

STUDY DOCUMENTATION

Participant baseline questionnaire

Participant Study No

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Improving the Quality of Dentistry

<<PATIENT BASELINE QUESTIONNAIRE>>

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	<input type="checkbox"/>	Once a day	<input type="checkbox"/>	Twice a day	<input type="checkbox"/>	More than twice a day	<input type="checkbox"/>
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2. On average, how long do you take to brush your teeth?

Less than 1 minute	<input type="checkbox"/>	1 minute to under 2 minutes	<input type="checkbox"/>	2 minutes	<input type="checkbox"/>	More than 2 minutes	<input type="checkbox"/>
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3. Usually, when you finish brushing your teeth do you?

Rinse with water	<input type="checkbox"/>	Rinse with mouthwash	<input type="checkbox"/>	Spit, but do not rinse	<input type="checkbox"/>	Don't brush my teeth at all	<input type="checkbox"/>	Don't brush but do use mouthwash	<input type="checkbox"/>
------------------	--------------------------	----------------------	--------------------------	------------------------	--------------------------	-----------------------------	--------------------------	----------------------------------	--------------------------

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

Less than once a day	<input type="checkbox"/>	Once a day	<input type="checkbox"/>	Twice a day	<input type="checkbox"/>	More than twice a day	<input type="checkbox"/>
----------------------	--------------------------	------------	--------------------------	-------------	--------------------------	-----------------------	--------------------------

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

Less than 1 minute	<input type="checkbox"/>	1 minute to under 2 minutes	<input type="checkbox"/>	2 minutes	<input type="checkbox"/>	More than 2 minutes	<input type="checkbox"/>
--------------------	--------------------------	-----------------------------	--------------------------	-----------	--------------------------	---------------------	--------------------------

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

Rinse with water	<input type="checkbox"/>	Rinse with mouthwash	<input type="checkbox"/>	Spit, but do not rinse	<input type="checkbox"/>
------------------	--------------------------	----------------------	--------------------------	------------------------	--------------------------

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

Don't need one	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----------------	--------------------------	-----	--------------------------	----	--------------------------

Questions about flossing your teeth8. On average, how often do you floss your teeth?

Never	<input type="checkbox"/>	At least once a day	<input type="checkbox"/>	At least once a week	<input type="checkbox"/>	At least once a month	<input type="checkbox"/>	other	<input type="checkbox"/>
-------	--------------------------	---------------------	--------------------------	----------------------	--------------------------	-----------------------	--------------------------	-------	--------------------------

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

Less than 30 seconds	<input type="checkbox"/>	30 seconds to under 1 minute	<input type="checkbox"/>	1 to under 2 minutes	<input type="checkbox"/>	2 minutes	<input type="checkbox"/>	More than 2 minutes	<input type="checkbox"/>
----------------------	--------------------------	------------------------------	--------------------------	----------------------	--------------------------	-----------	--------------------------	---------------------	--------------------------

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

Never	<input type="checkbox"/>	At least once a day	<input type="checkbox"/>	At least once a week	<input type="checkbox"/>	At least once a month	<input type="checkbox"/>	other	<input type="checkbox"/>
-------	--------------------------	---------------------	--------------------------	----------------------	--------------------------	-----------------------	--------------------------	-------	--------------------------

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

Don't need one	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----------------	--------------------------	-----	--------------------------	----	--------------------------

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

Never	<input type="checkbox"/>	At least once a day	<input type="checkbox"/>	At least once a week	<input type="checkbox"/>	At least once a month	<input type="checkbox"/>	other	<input type="checkbox"/>
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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	2	3	4	5	6	7
		1	2	3	4	5	6	7
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
		Strongly Agree				Strongly Disagree		
		1	2	3	4	5	6	7
		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 often 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 long 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 the way 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 more often I brush my teeth, the less decay I will get		1	2	3	4	5	6	7
e) The more often I brush my teeth, the less gum disease I will get		1	2	3	4	5	6	7
f) The longer I brush my teeth, the less decay I will get		1	2	3	4	5	6	7
g) The longer 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 often 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 more 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:**

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?

	Never	Hardly ever	Occasionally	Fairly often	Very often
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

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
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
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
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
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 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

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

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
£1
£5

£10.50
£15
£17.50

£20
£30
£50

£75

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

Bus.....

4

Cycled

2

Taxi.....

5

Private car

3

Other.....

6

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
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

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)
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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:

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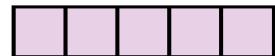
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M	M
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 /

Y	Y	Y	Y
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ISRCTN56465715



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

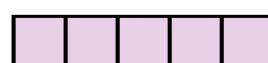
the dental hygienist? Yes No

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



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

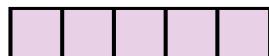
6. What do you intend to do when you finish brushing your teeth in the future?

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



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

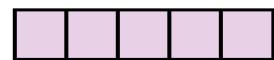
11. Do you have a plan about when you will start flossing your teeth better?

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

ISRCTN56465715



IQuaD Annual Patient Questionnaire Version 4, 20March2015

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:

1.

- a) follow advice from your dentist about brushing your teeth
- b) brush your teeth so that your teeth can't get any cleaner
- c) brush your teeth as often as you should
- d) brush your teeth for as long as you should
- e) brush your teeth the way you should
- f) How confident are you that you can floss your teeth the way that you should?
- g) How confident are you that you can floss your teeth as often as you should?

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	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

2.

- a) I always find it easy to follow advice from my dentist about brushing my teeth
- 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
- c) I would like to brush my teeth as often as I should, but I don't think it's possible for me to do so
- d) I would like to brush my teeth for as long as I should, but I don't think it's possible for me to do so
- e) I would like to brush my teeth the way I should, but I don't think it's possible for me to do so

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

3.

- a) Brushing my teeth is a good thing to do
- b) Brushing my teeth is a boring thing to do
- c) Brushing my teeth makes my mouth feel good
- d) The more often I brush my teeth, the less decay I will get
- e) The more often I brush my teeth, the less gum disease I will get
- f) The longer I brush my teeth, the less decay I will get
- g) The longer I brush my teeth, the less gum disease I will get

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

4.

- a) I think my dentist wants me to brush my teeth differently from how I now brush them
- b) I don't care how my dentist thinks I should brush my teeth

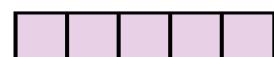
1	2	3	4	5	6	7
1	2	3	4	5	6	7

5.

- a) I would like to floss my teeth as often as I should, but I don't think it's possible for me to do so
- 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
- c) I find flossing my teeth a difficult thing to do
- d) Flossing my teeth is a good thing to do
- e) The more I floss my teeth, the less decay I will get
- f) I don't care how my dentist/hygienist thinks I should floss my teeth

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

ISRCTN56465715



IQuaD Annual Patient Questionnaire Version 4, 20March2015

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 Occasionally 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?

ISRCTN56465715



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

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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 <input type="checkbox"/>	Once <input type="checkbox"/>	Twice <input type="checkbox"/>	Three times <input type="checkbox"/>	More than three times <input type="checkbox"/>	Not applicable <input type="checkbox"/>
--------------------------------	-------------------------------	--------------------------------	--------------------------------------	--	---

Your replacement heads for electric toothbrush:

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

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: (please circle appropriate answer)	How many visits in last 12 months?
A) Received a private scale and polish:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
B) Received any other private dental care:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
C) Received a combination of private and NHS dental care	YES <input type="checkbox"/> NO <input type="checkbox"/>	

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

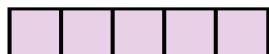
6. If you received a private scale and polish in the last 12 months, please indicate how much you paid for your last private scale and polish?

£_____

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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IQuaD Annual Patient Questionnaire Version 4, 20March2015

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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Visited your doctor (general practitioner)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Attended hospital accident and emergency	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Attended a hospital outpatients department	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Been admitted to hospital	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

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
£1
£5

£10.50
£15
£17.50

£20
£30
£50

£75

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

Once every 2 years

Once a year

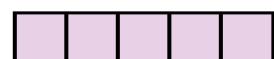
Twice a year

3 times a year

4 times a year

More often

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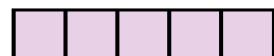
If you would like to discuss any aspect of the study please contact the Trial Office
Tel. 01224 43XXXX email: iquad@abdn.ac.uk

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, 3rd 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

NHS
**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:

- 1.
- a) follow advice from your dentist about brushing your teeth
 - b) brush your teeth so that your teeth can't get any cleaner
 - c) brush your teeth as often as you should
 - d) brush your teeth for as long as you should
 - e) brush your teeth the way you should
 - f) How confident are you that you can floss your teeth the way that you should?
 - g) How confident are you that you can floss your teeth as often as you should?

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	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

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 Occasionally Fairly often Very often

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

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

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.*

£ _____

--	--	--	--	--

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

Q4. I find giving advice about oral hygiene is

Stressful	1	2	3	4	5	6	7	Not at all
Embarrassing	1	2	3	4	5	6	7	Not at all
Useful	1	2	3	4	5	6	7	Not at all
Difficult	1	2	3	4	5	6	7	Not at all

Q5. I find doing a scale and polish is

Stressful	1	2	3	4	5	6	7	Not at all
Embarrassing	1	2	3	4	5	6	7	Not at all
Useful	1	2	3	4	5	6	7	Not at all
Difficult	1	2	3	4	5	6	7	Not at all

Q6. I find taking part in research is

Stressful	1	2	3	4	5	6	7	Not at all
Embarrassing	1	2	3	4	5	6	7	Not at all
Useful	1	2	3	4	5	6	7	Not at all
Difficult	1	2	3	4	5	6	7	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

- a) give oral hygiene advice as part of patient management
- b) have a scale and polish provided as part of patient management

Definitely Yes							Definitely No						
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
- f) 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	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. It is likely that I will **not** be able to:

- a) cope with taking part in a research project
- b) fulfil the requirements of a research project

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

Q16. Please reflect on your overall IQuaD 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 Heath 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



Improving the Quality of Dentistry

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



Improving the Quality of Dentistry

(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



Improving the Quality of Dentistry

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.

Yours sincerely,

<<LM signature>>

Mrs Lorna Macpherson
IQuaD Trial Administrator

Participant cohort letter



Improving the Quality of Dentistry

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

<< 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 le.macpherson@dundee.ac.uk.

Yours sincerely,

<<LM signature>>

Mrs Lorna Macpherson
IQuaD Trial Administrator

Participant intervention letter



Improving the Quality of Dentistry

IQuaD Study Office
Centre for Healthcare Randomised Trials
(CHaRT)
Health Services Research Unit
3rd 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



Improving the Quality of Dentistry

IQuaD Study Office
Centre for Healthcare Randomised Trials
(CHaRT)
Health Services Research Unit
3rd 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



Improving the Quality of Dentistry

IQuaD Study Office
Centre for Healthcare Randomised
Trials (CHaRT)
Health Services Research Unit
3rd 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



Improving the Quality of Dentistry

(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 IQuaD Trial for 3 years

The results of the IQuaD 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

Y	Y	Y	Y
---	---	---	---

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>>

<<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)

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

First names

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

Surname

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

**Maiden Name
(if applicable)**

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

ADDRESS

House name

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

House number

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

Street name

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

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

Town/City

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

Postcode

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

**Telephone number
(including code)**

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

Mobile number

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

Email Address

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

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

Participant Study No:

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

Date of Birth

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

Gender

Male	<input type="text"/>	Female	<input type="text"/>
------	----------------------	--------	----------------------

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

Baseline clinical measurement charts

 Baseline Clinical Measurement Charts															
Participant Study No <input style="width: 100px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/>															
DATE <input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> / <input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> / <input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/>															
Trial Intervention delivered by: <input type="checkbox"/> Dentist <input type="checkbox"/> 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												
			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															
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Bleeding 0 = NO 1 = YES															
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Missing tooth = X															
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
POCKET DEPTH & CALCULUS															
Missing tooth = X															
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Calculus 0 = NO 1 = YES															
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Pocket Depth (mm) 															
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Calculus 0 = NO 1 = YES															
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Missing tooth = X															
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
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 DD / MM / YY YY

Date of appointment DD / MM / YY YY

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



Improving the Quality of Dentistry

CHANGE OF STATUS

To be completed on withdrawal/change of status from study

Participant Study Number

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

Day

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

Month

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

Year

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

Q1 Date of withdrawal/change of status

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

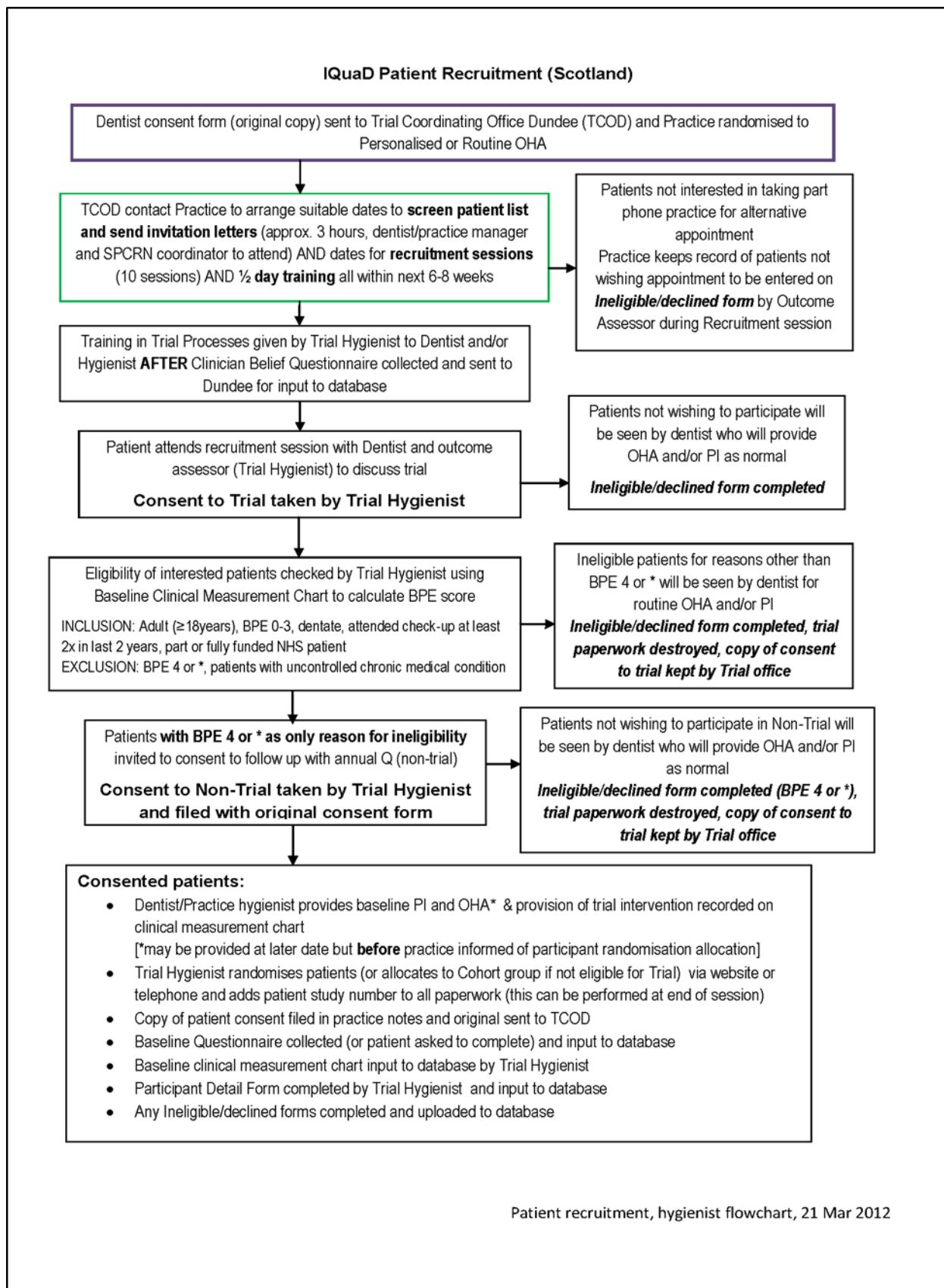
No

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