4	5	6	7
	f) The <b>longer</b> I brush my teeth, the less decay I will get	1	2	3	4	5	6	7
	g) The <b>longer</b> I brush my teeth, the less gum disease I will get	1	2	3	4	5	6	7
4.	a) I think my dentist wants me to brush my teeth differently from how I now brush them	1	2	3	4	5	6	7
	b) I don't care how my dentist thinks I should brush my teeth	1	2	3	4	5	6	7
5.	a) I would like to floss my teeth as <b>often</b> as I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
	b) I would like to floss my teeth the way that I should, but I don't think its possible for me to do so	1	2	3	4	5	6	7
	c) I find flossing my teeth a difficult thing to do	1	2	3	4	5	6	7
	d) Flossing my teeth is a good thing to do	1	2	3	4	5	6	7
	e) The <b>more</b> I floss my teeth, the less decay I will get	1	2	3	4	5	6	7
	f) I don't care how my dentist/hygienist thinks I should floss my teeth	1	2	3	4	5	6	7

**SECTION 4: You and Your Teeth**

*Please put a cross in the box that you feel most closely reflects your views.*

In the last **12 months**:

	Never	Hardly ever	Occas- ionally	Fairly often	Very often
1. Have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you felt your sense of taste has worsened because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had a painful aching in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been self-conscious because of your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you felt tense because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had to interrupt meals because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you found it difficult to relax because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been a bit embarrassed because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you been totally unable to function because of problems with your teeth, mouth or dentures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 5: Describing Your Dental Appearance and Sensitivity

In the following questions please circle the answer you think most nearly applies to you

- |   |  |   |
|---|--|---|
| 1. how <b>clean</b> do your teeth feel    | <div>Not at all clean</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div>    | <div>Couldn't get any cleaner</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> |
| 2. how <b>clean</b> do your teeth look    | <div>Not at all clean</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div>    | <div>Couldn't get any cleaner</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> |
| 3. how <b>pleasant</b> do your teeth feel | <div>Not at all pleasant</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> | <div>Extremely pleasant</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div>       |
| 4. how <b>pleasant</b> do your teeth look | <div>Not at all pleasant</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> | <div>Extremely pleasant</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div>       |

5) Do you experience sensitivity of your teeth when drinking/eating hot or cold drinks/food? Cross the description that best describes your symptoms and impact upon you:

Yes ☐

No ☐

Please go to section 6

- a) Rarely Sensitive no effect upon what I eat or drink ☐ Sometimes sensitive rarely interfering with what I eat or drink ☐ Sometimes sensitive occasionally interfering with what I eat or drink ☐ Always sensitive always interfering with what I eat or drink ☐

Please circle the answer you think most nearly applies to you

- |   |  |   |
|---|--|---|
| 5b On contact with hot and cold indicate how often you get pain in your teeth | <div>Never</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div>   | <div>All the time</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div>     |
| 5c On contact with hot and cold indicate how severe pain is                   | <div>No Pain</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> | <div>Worst imaginable</div> <div>1 2 3 4 5 6 7</div> <div>1 2 3 4 5 6 7</div> |

### SECTION 6: Your costs

This part of the questionnaire will help us to find out how much it costs you to use dental services. We wish to know how much money and time were spent by you and any companion in attending your last dental appointment. **These questions ask about this visit to your dentist.**

1. Do you normally pay for dental treatments?

Yes ☐ No ☐

2. Do you have dental insurance?

Yes ☐ No ☐

#### 3. Please answer this question even if you do not usually pay for your treatment:

We would like to find out how much you value scale and polish. What is the maximum amount of money that you would be willing to pay out of pocket for a scale and polish? *(Please place an 'X' in the appropriate box).*

£0 <input type="checkbox"/>	£10.50 <input type="checkbox"/>	£20 <input type="checkbox"/>	£75 <input type="checkbox"/>
£1 <input type="checkbox"/>	£15 <input type="checkbox"/>	£30 <input type="checkbox"/>	
£5 <input type="checkbox"/>	£17.50 <input type="checkbox"/>	£50 <input type="checkbox"/>	

If more than £75, please specify how much you would be willing to pay £

4. How often would you prefer to have a scale and polish? *(Please place an X in the appropriate box)*

Never <input type="checkbox"/>	Once every 2 years <input type="checkbox"/>	Once a year <input type="checkbox"/>	Twice a year <input type="checkbox"/>
3 times a year <input type="checkbox"/>	4 times a year <input type="checkbox"/>	More often <input type="checkbox"/>	

5. Please circle the number that best describes how you travelled to your dentist. If you used more than one form of transport please indicate the way you travelled for the main (longest in terms of distance) part of your journey.

Walked .....	1 <input type="checkbox"/>	Bus.....	4 <input type="checkbox"/>
Cycled .....	2 <input type="checkbox"/>	Taxi.....	5 <input type="checkbox"/>
Private car .....	3 <input type="checkbox"/>	Other.....	6 <input type="checkbox"/>

If other, please give details \_\_\_\_\_

6. If you travelled by bus or taxi, what was the cost of the (one-way) fare? Please write the cost in the box below. Please put zero if you did not travel by bus or taxi or if you did not pay the fare.

Cost of (one-way) fare (£)   -   pence

7. If you travelled by private car about how many miles did you travel one-way? Please write the number of miles in the box below. Please put zero if you did not travel by private car at all.

Number of miles one-way



- 8 If you travelled by private car and you or a companion had to pay a parking fee how much did this cost? Please write the cost in the box below. Please put zero if you did not pay for parking.

Expenditure on parking fee (£)   -   pence

- 9 When you visited the dentist, how long did it take to travel there? Please write the number of minutes in the box below.

Number of minutes

- 10 When you visited the dentist, how long did you have to wait? Please write the number of minutes in the box below.

Number of minutes

- 11 Please circle the number that best describes what you otherwise would have been doing as your **main** activity if you had not visited the dentist. *Please circle one option only.*

Housework .....	1	Paid work .....	5
Childcare.....	2	Voluntary work.....	6
Caring for a relative or friend.....	3	Leisure activities.....	7
Unemployed.....	4	Other.....	8
If other, please give details _____			

- 12 When you visited the dentist did anyone come with you? Please circle the appropriate response.

**Yes** (continue with question 13) ..... 1                      **No** (go to end of questionnaire) ..... 2

- 13 Please circle the number(s) that best describe the person(s) who accompanied you to the dentist. You may circle more than one response if appropriate.

Partner/spouse.....	1	Paid caregiver.....	3
Other relative.....	2	Friend.....	4
		Other.....	5
If other, please give details _____			

- 14 If your main companion travelled with you by bus how much approximately did they pay (one-way) in fares (if anything)? Please write the cost in the box below. Please put zero if your main companion did not travel by bus at all.

Cost of (one-way) fare (£)   -   pence

- 15 Please circle the number that best describes what your main companion would otherwise have been doing as their **main** activity if they had not gone with you to the dentist. *Please circle one option only.*

Housework .....	1	Paid work .....	5
Childcare .....	2	Voluntary work.....	6
Caring for a relative or friend.....	3	Leisure activities.....	7
Unemployed.....	4	Other.....	8
If other, please give details _____			

If you would like to discuss any aspect of the study please contact Lorna Macpherson (Trial Administrator) Tel. 01382 740911 email: [iquad@dundee.ac.uk](mailto:iquad@dundee.ac.uk)

## **THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE**

Once you have completed the form, **please remember** to bring it with you to your dental appointment.

IQuaD Trial Co-ordinating Office Dundee, Dundee Dental Education Centre,  
Frankland Building, Smalls Wynd Dundee, DD1 4HN

## Participant annual questionnaire

Year

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Participant Study No

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**Improving the Quality of Dentistry**

# Patient Annual Questionnaire

**CONFIDENTIAL**

A UK Collaborative Study funded by the NIHR Health Technology Assessment (HTA)  
Programme

ISRCTN56465715

## HOW TO FILL IN THIS QUESTIONNAIRE

### IQuaD QUESTIONNAIRE INCLUDES VARIOUS SECTIONS:

**SECTION 1 - You and Your Dental Practice**

**SECTION 2 - Oral Health Related Behaviour and Oral Health Related Knowledge**

**SECTION 3 - Your Views**

**SECTION 4 - You and Your Teeth**

**SECTION 5 - Describing Your Dental Cosmetic Appearance**

**SECTION 6- Your Costs**

Most questions in each section can be answered by **putting a cross in a box or circling a number**, but we are also keen to have **your comments** and have printed comment boxes at various points which we hope you will use.

If a question doesn't seem to apply to you, please circle or cross the answer that is most appropriate. Try not to make a deliberate attempt to be consistent, just answer each question as honestly as possible, not what you believe you should answer or what we want to see.

Finally, please be assured that your answers will be held in confidence and anonymised.

### DATE COMPLETING THIS QUESTIONNAIRE:

D	D	/	M	M	/	Y	Y	Y	Y
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ISRCTN56465715

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IQuaD Annual Patient Questionnaire Version 4, 20March2015

## SECTION 1: You and Your Dental Practice

Please put an X in the box next to the answer which applies to you.

1. When did you last visit the dental practice? Less than a year ago ☐ 1 – 2 years ago ☐ More than 2 years ago ☐

2. Do you think of yourself as: A regular attendee ☐ Someone who sees a dentist only when in pain or having trouble ☐

3. Have you received oral hygiene advice in the last 12 months? Yes ☐ No ☐

If yes, was this given by:

the dentist? Yes ☐ No ☐

the dental hygienist? Yes ☐ No ☐

Please indicate how many times you received oral hygiene advice in the last 12 months \_\_\_\_\_

4. Have you received a scale and polish in the last 12 months? Yes ☐ No ☐

If yes, was this given by:

the dentist? Yes ☐ No ☐

the dental hygienist? Yes ☐ No ☐

Please indicate how many times you received a scale and polish in the last 12 months \_\_\_\_\_

5. Have you smoked at any time during the last 12 months? Yes ☐ No ☐

6. What type of toothbrush do you normally use? Manual ☐ Electric ☐ Don't use toothbrush ☐

ISRCTN56465715

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IQuaD Annual Patient Questionnaire Version 4, 20March2015

## SECTION 2: Oral Health Related Behaviour and Oral Health Related Knowledge

Please put an X in the box next to the answer which applies to you.

### Questions on brushing your teeth

1. On **average**, how often do you brush your teeth?

Less than once a day ☐ Once a day ☐ Twice a day ☐ More than twice a day ☐

2. On **average**, how long do you take to brush your teeth?

Less than 1 minute ☐ 1 minute to under 2 minutes ☐ 2 minutes ☐ More than 2 minutes ☐

3. **Usually**, when you finish brushing your teeth do you?

Rinse with water ☐ Rinse with mouthwash ☐ Spit, but do not rinse ☐ Don't brush my teeth at all ☐ Don't brush but do use mouthwash ☐

4. How often do you **intend** to brush your teeth in the **future**?

Less than once a day ☐ Once a day ☐ Twice a day ☐ More than twice a day ☐

5. How long do you **intend** to take when you brush your teeth in the **future**?

Less than 1 minute ☐ 1 minute to under 2 minutes ☐ 2 minutes ☐ More than 2 minutes ☐

6. What do you **intend** to do when you finish brushing your teeth in the **future**?

Rinse with water ☐ Rinse with mouthwash ☐ Spit, but do not rinse ☐

7. Do you have a plan about when you will start brushing your teeth better?

Don't need one ☐ Yes ☐ No ☐

ISRCTN56465715

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IQuaD Annual Patient Questionnaire Version 4, 20March2015

### Questions about flossing your teeth

8. **On average**, how often do you floss your teeth?

Never ☐ At least once a day ☐ At least once a week ☐ At least once a month ☐ other ☐

9. **On average**, how long do you take to floss your teeth?

Less than 30 seconds ☐ 30 seconds to under 1 minute ☐ 1 to under 2 minutes ☐ 2 minutes ☐ More than 2 minutes ☐

10. How often do you **intend** to floss your teeth in the **future**?

Never ☐ At least once a day ☐ At least once a week ☐ At least once a month ☐ other ☐

11. Do you have a plan about when you will start flossing your teeth better?

Don't need one ☐ Yes ☐ No ☐

12. **On average** how often do you use Interdental Brushes?

Never ☐ At least once a day ☐ At least once a week ☐ At least once a month ☐ other ☐

### SECTION 3: Your Views

Please circle the number from 1 to 7 that you think most closely applies to you.

**How confident are you that you can:**

<b>1.</b>	<b>Not at All Confident</b>						<b>Extremely Confident</b>
a) follow advice from your dentist about brushing your teeth	1	2	3	4	5	6	7
b) brush your teeth so that your teeth can't get any cleaner	1	2	3	4	5	6	7
c) brush your teeth as often as you should	1	2	3	4	5	6	7
d) brush your teeth for as long as you should	1	2	3	4	5	6	7
e) brush your teeth the way you should	1	2	3	4	5	6	7
f) How confident are you that you can floss your teeth the way that you should?	1	2	3	4	5	6	7
g) How confident are you that you can floss your teeth as often as you should?	1	2	3	4	5	6	7
<b>2.</b>	<b>Strongly Agree</b>						<b>Strongly Disagree</b>
a) I always find it easy to follow advice from my dentist about brushing my teeth	1	2	3	4	5	6	7
b) I would always like to brush my teeth until they can't get any cleaner, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
c) I would like to brush my teeth as <b>often</b> as I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
d) I would like to brush my teeth for as <b>long</b> as I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
e) I would like to brush my teeth <b>the way</b> I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
<b>3.</b>							
a) Brushing my teeth is a good thing to do	1	2	3	4	5	6	7
b) Brushing my teeth is a boring thing to do	1	2	3	4	5	6	7
c) Brushing my teeth makes my mouth feel good	1	2	3	4	5	6	7
d) The <b>more often</b> I brush my teeth, the less decay I will get	1	2	3	4	5	6	7
e) The <b>more often</b> I brush my teeth, the less gum disease I will get	1	2	3	4	5	6	7
f) The <b>longer</b> I brush my teeth, the less decay I will get	1	2	3	4	5	6	7
g) The <b>longer</b> I brush my teeth, the less gum disease I will get	1	2	3	4	5	6	7
<b>4.</b>							
a) I think my dentist wants me to brush my teeth differently from how I now brush them	1	2	3	4	5	6	7
b) I don't care how my dentist thinks I should brush my teeth	1	2	3	4	5	6	7
<b>5.</b>							
a) I would like to floss my teeth as <b>often</b> as I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
b) I would like to floss my teeth the way that I should, but I don't think it's possible for me to do so	1	2	3	4	5	6	7
c) I find flossing my teeth a difficult thing to do	1	2	3	4	5	6	7
d) Flossing my teeth is a good thing to do	1	2	3	4	5	6	7
e) The <b>more</b> I floss my teeth, the less decay I will get	1	2	3	4	5	6	7
f) I don't care how my dentist/hygienist thinks I should floss my teeth	1	2	3	4	5	6	7

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#### SECTION 4: You and Your Teeth

Please put a cross in the box that you feel most closely reflects your views.

In the last **12 months**:

	Never	Hardly ever	Occas- ionally	Fairly often	Very often
1. Have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?					
2. Have you felt your sense of taste has worsened because of problems with your teeth, mouth or dentures?					
3. Have you had a painful aching in your mouth?					
4. Have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?					
5. Have you been self-conscious because of your teeth, mouth or dentures?					
6. Have you felt tense because of problems with your teeth, mouth or dentures?					
7. Has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?					
8. Have you had to interrupt meals because of problems with your teeth, mouth or dentures?					
9. Have you found it difficult to relax because of problems with your teeth, mouth or dentures?					
10. Have you been a bit embarrassed because of problems with your teeth, mouth or dentures?					
11. Have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?					
12. Have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?					
13. Have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?					
14. Have you been totally unable to function because of problems with your teeth, mouth or dentures?					
15. Have you had bleeding from your gums when brushing your teeth?					
16. Have you had an unpleasant taste in your mouth when brushing your teeth?					
17. Have you had bad breath?					

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IQuaD Annual Patient Questionnaire Version 4, 20March2015

## SECTION 5: Describing Your Dental Appearance and Sensitivity

In the following questions please circle the answer you think most nearly applies to you

1. how **clean** do your teeth feel

- a) at this moment
- b) after you brush
- c) after you floss or use interdental brushes
- d) after a scale and polish

Not at all clean				Couldn't get any cleaner		
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

2. how **clean** do your teeth look

- a) at this moment
- b) after you brush
- c) after you floss or use interdental brushes
- d) after a scale and polish

Not at all clean				Couldn't get any cleaner		
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

3. how **pleasant** do your teeth feel

- a) at this moment
- b) after you brush
- c) after you floss or use interdental brushes
- d) after a scale and polish

Not at all pleasant				Extremely pleasant		
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

4. how **pleasant** do your teeth look

- a) at this moment
- b) after you brush
- c) after you floss or use interdental brushes
- d) after a scale and polish

Not at all pleasant				Extremely pleasant		
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

5) Do you experience sensitivity of your teeth when drinking/eating hot or cold drinks/food? Cross the description that best describes your symptoms and impact upon you:

Yes ☐ No ☐ Please go to section 6

a) Rarely Sensitive no effect upon what I eat or drink ☐ Sometimes sensitive rarely interfering with what I eat or drink ☐ Sometimes sensitive occasionally interfering with what I eat or drink ☐ Always sensitive always interfering with what I eat or drink ☐

Please circle the answer you think most nearly applies to you

5b On contact with hot and cold indicate how often you get pain in your teeth

Never				All the time		
1	2	3	4	5	6	7

5c On contact with hot and cold indicate how severe pain is

No Pain				Worst imaginable		
1	2	3	4	5	6	7

ISRCTN56465715

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## SECTION 6: Your costs

1. Did you get a new electric toothbrush in the last 12 months?

Yes

☐

No

☐

Not Applicable

☐

If yes, how much did your new electric toothbrush cost? (*If you are unsure, please give your best guess*).

£ \_\_\_\_\_

2. In the last 12 months, how many times have you replaced each of the following?

Your manual toothbrush:

Never  
☐

Once  
☐

Twice  
☐

Three times  
☐

More than three times  
☐

Not applicable  
☐

Your replacement heads for electric toothbrush:

☐☐☐☐☐☐

3. Do you normally pay for dental treatment?

Yes

☐

No

☐

4. Do you have dental insurance?

Yes

☐

No

☐

5. We are interested in any private dental care costs you may have incurred (that is: any dental treatment which was not provided or part paid for by the NHS).

In the last 12 months have you:

Consultation	I have attended this service: ( <i>please circle appropriate answer</i> )		How many visits in last 12 months?
A) Received a private scale and polish:	YES	NO	
B) Received any other private dental care:	YES	NO	
C) Received a combination of private and NHS dental care	YES	NO	

If you are unsure whether you received private or NHS care, please place an 'X' in the box provided.

☐

6. If you received a private scale and polish in the last 12 months, please indicate how much you paid for your last private scale and polish?

£ \_\_\_\_\_

7. Please estimate how much money you spent in the last 12 months on all other private dental care (please do not count money spent on private scale and polish). *If you are unsure, please give your best guess.*

£ \_\_\_\_\_

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☐☐☐☐☐

8. Have you attended any of the following in the last 12 months **for problems related to your teeth**? For each service you have attended, please tell us how many times you used that service over the last 12 months.

Consultation	I have attended this service: (please circle appropriate answer)		How many visits in last 12 months?
Called NHS 24	YES	NO	
Visited your doctor (general practitioner)	YES	NO	
Attended hospital accident and emergency	YES	NO	
Attended a hospital outpatients department	YES	NO	
Been admitted to hospital	YES	NO	

If you have been admitted to hospital **for problems relating to your teeth**, please tell us how many nights you spent in hospital on your last admission?

nights

**9. Please answer this question even if you do not usually pay for your treatment:**

We would like to find out how much you value scale and polish. What is the maximum amount of money that you would be willing to pay out of pocket for a scale and polish? (Please place an 'X' in the appropriate box).

£0	<input type="checkbox"/>	£10.50	<input type="checkbox"/>	£20	<input type="checkbox"/>	£75	<input type="checkbox"/>
£1	<input type="checkbox"/>	£15	<input type="checkbox"/>	£30	<input type="checkbox"/>		
£5	<input type="checkbox"/>	£17.50	<input type="checkbox"/>	£50	<input type="checkbox"/>		

If more than £75, please specify how much you would be willing to pay

£

- 10 How often would you prefer to have a scale and polish? (Please place an X in the appropriate box)

Never	<input type="checkbox"/>	Once every 2 years	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	Twice a year	<input type="checkbox"/>
3 times a year	<input type="checkbox"/>	4 times a year	<input type="checkbox"/>	More often	<input type="checkbox"/>		

ISRCTN56465715

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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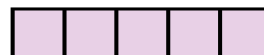
If you would like to discuss any aspect of the study please contact the Trial Office  
Tel. 01224 43XXXX email: [iquad@abdn.ac.uk](mailto:iquad@abdn.ac.uk)

## THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

Once you have completed the form, please return it in the pre-paid envelope provided or to the following address.:

**Centre for Healthcare Randomised Trials (CHaRT),**  
Health Services Research Unit, 3<sup>rd</sup> floor, Health Sciences Building, Foresterhill.  
Aberdeen AB25 2ZD. Tel: 01224 438XXXX Fax: 01224 438165

ISRCTN56465715



IQuaD Annual Patient Questionnaire Version 4, 20March2015

## Participant annual questionnaire (Shortened)

Year

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Participant Study No

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Improving the Quality of Dentistry

# Patient Annual Questionnaire (shortened)

CONFIDENTIAL

A UK Collaborative Study funded by the NIHR Health Technology Assessment (HTA)  
Programme



**National Institute for  
Health Research**

ISRCTN56465715

Version number 4, 20March2015

DATE COMPLETING THIS QUESTIONNAIRE:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

### SECTION 3: Your Views

Please circle the number from 1 to 7 that you think most closely applies to you.

**How confident are you that you can:**

	Not at All Confident				Extremely Confident		
1.	1	2	3	4	5	6	7
a) follow advice from your dentist about brushing your teeth	1	2	3	4	5	6	7
b) brush your teeth so that your teeth can't get any cleaner	1	2	3	4	5	6	7
c) brush your teeth as often as you should	1	2	3	4	5	6	7
d) brush your teeth for as long as you should	1	2	3	4	5	6	7
e) brush your teeth the way you should	1	2	3	4	5	6	7
f) How confident are you that you can floss your teeth the way that you should?	1	2	3	4	5	6	7
g) How confident are you that you can floss your teeth as often as you should?	1	2	3	4	5	6	7

### SECTION 4: You and Your Teeth

Please put a cross in the box that you feel most closely reflects your views.

In the last **12 months**:

Never      Hardly  
ever      ever      Occas-      Fairly      Very  
ionally      often      often

1. Have you had bleeding from your gums when brushing your teeth?

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### SECTION 6: Your costs

1. We are interested in any private dental care costs you may have incurred (that is: any dental treatment which was not provided or part paid for by the NHS).

In the last 12 months have you:

Consultation	I have attended this service: (please circle appropriate answer)		How many visits in last 12 months?
A) Received a private scale and polish:	YES	NO	
B) Received any other private dental care:	YES	NO	
C) Received a combination of private and NHS dental care	YES	NO	

If you are unsure whether you received private or NHS care, please place an 'X' in the box provided.

--

2. If you received a private scale and polish in the last 12 months, please indicate how much you paid for your last private scale and polish?

£ \_\_\_\_\_

3. Please estimate how much money you spent in the last 12 months on all other private dental care (please do not count money spent on private scale and polish). If you are unsure, please give your best guess.

£ \_\_\_\_\_

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# Clinician belief questionnaire: Baseline



## Clinician Belief Questionnaire

Dentist ID

Please circle the number from 1 to 7 that you think most closely applies to you

Q1. How confident are you that you can:

- a) Effectively give general oral hygiene advice
- b) Effectively advise about tooth brushing in particular
- c) Effectively demonstrate tooth brushing
- d) Effectively do a scale and polish
- e) Effectively maintain periodontal health
- f) Cope with taking part in a research project
- g) Fulfil the requirements of a research project

Not at All  
Confident

Extremely  
Confident

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q2. In general, my giving advice about oral hygiene will:

- a) Effectively maintain periodontal health
- b) Effectively reduce periodontal disease
- c) Effectively reduce caries risk.
- d) Reduce the need for future dental treatment

Strongly Disagree

Strongly Agree

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q3. In general, my doing a scale and polish will:

- a) Effectively maintain periodontal health
- b) Effectively reduce periodontal disease
- c) Effectively reduce caries risk.
- d) Reduce the need for future dental treatment

Strongly Disagree

Strongly Agree

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q4. I find giving advice about oral hygiene is

- Stressful
- Embarrassing
- Useful
- Difficult

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Not at all  
Not at all  
Not at all  
Not at all

Q5. I find doing a scale and polish is

- Stressful
- Embarrassing
- Useful
- Difficult

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Not at all  
Not at all  
Not at all  
Not at all

Q6. I find taking part in research is

- Stressful
- Embarrassing
- Useful
- Difficult

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Not at all  
Not at all  
Not at all  
Not at all



Q7a) What percentage of patients do you intend to give oral hygiene advice \_\_\_\_\_ %

Q7b) What percentage of patients do you intend to ensure receive a scale and polish \_\_\_\_\_ %

Q7c) What proportion of research project requirements do you intend to fulfil \_\_\_\_\_ %

Q8. Do you have a definite plan about when and how to

	Definitely Yes				Definitely No		
a) give oral hygiene advice as part of patient management	1	2	3	4	5	6	7
b) have a scale and polish provided as part of patient management	1	2	3	4	5	6	7

Q9. I find it *difficult to* provide oral hygiene advice if:

	Strongly Disagree				Strongly Agree		
a) The patient is a young child (less than 11)	1	2	3	4	5	6	7
b) the patient is an adolescent (11 to 16 years old)	1	2	3	4	5	6	7
c) the patient is an adult	1	2	3	4	5	6	7
d) The patient doesn't appear interested	1	2	3	4	5	6	7
e) There is a significant amount of decay in the mouth	1	2	3	4	5	6	7
f) The patients' oral hygiene is already excellent	1	2	3	4	5	6	7
f) The patient is a poor attender	1	2	3	4	5	6	7

Q10. It is likely that I will **not** be able to:

	Strongly Disagree				Strongly Agree		
a) cope with taking part in a research project	1	2	3	4	5	6	7
b) fulfil the requirements of a research project	1	2	3	4	5	6	7

Q11. I feel under pressure to give oral hygiene advice:

	Not at All				Very Much		
a) from patients	1	2	3	4	5	6	7
b) from the GDC	1	2	3	4	5	6	7
c) from researchers	1	2	3	4	5	6	7

Q12. I feel under pressure to do more scale and polishes:

	Not at All				Very Much		
a) from patients	1	2	3	4	5	6	7
b) from the GDC	1	2	3	4	5	6	7
c) from researchers	1	2	3	4	5	6	7

Q13a) How motivated are you to do what patients think you should? 1 2 3 4 5 6 7

Q13b) How motivated are you to do what the GDC thinks you should? 1 2 3 4 5 6 7

Q13c) How motivated are you to do what researchers think you should? 1 2 3 4 5 6 7

# Clinician belief questionnaire: Follow-up

1



## Clinician Belief Questionnaire

Study ID

Please circle the number from 1 to 7 that you think most closely applies to you

Q1. How confident are you that you can:

- a) Effectively give general oral hygiene advice
- b) Effectively advise about tooth brushing in particular
- c) Effectively demonstrate tooth brushing
- d) Effectively do a scale and polish
- e) Effectively maintain periodontal health
- f) Cope with taking part in a research project
- g) Fulfil the requirements of a research project

Not at All  
Confident

Extremely  
Confident

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q2. In general, my giving advice about oral hygiene will:

- a) Effectively maintain periodontal health
- b) Effectively reduce periodontal disease
- c) Effectively reduce caries risk.
- d) Reduce the need for future dental treatment

Strongly Disagree

Strongly Agree

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q3. In general, my doing a scale and polish will:

- a) Effectively maintain periodontal health
- b) Effectively reduce periodontal disease
- c) Effectively reduce caries risk.
- d) Reduce the need for future dental treatment

Strongly Disagree

Strongly Agree

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q4. I find giving advice about oral hygiene is:

- a) Stressful
- b) Embarrassing
- c) Useful
- d) Difficult

Strongly Disagree

Strongly Agree

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q5. I find doing a scale and polish is:

- a) Stressful
- b) Embarrassing
- c) Useful
- d) Difficult

Strongly Disagree

Strongly Agree

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q6. I find taking part in research is:

- a) Stressful
- b) Embarrassing
- c) Useful
- d) Difficult

Strongly Disagree				Strongly Agree			
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	

Q7. I am very motivated

- a) To give oral hygiene advice to all my patients
- b) To ensure all my patient receive a scale and polish as part of their usual management

Strongly Disagree				Strongly Agree			
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	

Q8. Over the course of the trial:

- a) Do you think your planning about OH advice has changed?
- b) Do you think your planning about providing S&P as part of patient management has changed?
- c) Do you think your confidence in effectively providing OH advice has changed
- d) Do you think that your confidence in maintaining the periodontal health of your patients has changed?

Not at All				Very Much			
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	

Q9. I find it *difficult* to provide oral hygiene advice if:

- a) The patient is a young child (less than 11)
- b) The patient is an adolescent (11 to 16 years old)
- c) The patient is an adult
- d) The patient doesn't appear interested
- e) There is a significant amount of decay in the mouth
- f) The patients' oral hygiene is already excellent
- g) The patient is a poor attender

Strongly Disagree				Strongly Agree			
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	

Q10. I find it *difficult* to effectively scale and polish if:

- a) The patient is a young child (less than 11)
- b) The patient is an adolescent (11 to 16 years old)
- c) The patient is an adult
- d) The patient doesn't appear interested
- e) There is a significant amount of decay in the mouth
- f) The patients' oral hygiene is already excellent
- g) The patient is a poor attender

Strongly Disagree				Strongly Agree			
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	

Q11. I feel under pressure to give oral hygiene advice:

- a) from patients
- b) from the GDC
- c) from researchers

Not at All				Very Much			
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	
1	2	3	4	5	6	7	

Q12. I feel under pressure to do more scale and polishes:

- a) from patients
- b) from the GDC
- c) from researchers

Not at All Very Much

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q13. I feel under pressure to participate in research

- a) from patients
- b) from the GDC
- c) from researchers

Not at All Very Much

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q14. I feel motivated to:

- a) do what patients think I should
- b) do what the GDC thinks I should
- c) do what researchers think I should

Not at All Very Much

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q15. In general my participating in *more* research is something:

- a) I intend to do
- b) is extremely important to me
- c) is extremely difficult for me
- d) I am very confident I can do

Strongly Disagree Strongly Agree

1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

Q16. Please reflect on your overall IQaD experience in the box below

## Dentist invitation letter



IQuaD Study Office  
Dental Health Services & Research Unit  
University of Dundee  
Dundee, Scotland  
DD2 4BF  
Tel: 01382 420050  
Fax: 01382 420051

<< Date >>

<< First Name >> << Family Name >>

<< Address >>

<<Address>>

<< Postcode >>

Dear <<Title>> <<Family Name>>

### **IQuaD Trial - Improving the Quality of Dentistry**

We are writing to invite you to take part in a UK-wide study comparing oral hygiene advice and scale and polish for the prevention and management of periodontal disease.

Training in trial procedures and support during the trial will be provided for all dentists taking part; NHS R&D support will be paid for all costs relating to a dental practice's time commitment to the study.

As you know periodontal disease is the most common oral disease affecting adults. This disease is largely preventable, yet it remains the major cause of poor oral health worldwide and is the primary cause of tooth loss in older adults. Despite evidence of an association between sustained, good oral hygiene and a low incidence of periodontal disease and caries in adults there is a lack of strong and reliable evidence to inform dentists of the relative effectiveness of different types of oral hygiene advice.

The NHS National Institute for Health Research Health Technology Assessment programme has commissioned the Dental Health Services & Research Unit at the University of Dundee to conduct clinical research on this topic under the direction of Professor Jan Clarkson and Professor Craig Ramsay. Research groups from NHS Education for Scotland, the Health Services and Health Economics Research Units at the University of Aberdeen, and the Universities of Newcastle, Edinburgh, Manchester and London are also involved.

This is a 5 year multi-centre, randomised, open trial. Dentists will be randomised to offering either routine or personalised oral hygiene advice (OHA) to patients. Additionally, in order to test the effects of scale and polish each individual patient participant will be randomised to one of three groups: none, 6 monthly (current practice), or 12 monthly scale and polish.

We believe this study in general dental practice will provide much needed and robust evidence on the relative effectiveness of different types of OHA and scale and polish.

We attach an invitation to an Evening Meeting for potentially interested participating dentists to meet trial staff from Scotland and locally, to hear more about the study and to ask any questions about its planning, design and delivery. The Trial Office will contact you to confirm your attendance. We hope that you will be able to attend and very much that you will feel interested and motivated to become involved.

Yours sincerely,

<< Signature of Jan Clarkson & Craig Ramsay >>

Professor Jan E Clarkson



## INVITATION

*You are cordially invited to attend an  
Evening Meeting to discuss the HTA IQuaD Trial*

*Date  
Time  
Place*

*Professor Jan Clarkson, Dr Craig Ramsay Chief Investigators  
XXXX, Trial Manager  
Dental Health Services Research Unit, Scotland*

*and other members of the IQuaD team, with*

*Name, Affiliation  
Local Principal Investigator, IQuaD*

*Refreshments*

## Participant invitation letter



(Dental Practice letterhead)

<<First Name>> <<Second Name>>  
<<Address Line 1>>  
<<Address Line 2>>  
<<Address Line 3>>  
<<Town>>  
<<Postcode>.  
<<Date>>

Dear <<Title>> <<Second Name>>

### **IQuaD Trial**

Your regular dental check-up is due shortly and an appointment has been made for you on <<Date of Appointment>> at <<Time of Appointment>>.

I am also taking this opportunity to ask if you might be interested in taking part in the *IQuaD Trial*, a research study comparing the effect of oral hygiene advice and scale and polish (periodontal instrumentation) to prevent gum disease. The study is being conducted by the Dental Health Services & Research Unit, University of Dundee and the Health Services Research Unit, University of Aberdeen. The study is funded by the NIHR Health Technology Assessment (HTA) Programme.

When you attend for your check-up appointment I will discuss the study with you and invite you to take part. There is no commitment to join the study at this stage and if you decide not to join, then this will not affect the care you will receive and your check-up appointment will proceed as normal. I have enclosed an information sheet describing the study in greater detail and would be grateful if you would read this before your appointment. If you are able to complete the enclosed baseline questionnaire and bring it with you we would appreciate it.

If after reading the information sheet you decide you do not want to take part it will be very helpful if you would please phone the surgery at least two weeks before your check-up appointment to let me know. Your check-up appointment will be rearranged at a convenient time for you and proceed as normal.

Yours sincerely

<<Signature of dentist>>

<<name of dentist>>

## Participant allocation letter



IQuaD Study Office  
Dundee Dental Education Centre  
University of Dundee  
Dundee, Scotland  
DD2 4BF  
Tel: 01382 740911  
Fax: 01382 420051

<< First Name >> << Family Name >>

<< Address >>

<<Address 2>>

<<Address 3>>

<< Postcode >>

<< Date >>

Dear <<Title>> <<Family Name>>

Further to your recent dental appointment at <<practice name>>, we would like to thank you for taking the time to attend this appointment and for consenting to take part in the IQuaD Trial.

As explained by the IQuaD Trial staff at your appointment, you have been randomly allocated into one of three groups for scale & polish time interval for the next 3 years. We would like to inform you that you have been allocated to the <<allocation>> Trial Group. Regardless of which group you have been allocated to, you are free to attend your dentist at any time.

Please find enclosed a £25 gift voucher in recognition of your contribution to the study.

If you have any questions about the Trial, please do not hesitate to contact me on 01382 383917 or by emailing [l.e.macpherson@dundee.ac.uk](mailto:l.e.macpherson@dundee.ac.uk).

Yours sincerely,

<<LM signature>>

Mrs Lorna Macpherson  
IQuaD Trial Administrator



## Participant cohort letter



IQuaD Study Office  
Dental Health Services Research Unit  
Level 9 Dundee Dental School  
University of Dundee  
Dundee, Scotland  
DD1 4HN  
Tel: 01382 383917  
Email: [iquad@dundee.ac.uk](mailto:iquad@dundee.ac.uk)

<< First Name >> << Family Name >>  
<< Address >>  
<<Address 2>>  
<<Address 3>>  
<< Postcode >>  
  
<< Date >>

Dear <<Title>> <<Family Name>>

Further to your recent dental appointment at <<practice name>>, we would like to thank you for taking the time to attend this appointment and for consenting to take part in the IQuaD Trial.

As explained by the IQuaD Trial staff at your appointment, you have not been randomly allocated to a scale & polish time interval for the next 3 years. However we will be sending a confidential questionnaire asking about your views of the service you get from your dental practice and your attitudes and beliefs towards oral health over the next 3 years.

Please find enclosed a £25 gift voucher in recognition of your contribution to the study.

If you have any questions about the Trial, please do not hesitate to contact me on 01382 383917 or by emailing [l.e.macpherson@dundee.ac.uk](mailto:l.e.macpherson@dundee.ac.uk).

Yours sincerely,

<<LM signature>>

Mrs Lorna Macpherson  
IQuaD Trial Administrator

## Participant intervention letter



**IQuaD Study Office**  
Centre for Healthcare Randomised Trials  
(CHaRT)  
Health Services Research Unit  
3<sup>rd</sup> Floor, Health Sciences Building  
Foresterhill, Aberdeen, AB25 2ZD  
Tel: +44(0)1224 438191  
Fax: +44(0)1224 438165  
E-mail: IQuaD@abdn.ac.uk

<<First Name>> <<Family Name>>

<<Address Line 1>>

<<Address Line 2>>

<<Address Line 3>>

<<Town>>

<<Postcode>>.

<<Date>>

Dear <<Title>> <<Family Name>>

**Please find enclosed the annual IQUAD questionnaire and a reply-paid envelope. It would be greatly appreciated if you could complete and return as soon as possible. If you have any questions, please get in touch with the IQUAD Study Office on 01224 438191.**

### ***Why we have sent you this questionnaire***

Your dentist is participating in this UK-wide study looking at the very best way they can help their patients improve their oral health. This is an important study with the potential to impact on the treatment of all dental patients, and involves academic and dentist research groups from Aberdeen, Dundee, Edinburgh, Newcastle, Manchester and London Universities.

This is a 3 year study, as it will take this long to collect meaningful information about how oral health treatments can affect a person's quality of life, general health and teeth. Such long-term studies require a strong commitment from dentists to stay in the study until the end. This means your dentist has placed considerable trust in the patients they asked to join them in this research. Your dentist will not be able to fulfil their part in this study without the continued co-operation and participation of their patients.

As one of these patients, you consented to complete this annual questionnaire at the start of the study, asking about a wide range of actions and beliefs. This is to provide a broad view of the impact of having (or not having) dental treatments. **There are no right or wrong answers.** You do not have to worry about what your dentist will think about what you say, as they will not be privy to any information that can link you to your questionnaire.

We recognise that completing a questionnaire is not something people usually do. Other study participants have found it helpful to plan ahead. For example, leaving the questionnaire out in the kitchen can serve as a reminder to complete it. Putting the envelope where it can't be missed before leaving the house is a good reminder to take it with you to post.

You may feel that one person's questionnaire is not that important in such a large study, but that is very far from the truth. Every individual's contribution is needed to maintain the integrity of the end results. On behalf of your dentist, and everyone involved in this study, we would like to thank you very much for contributing to this work.

Yours sincerely

IQuaD Trial Manager

IQuaD Dentist

## Participant annual questionnaire letter



**IQuaD Study Office**  
Centre for Healthcare Randomised Trials  
(CHaRT)  
Health Services Research Unit  
3<sup>rd</sup> Floor, Health Sciences Building  
Foresterhill, Aberdeen, AB25 2ZD  
Tel: +44(0)1224 438191  
Fax: +44(0)1224 438165  
E-mail: IQuaD@abdn.ac.uk

<<First Name>> <<Family Name>>  
<<Address Line 1>>  
<<Address Line 2>>  
<<Address Line 3>>  
<<Town>>  
<<Postcode>>.

<<Date>>

Dear <<Title>> <<Family Name>>

### **Improving Quality in Dentistry (IQuaD) Study**

Thank you very much for taking part in the IQuaD Trial.

We enclose the annual questionnaire as we are keen to know if your views of the service you receive from your dental practice, and/or your attitudes and beliefs towards oral health have changed since you agreed to take part.

Some of the questions may not seem relevant but we would be very grateful if you could try to fill them all in. If you have any problems in completing the questionnaire, a friend or relative may be able to help you. Alternatively, please contact the IQuaD Study Office in Aberdeen; we will be happy to help in any way we can.

Once you have completed the questionnaire, please return it in the FREEPOST envelope provided.

In the meantime, if you require any further help or information about the study, please contact the Aberdeen Study Office on 01224 438191

Once again, thank for your help with this study.

Yours sincerely,

<<signature of IQuaD Trial Manager >>

Anne Duncan  
IQuaD Trial Manager

## Participant annual questionnaire reminder letter



**IQuaD Study Office**  
Centre for Healthcare Randomised  
Trials (CHaRT)  
Health Services Research Unit  
3<sup>rd</sup> Floor, Health Sciences Building  
Foresterhill, Aberdeen, AB25 2ZD  
Tel: +44(0)1224 438191  
Fax: +44(0)1224 438165  
E-mail: IQuaD@abdn.ac.uk

<< Date >>

<<Title>> <<Name>> << Surname>>

IQuaD STUDY No. <<.....>>

<<Address 1>>

<<Address 2>>

<<Address 3>>

<<Address 4>>

<<Postcode>>

Dear <<Title>> <<Surname>>

### Improving Quality in Dentistry (IQuaD) Study

Thank you very much for taking part in the IQuaD Study.

We sent you the enclosed (1, 2, 3-year *as appropriate*) review questionnaire a few weeks ago. We are keen to find out how you have been getting on during the last few months. Unfortunately we have not yet received your answers.

We appreciate how busy you must be, but believe this to be an important study. Your reply is very important to us. If your reply is already in the post, we would like to thank you for your help and apologise for this reminder.

However, if you have not had a chance to complete the questionnaire, we would be most grateful if you could take a few minutes of your time to complete and return it in the envelope provided (no stamp required). We have also enclosed another copy of the questionnaire. Please note that ALL the information you give will be treated with the strictest confidence.

Although some of the questions may not seem relevant we would like you to complete the questionnaire fully. However, you are not obliged to answer every question if you do not want to. If you have any worries or problems in completing the questionnaire, a friend or relative may be able to help you. If still in doubt, do please contact the IQuaD Study Office on 01224 438191.

We would like to thank you very much for taking part in the IQuaD Study and in completing the questionnaire as your views and information are very important to improving the quality of dentistry.

With our very best wishes and thanks for your kind help.

Yours sincerely

IQuaD Trial Manager

Enclosures    1, 2 3 year (*as appropriate*) IQuaD questionnaire  
Reply-paid envelope.

ISRCTN56465715  
IQuaD yearly questionnaire reminder letter

Version 1, 22 November 2010

## Participant follow-up invitation including routine check-up letter



(Dental Practice letterhead)

<<First Name>> <<Family Name>>  
<<Address Line 1>>  
<<Address Line 2>>  
<<Address Line 3>>  
<<Town>>  
<<Postcode>>.

<<Date>>

Dear <<Title>> <<Family Name>>

### **IQuaD Trial – Follow-up Clinical Assessment Appointment and Routine Check-up**

Thank you very much for your help with the IQuaD Trial during the previous three years.

Your final contribution to this Trial is going to your own dental practice for a special assessment of your dental health for the Trial. In keeping with our promise of confidentiality at the start of the Trial, this assessment will be conducted by a Trial clinician and its results will not be shared with your dentist. This means that you should think of it as quite separate from your normal dental check-up. There is no charge for the Trial assessment.

Your Trial dental assessment appointment is on <<date>> at <<time>>. It is anticipated that the assessment will take approximately 30 minutes and the clinician will simply assess your teeth and gums and note the results for the Trial records. At the end of the appointment, you will be given your final set of Love2Shop vouchers worth £25. Your final Annual Patient Questionnaire will be sent to you before your appointment, please complete and return this in the reply paid envelope to the trial office, if we haven't received this we may ask you to complete the Annual Patient Questionnaire at your appointment.

Since you are also due for your regular, routine check-up, we have additionally pre-booked a time for that with your dentist to fit in with the Trial assessment time. We hope that the need to make only one trip to your dental clinic for both appointments will be more convenient for you. However, if the timing is not suitable, please contact your dental practice on<<practice phone number> to reschedule either appointment. Please note that any usual fees will apply for the routine check-up.

You may feel that one person's dental health assessment result is not that important in such a large Trial but that is very far from the truth. Every individual's contribution is highly valued and each complete data set helps strengthen the findings of the study. On behalf of everyone involved in this Trial, we would like to thank you very much for contributing to this work. In the meantime, if you require any further help or information about IQuaD, please feel free to contact the Trial Office on 01382 383917

Once again, thank for your help with this Trial.

Yours sincerely,

Professor Jan Clarkson  
Joint Chief Investigator

Professor Craig Ramsay  
Joint Chief Investigator

## Participant follow-up invitation and no routine check-up letter



(Dental Practice letterhead)

<<First Name>> <<Family Name>>

<<Address Line 1>>

<<Address Line 2>>

<<Address Line 3>>

<<Town>>

<<Postcode>>

<<Date>>

Dear <<Title>> <<Family Name>>

### **IQuaD Trial – Follow-up Clinical Assessment Appointment**

Thank you very much for your help with the IQuaD Trial during the previous three years.

Your final contribution to this Trial is going to your own dental practice for a special assessment of your dental health for the Trial. In keeping with our promise of confidentiality at the start of the Trial, this assessment will be conducted by a Trial clinician and its results will not be shared with your dentist. This means that you should think of it as quite separate from your normal dental check-up which will be carried out at another appointment by your dentist as per usual. There is no charge for the Trial assessment.

Your Trial dental assessment appointment is on <<date>> at <<time>>. If the timing is not suitable, please contact your dental practice on <<practice phone number> and a more convenient appointment will be arranged.

It is anticipated that the assessment will take approximately 30 minutes and the clinician will simply assess your teeth and gums and note the results for the Trial records. At the end of the appointment, you will be given your final set of Love2Shop vouchers worth £25. Your final Annual Patient Questionnaire will be sent to you before your appointment, please complete and return this in the reply paid envelope to the trial office, if we haven't received this we may ask you to complete the Annual Patient Questionnaire at your appointment.

You may feel that one person's dental health assessment result is not that important in such a large Trial but that is very far from the truth. Every individual's contribution is highly valued and each complete data set helps strengthen the findings of the study. On behalf of everyone involved in this Trial, we would like to thank you very much for contributing to this work. In the meantime, if you require any further help or information about IQuaD, please feel free to contact the Trial Office on 01382 383917

Once again, thank for your help with this Trial.

Yours sincerely,

Professor Jan Clarkson  
Joint Chief Investigator

Professor Craig Ramsay  
Joint Chief Investigator

# CERTIFICATE OF APPRECIATION



Improving the Quality of Dentistry

Xxxxxx Xxxxxxx

**You have been a valued participant  
in the IQaD Trial for 3 years**

The results of the IQaD study will be available in 2017, in the Health Technology Assessment Journal  
website: <http://www.journalslibrary.nihr.ac.uk/hta>





## Ineligible and declined form



### INELIGIBLE AND DECLINED FORM

Practice

#### IQuaD INCLUSION CRITERIA

- Dentate
- BPE 0-3
- Attended a check-up at least twice in previous 24 months
- Receive dental care as an NHS patient

Date of attempted  
recruitment

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Year of birth

--	--	--	--

Gender

Male

☐

Female

☐

Reasons for non-inclusion (tick all that apply):

DNA dental baseline (study) appointment

☐

#BPE 4 or \*

☐

Uncontrolled medical condition

☐

Unable to complete study

☐

Unable to give informed consent

☐

Patient declined to participate in the study

☐

Reason for declining (if provided)

---

Other reason for not participating

☐

If other, please specify

---

*#If patient has a **BPE4 or \*** but no other reason for being ineligible please invite patient to consent to receiving annual questionnaires and, if willing, complete **nontrial** consent form.*



## Participant details form

Participant Study No

--	--	--	--	--	--



Improving the Quality of Dentistry

**<<PARTICIPANT DETAILS FORM>>**

**CONFIDENTIAL**

A UK Collaborative Study funded by the NIHR Health Technology Assessment  
(HTA) Programme

## PERSONAL INFORMATION

**INSTRUCTION FOR COMPLETION:**

If you make any errors while completing this form, please score through the incorrect data with a horizontal line and initial and date any changes.

**Title (Mr, Mrs etc)**

--	--	--	--

### First names

[illegible]

**Surname**

[illegible]

**Maiden Name**  
(if applicable)

[illegible]**ADDRESS**

House name

[illegible]

House number

[illegible]

**Street name**

[illegible][illegible]

Town/City

[illegible]

Postcode

--	--	--	--	--	--	--

**Telephone number  
(including code)**

[illegible]

**Mobile number**

[illegible]

Email Address

--

**Preferred method to contact patient (e.g. telephone):**

\_\_\_\_\_

Participant Study No:

--	--	--	--	--	--

**Date of Birth**

D D / M M / Y Y Y Y

## Gender

Male ☐ Female ☐

IQuaD Trial Co-ordinating Office Dundee, Dundee Dental Education Centre,  
Frankland Building, Smalls Wynd Dundee, DD1 4HN Tel: 01382 420058 Fax: 01382 420051  
E-mail: [Iquad@nes.scot.nhs.uk](mailto:Iquad@nes.scot.nhs.uk)

## Baseline clinical measurement charts



### Baseline Clinical Measurement Charts

Participant Study No

--	--	--	--	--

DATE

		/			/				
--	--	---	--	--	---	--	--	--	--

Trial Intervention delivered by: Dentist ☐ Hygienist ☐

#### BPE SEXTANTS


- 0 = healthy  
 1 = bleeding observed, directly or by using a mirror, after probing  
 2 = calculus detected during probing, but pocket 3mm or under  
 3 = pocket depth 3 to 5mm  
 4 = pocket depth >5mm

#### BLEEDING

Missing tooth = X																	
Bleeding 0 = NO 1 = YES																	
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
Bleeding 0 = NO 1 = YES																	
Missing tooth = X																	

#### POCKET DEPTH & CALCULUS

Missing tooth = X																	
Calculus 0 = NO 1 = YES																	
Pocket Depth (mm)																	
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
Pocket Depth (mm)																	
Calculus 0 = NO 1 = YES																	
Missing tooth = X																	

Signature \_\_\_\_\_ Date \_\_\_\_\_

ISRCTN56465715

Version 1.1 February 2012

### 3 Year follow-up practice attendance form



## 3 Year Follow up Practice Attendance Form

Study number

First Date of Practice visit  /  /

Date of appointment  /  /

**A. Attended appointment?** (please tick as appropriate):      yes ☐      no\* ☐

\*If No, please record:

To be rescheduled ☐

No further contact possible (please give reasons) ☐

Participant does not want to attend ☐ Participant unable to attend ☐

Practice does not want to contact participant ☐ Practice unable to contact participant ☐

**B. Status of 3 year follow up Questionnaire –** (please tick if appropriate):

Questionnaire received at Trial Office ☐

Issued and Completed at appointment ☐

Taken Home ☐

Refused to complete ☐

Recently posted ☐

**C. Status of Voucher** (please tick as appropriate):

Issued ☐

Not Issued ☐

For Office use

I confirm receipt of £25 Love2Shop voucher:

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Change of status form



## CHANGE OF STATUS

To be completed on withdrawal/change of status from study

Participant Study Number

--	--	--	--	--

Q1 Date of withdrawal/change of status

Day		Month		Year					
D	D	/	M	M	/	Y	Y	Y	Y

### Reason for withdrawal/change of status

Q2 Participant decided to withdraw?

☐

Participant died

☐

Please give details.

--

Q3 Any dental reason for withdrawal? (please state reason)

--

### What is participant withdrawing from?

Q4 Completing questionnaires?

Yes

☐

No

☐

Q5 Relevant treatment data being collected from dental records?

Yes

☐

No

☐

Q6 Annual dental examination?

Yes

☐

No

☐

Q7 Contact by telephone from a member of the IQuaD team?

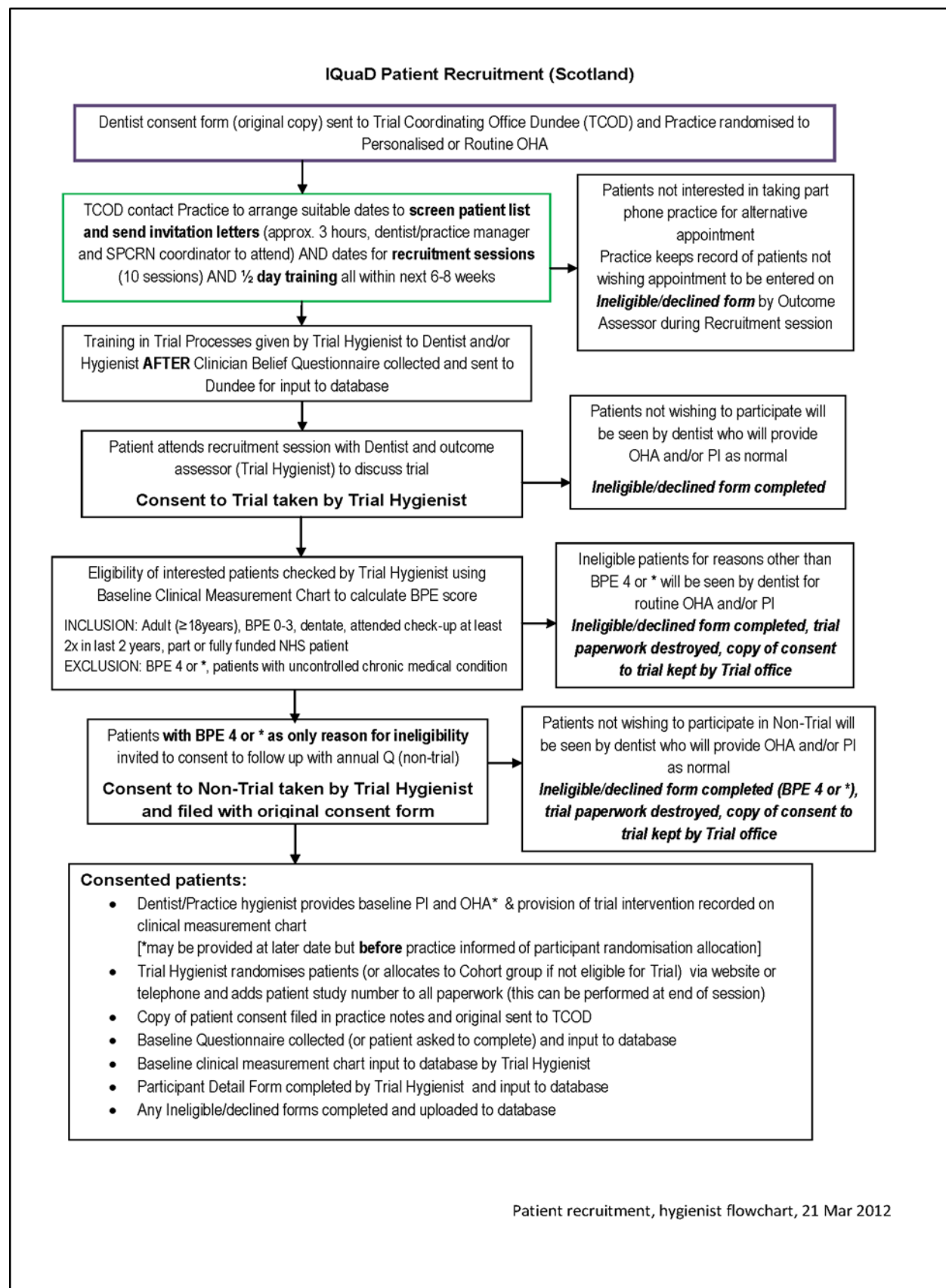
Yes

☐

No

☐

## Participant Flow Diagram



## Personalised Oral Hygiene Advice Instruction Steps



### **Personalised Oral Hygiene Advice (OHA)**

This OHA intervention is based upon best evidence for how a GDP can, during an average consultation in a primary dental care setting, most effectively influence patients' oral hygiene behaviour. This advice should be delivered to every patient during a recall appointment, regardless of the state of their mouth.

**Step 1: TELL the patient what they have to do to keep their mouth as healthy as possible** *(This is what you need to do)*

- brush for 2 minutes at least twice a day
- use a fluoride-containing toothpaste and to spit not rinse during tooth cleaning;
- use either dental floss and/or interdental brushes, at least once a day

**Step 2: SHOW the patient how to use the oral health care tools** *(This is how you do it)*

- Use a model of the mouth to demonstrate a how to systematically clean each tooth using a tooth brush (manual or electric) as well as how to use floss and interdental brushes.

**Step 3: Confirm that the patient knows what to do. If they do not go back to Step 2 (Show). If they say they do, then ask them to DO it i.e. to clean their teeth in front of you\*** *(Please clean your teeth now so that I can check your technique)*

- This provides an opportunity to correct them if required and ensures that the patient really has understood what they need to do, which will help them to remember when they are at home.
- Confirming that they are doing the task well will boost their confidence and also help them to remember

*\*Note: If you think that poor technique may be improved by changing the type of toothbrush the patient currently uses (manual or powered), demonstrate the alternative on a model and ask them to consider using this toothbrush.*

**Step 4: Get some biofeedback**

- Ask how their teeth feel, as clean teeth should feel smooth to the tongue.
- Address any concerns about their technique if they have bleeding after the brushing or flossing

**Step 5: Help the patient make oral hygiene a habit with the right PLAN.**

- Ask them when would be the best time for them to brush and floss their teeth. Suggest that it would be best to use something they already do every day to remind them – such as immediately before going to bed and after getting up.

**Step 6: To act as an incentive for the patient, tell them that you will ASK at their next visit \***

- If they now use interdental cleaning aids
- How their action plan worked

*\*Note: To do this you will need to record on their notes*

- 1) Whether they currently use interdental cleaning aids
- 2) The type of toothbrush currently used
- 3) What the action plan is