

Report Supplementary Material 1

Dental Nurse Completion – Visit 1

ID Please confirm the patient's study ID number (from brown randomization envelope or recruitment log)

Please confirm the date of the visit (dd/mm/yy)

- Day (1) _____
- Month (2) _____
- Year (3) _____

Please confirm the study visit for this patient:

- Visit 1 (1)
- Visit 2 (2)
- Visit 3 (3)

DN1 Please enter patient's postcode

DN3 Patient's home telephone

DN4 Patient's mobile telephone

DN5 Patient's email address

DN6 Does the patient pay for dental care?

- Patient non-exempt (1)
- Patient exempt (2)

DN7 Please hand the patient the laminated REALM card and ask them to read out as many of the words that they can. If they are correct please tick next to the word.

Start with these three practice words before starting

Fat

Fit

Pill

- Allergic (7)
- Jaundice (8)
- Anaemia (6)
- Fatigue (1)
- Directed (2)
- Colitis (3)
- Constipation (4)
- Osteoporosis (5)

DN8 Thank you

Please click next to complete your section of the survey and then please hand the patient the tablet so that they complete the first part of the task prior to seeing the dentist (they will finish part 2 afterwards)

Welcome

This section is for the patient to complete on their first visit.

Thank you for agreeing to take part in the PREFER study that we are carrying out in dental practices across Salford and Newcastle. Over the next few pages you will be asked to complete a task and a few questionnaires. It will take approximately 10 minutes before you visit with the dentist, and 10 minutes afterward. If you need help with any of the questions please let the dental nurse know and they can assist.

Please go on to the next page to start when you are ready.

Warning - please don't click the back button at the top of the screen

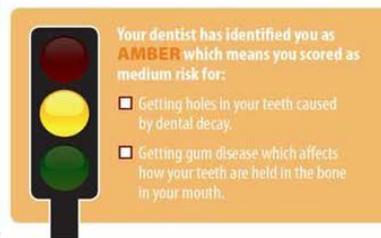
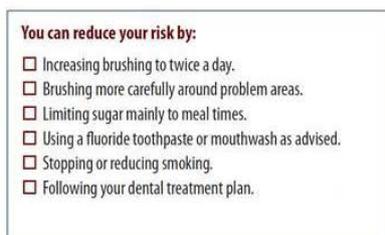
We are going to ask you some questions about different ways of giving you information about how healthy your mouth is. We are interested in which ways you prefer and how much you value these.

There are three options for giving you information that are shown below

A – Verbal information

B– Traffic light information

C– Dental photograph



This first image is what happens currently at the dentist. The dentist comments on how healthy your teeth and gums are and gives you some ideas about how to improve them. Your current dentist may or may not do this, but just imagine that this is what they currently do - (A)

There are also two new ways of presenting this sort of information, the dentist would still give you verbal information but would also give you additional information.

The second image adds a “traffic light” measurement of how healthy your teeth and gums are. For this, you are given a card with a rating of red, amber or green to indicate how healthy your teeth and gums are. You receive advice specific to your traffic light level - (B)

The third image involves taking a photo of your teeth and gums which a computer enhances to show plaque (food debris and bacteria) on your teeth as well as very early signs of tooth decay. You receive advice specific to your photo - (C)

P1.2 Can you put the 3 ways in the order you would most prefer to receive information

	Most preferred (1)	Middle preferred (2)	Least preferred (3)
A - verbal information (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B - traffic light information (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C - dental photograph (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.3 Now, we want to know how much you value having this information in the different ways we have shown you. Currently, verbal information is provided by many dentists but in the future one of the other formats might be used instead and so we want to know the value of what happens now as well as what the value of the new methods would be.

For the next part we are going to ask you to give a value, using money amounts, for each of these methods. **Just to be clear, we are not asking you to pay for anything**, we will just use the amounts to judge the value of the information to you.

To help you come to a decision, there are different amounts of money listed below. We want you to consider each amount individually and decide whether you would be willing to pay that amount to receive the information at your check up in the format we are asking about and move it into the relevant box. It is also important for you to consider this in terms of what you can afford. We are going to start by asking you to think about your least preferred option which was **{display least preferred choice}**

A – Verbal information

B– Traffic light information

C– Dental photograph

You can reduce your risk by:

- Increasing brushing to twice a day.
- Brushing more carefully around problem areas.
- Limiting sugar mainly to meal times.
- Using a fluoride toothpaste or mouthwash as advised.
- Stopping or reducing smoking.
- Following your dental treatment plan.



Your dentist has identified you as **AMBER** which means you scored as medium risk for:

- Getting holes in your teeth caused by dental decay.
- Getting gum disease which affects how your teeth are held in the bone in your mouth.



P1.4 For your least preferred option {display least preferred choice}, please move all of the amounts into any box you agree with. You have to use every amount but you don't need to use every box

Amounts:

- £100
- £3.00
- £60.00
- £0.00
- £7.50
- £90.00
- £10.00
- £150.00
- £15.00
- £17.50

Definitely would pay
Unsure

£1.00
£20.00
£30.00
£40.00
£0.50p
£50.00
£70.00
£2.00
£80.00
£12.50
£5.00

Definitely would not pay

Recap: You have put the following values in each box (these are just reminders, you do not need to select anything): **Definitely would pay:** *{insert selected 'definitely would pay' values}*

Recap (these are just reminder you do not have to select anything): **Unsure** *{insert selected 'Not sure' values}*

Recap (these are just reminders, you do not have to selected anything): **Definitely would not pay** *{insert 'Definitely would not pay' values}*

P1.5 Now you have had some time to think about it, please think about the most and least you would be willing to pay for *{display least preferred choice}*. This might be one of the values you have already placed in the "Would pay" or "Not sure" boxes, it might be a figure between the values shown above or you may have reconsidered and now want to use a value you out in the "Wouldn't pay" box

Please write your final answer for the maximum you would be willing to pay for {insert least preferred choice}

- Enter amount (1) _____
- £0 (2)
-

{Below question is only displayed if £0.00 was selected above}

P1.6 If you would not be willing to pay anything for {display least preferred choice} please tick the reason why:

- The information in this format is of no value to me (1)
- Other information or other formats are more valuable to me (2)
- Other groups in society should pay (3)
- I prefer other ways of paying (e.g. pay more taxes) (4)
- The health service should be more efficient (5)
- I cannot afford it (6)
- Patients should not have to pay (e.g. the information in this format should not carry a charge (7)
- Other (8) _____

P1.7 Now I want you to think about your next preferred option which was *{insert second preferred choice}*

A – Verbal information

You can reduce your risk by:

- Increasing brushing to twice a day.
- Brushing more carefully around problem areas.
- Limiting sugar mainly to meal times.
- Using a fluoride toothpaste or mouthwash as advised.
- Stopping or reducing smoking.
- Following your dental treatment plan.

B– Traffic light information



Your dentist has identified you as **AMBER** which means you scored as **medium risk** for:

- Getting holes in your teeth caused by dental decay.
- Getting gum disease which affects how your teeth are held in the bone in your mouth.

C– Dental photograph



This time think the maximum **extra** amount that you would pay to have the information presented in this form rather than your least preferred option, which was *{insert least preferred choice}*

So, for example, you said that the maximum you would be willing to pay for your least preferred option *{insert least preferred choice}* would be *{insert amount willing to pay for least preferred choice}*

Here we want to know what extra you would pay, if anything, on top of *{insert amount willing to pay for least preferred choice}* to have *{insert second preferred choice}* which you prefer more, instead

Please just consider the new amount you would be willing to pay and tell me your answer.

P1.8 Confirm the most extra you would be willing to pay now for *{insert second preferred choice}*

- Enter amount (1) _____
- £0 (2)

P1.9 **{Below question is only displayed if £0.00 was selected above}**

If you would not be willing to pay anything for *{display second preferred choice}* please tick the reason why:

- The information in this format is of no value to me (1)
- Other information or other formats are more valuable to me (2)
- Other groups in society should pay (3)
- I prefer other ways of paying (e.g. pay more taxes) (4)
- The health service should be more efficient (5)
- I cannot afford it (6)
- Patients should not have to pay (e.g. the information in this format should not carry a charge) (7)
- Other (8) _____

P1.10 Now, I want you to consider your most preferred option which was {insert most preferred choice}

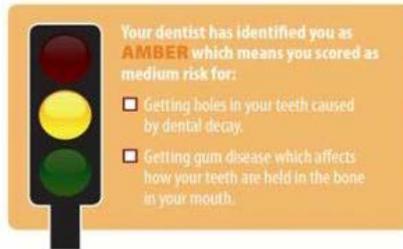
A – Verbal information

B– Traffic light information

C– Dental photograph

You can reduce your risk by:

- Increasing brushing to twice a day.
- Brushing more carefully around problem areas.
- Limiting sugar mainly to meal times.
- Using a fluoride toothpaste or mouthwash as advised.
- Stopping or reducing smoking.
- Following your dental treatment plan.



This time think about the maximum extra amount that you would pay to have the information presented in this form rather than the previous way, *{insert second preferred choice}*

So, for example, you said that you the maximum you would be willing to pay for *{insert second preferred choice}* would be *{insert amount willing to pay for least preferred choice}* plus *{insert amount willing to pay for second preferred choice}*

Now we want to know what extra you would pay, if anything, on top of this to have your preferred option *{insert most preferred option}* instead.

Consider the amount you would now be willing to pay and tell me your answer.

P1.11 Confirm the most extra you would be willing to pay now for *{insert most preferred choice}*

- Enter amount (1) _____
- £0 (2)

P1.12 *{Below question is only displayed if £0.00 was selected above}*

If you would not be willing to pay anything for {display second preferred choice} please tick the reason why:

- The information in this format is of no value to me (1)
- Other information or other formats are more valuable to me (2)
- Other groups in society should pay (3)
- I prefer other ways of paying (e.g. pay more taxes) (4)
- The health service should be more efficient (5)
- I cannot afford it (6)
- Patients should not have to pay (e.g. the information in this format should not carry a charge (7)
- Other (8) _____

About you

P1.20 Gender:

- Male (1)
- Female (2)

P1.21 Your age (years)

Q160 Please state your ethnicity

- White (1)
- Mixed or multiple ethnic groups (2)
- Asian or Asian British (3)
- Black or African or Caribbean or Black British (4)
- Other (5)

P1.22 In general do you go to the dentist for?

- A regular check up (1)
- An occasional check up (2)
- Only when I'm having trouble with my teeth/dentures (3)

P1.23 How many times have you been to the dentist in the last five years purely for a check up?

P1.24 We would like to know about the types of dental care/treatment that you have received from dentists over the course of your whole life. This includes any care or treatment you may have had as a child.

	Yes (1)	No (2)
Have you ever had any fillings? (1)	<input type="radio"/>	<input type="radio"/>
Have you ever had any teeth extracted (taken out)? (2)	<input type="radio"/>	<input type="radio"/>
Have you ever had a dental bridge or a tooth crowned? (3)	<input type="radio"/>	<input type="radio"/>
Have you ever had a root canal treatment? (5)	<input type="radio"/>	<input type="radio"/>
Have you ever had a scale and polish? (4)	<input type="radio"/>	<input type="radio"/>

P1.25 Have you experienced dental pain bad enough to make you go to the dentist?

- Currently in pain (1)
- In the last 6 months (2)
- 6 months - 2 years ago (3)
- More than 2 years ago (4)
- Never (5)

P1.26 Would you say your dental health (mouth, teeth and/or dentures) is:

- Very good (1)
- Good (2)
- Fair (3)
- Poor (4)
- Very Poor (5)

P1.27 Do you currently smoke or chew tobacco products? (excluding electronic cigarettes)

- Yes - daily (1)
- Yes - occasionally but not every day (2)
- No - but I have in the past (3)
- I have never used tobacco (4)

P1.28 Do you currently smoke electronic cigarettes

- Yes - daily (1)
- Yes - occasionally but not every day (2)
- No (3)

P1.29 On average, what number of the following tobacco items do you use per day?

Cigarettes: _____

Pipe full of tobacco: _____

Cigars: _____

Electronic cigarettes: _____

Chewing tobacco: _____

Other: _____

P1.30 How often, on average to you eat or drink these things?

	More than once a day (1)	Once a day (2)	Most days (3)	At least once a week (4)	At least once a month (5)	Less than once a month (6)	Never (7)
Cakes, biscuits, puddings, or pastries (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate - confectionery (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sweets (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit juice (not squash) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fizzy drinks (not sparking water or diet ones) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft drinks like squash (not sugar free or diet ones) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.31 Do you usually have sugar (not artificial sweetener) in hot drinks like tea and coffee?

- Yes (1)
- No (2)
- I don't drink hot drinks (3)

P1.32 How often do you brush your teeth nowadays?

- More than twice a day (1)
- Twice a day (2)
- Once a day (3)
- Less than once a day (4)
- Never (5)

P1.33 How long do you clean your teeth for nowadays

- Longer than 3 minutes (1)
- 3 minutes (2)
- 2 minutes (3)
- 1 minute (4)
- Shorter than 1 minute (5)

P1.34 How often do you clean between your teeth (inter-dental cleaning with floss, inter-dental brushes, tooth picks)?

- At least once a day (1)
- At least twice a week (2)
- Weekly (3)
- Monthly (4)
- Never (5)

P1.35 Do you use fluoride toothpaste prescribed by the dentist?

- Yes (1)
- No (2)

P1.36 Do you use a fluoride mouth-wash?

- Yes (1)
- No (2)

P1.37 Many people get anxious about visiting the dentist. We would like to know how anxious you get, if at all, with your dental visit (please tick one in each line)

	Not anxious (1)	Slightly anxious (2)	Fairly anxious (3)	Very anxious (4)	Extremely anxious (5)
If you went to your dentist for TREATMENT TOMORROW, how would you feel? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were about to have a TOOTH DRILLED, how would you feel? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were about to have your TEETH SCALE AND POLISHED, how would you feel? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were about to have a LOCAL ANESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.38 What is your household's income before any deductions for National Insurance, Income Tax etc (include all sources of income e.g. wages, pensions, benefits, and rent paid to you). Please note this information will be kept confidential.

- Weekly: £0-£99, Yearly: £0-£5,199 (1)
- Weekly: £100-£199, Yearly: £5200-£10,399 (2)
- Weekly: £200-£299, Yearly: £10,400-£15,599 (3)
- Weekly: £300-£399, Yearly: £15,600-£20,799 (4)
- Weekly: £400-£499, Yearly:£20,800-£25,999 (5)
- Weekly: £500-£599, Yearly:£26,000-£31,199 (6)
- Weekly: £600-£699, Yearly: £31,200-£36,399 (7)
- Weekly: £700-£999, Yearly:£36,400-£51,999 (8)
- Weekly: £1000+, Yearly: £52,000 (9)

P1.39 What is your highest level of education?

- GCSEs / O Levels (at any grade), NVQ Level 1 or similar (1)
- 5+ GCSEs (grades A*-C) / O Levels (passes), NVQ Level 2 or similar (2)
- 1 A Level / 2-3 AS Levels or similar (3)
- 2+ A Levels / NVQ Level 3 or similar (4)
- Undergraduate degree (6)
- Postgraduate degree or similar (e.g. PGCE, MA, PhD, etc) (5)

P1.40 Are you in paid work or education at the moment? (paid maternity leave counts as work). If you are currently retired, please note your last employment status before retiring.

- Employed or self-employed full-time (1)
- Employed or self-employed part-time (2)
- Unemployed at the moment (3)
- Full time education (4)

Thank you for completing this section. Please let the member of the dental team know that you have finished. After you have visited the dentist and had your appointment we have a few more short questions we would like you to complete. Please click next to finish this section

End of Block: Patient Visit 1 - WTP

Start of Block: Dentist Visit 1

D This section is for the dentist or surgery staff to complete during the first study visit

D1.1 Please enter your initials (staff)

D1.2 Please enter the patient's BPE

	Right (1)	Anterior (2)	Left (3)
Upper (1)			
Lower (2)			

D1.3 How many natural teeth does the patient have remaining?

- Fewer than 10 (1)
- 10-19 (2)
- 20 + (3)

D1.6 Now please open the randomization envelope and note the intervention you will be delivering

- Verbal information online (1)
- Traffic light information (2)
- QLF photograph information (3)

D1.7 Please note the traffic light RAG status that you have allocated to the patient

- Red - high risk (1)
- Amber - medium risk (2)
- Green - low risk (3)

D1.8 Please note the messages you ticked on the information card given to the patient

- Increasing brushing to twice a day (1)
- Brushing more carefully around problem areas (2)
- Limiting sugar mainly to meal times (3)
- Using a fluoride toothpaste or mouthwash as advised (4)
- Stopping or reducing smoking (5)
- Following your dental treatment plan (6)

D1.9 Comments/notes

Finish Thank you for completing visit 1. Please give the tablet back to the patient as they return to the dental nurse to finish the study.

End of Block: Dentist Visit 1

Start of Block: Patient Visit 1 Measures

This section is for the patient to complete after visiting the dentist.

P1.13 Please confirm from the item below which type of information you received from your appointment with your dentist (please check with the dental nurse to confirm

A – Verbal information

You can reduce your risk by:

- Increasing brushing to twice a day.
- Brushing more carefully around problem areas.
- Limiting sugar mainly to meal times.
- Using a fluoride toothpaste or mouthwash as advised.
- Stopping or reducing smoking.
- Following your dental treatment plan.

B– Traffic light information



Your dentist has identified you as **AMBER** which means you scored as medium risk for:

- Getting holes in your teeth caused by dental decay.
- Getting gum disease which affects how your teeth are held in the bone in your mouth.



C– Dental photograph

- ***{Insert least preferred choice}*** which you previously rated as least preferred and valued at ***{insert amount willing to pay for least preferred choice}*** (1)
- ***{Insert second preferred choice}*** which you previously rated as middle preferred and valued as ***{insert amount willing to pay for least preferred choice}*** plus extra ***{insert amount willing to pay for second preferred choice}***(2)
- ***{Insert most preferred choice}*** which you previously rated as most preferred and valued as ***{insert amount willing to pay for least preferred choice}*** plus ***{insert amount willing to pay for second preferred choice}*** and ***{insert amount willing to pay for most preferred choice}*** extra(3)

P1.14 Now that you have received the information, you may want to reconsider how you valued the format that you received. You received ***{insert information format received}*** which you valued at ***{insert value given for information received}*** (total together)

Now that you have received the information, please write in the most you would be willing to pay, which may be more or less than what you originally put. If it has stayed the same, please put write the same value in the box.

- After receiving this information the most I would be willing to pay would be (1)

P1.40 How serious would it be to you:

	Not at all serious (1)	Not serious (2)	Neutral (3)	Serious (4)	Absolutely serious (5)
If your teeth were to make you feel uncomfortable when smiling, talking and laughing in front of other people (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If people thought you had failed to look after your own teeth (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If your teeth were to become more painful and sensitive? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were to need treatment which meant spending more time at the dentist? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were to need treatment which you could not afford? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.41 For the following statements please consider how likely you are to experience these if you do not follow your dentist's advice

How likely is it that:

	Absolutely unlikely (1)	Unlikely (2)	Neutral (3)	Likely (4)	Absolutely likely (5)
Your teeth will make you feel uncomfortable when smiling, talking and laughing in front of other people? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People will think you failed to look after your own teeth? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your teeth will become more painful and sensitive? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You will need treatment which involves spending more time at the dentist? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You will need treatment which you cannot afford? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.44 Please tick whether you agree or disagree with each of the following statements

	Absolutely Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Absolutely Agree (5)	Not applicable (6)
Brushing twice a day means I am less likely to have dental problems (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brushing carefully around problem areas means I am less likely to have dental problems (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting sugar mainly to meal times means I am less likely to have dental problems (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a fluoride toothpaste or mouthwash properly means I am less likely to have problems (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopping or reducing smoking means I am less likely to have dental problems (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following my dental treatment plan means I am less likely to have dental problems (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.45 Please tick whether you agree or disagree with the following statements about the advice you receive from your dentist

	Absolutely Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Absolutely Agree (5)
I prefer not to think about the advice given to me by the dentist (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The advice given to me by the dentist is exaggerated (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not personally believe the advice given to me by the dentist (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The advice given to me by the dentist is untrue or manipulated (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.46 Please tick how likely it will be before your next appointment that:

	Absolutely Unlikely (1)	Unlikely (2)	Neutral (3)	Likely (4)	Absolutely Likely (5)
You will follow the advice given by the dentist completely (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You will follow some of the advice given by the dentist (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You will talk to someone about the advice the dentist gave you? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.47 Please answer the following questions about how you felt during the visit

	Not at all (1)	Slightly (2)	Neutral (3)	Quite a bit (4)	Absolutely (5)
How much did the advice you received from the dentist make you feel frightened? (1)	<input type="radio"/>				
How much did the advice from the dentist make you feel tense? (2)	<input type="radio"/>				
How much did the advice from the dentist make you feel nervous? (3)	<input type="radio"/>				
How much did the advice you received from the dentist make you feel anxious? (4)	<input type="radio"/>				
How much did the advice you received from the dentist make you feel uncomfortable? (5)	<input type="radio"/>				

P1.48 Please tick how much you agree with the following statements

	Absolutely Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Absolutely Agree (5)	Not applicable (6)
Before my next appointment I intend to brush my teeth twice a day (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before my next appointment I intend to brush carefully around problem areas (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before my next appointment I intend to limit sugar mainly to meal times (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before my next appointment I intend to use fluoride toothpaste or mouthwash properly (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before my next appointment I intend to stop or reduce smoking (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before my next appointment I intend to follow my dental treatment plan (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.49 Please use this scale to rate the way the dentist communicated with you

	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
Greeted me in a way that made me feel comfortable (1)	<input type="radio"/>				
Treated me with respect (2)	<input type="radio"/>				
Showed interest in my ideas about health (3)	<input type="radio"/>				
Understood my main health concerns (4)	<input type="radio"/>				
Paid attention to me (looked at me, listened carefully) (5)	<input type="radio"/>				
Let me talk without interruptions (6)	<input type="radio"/>				
Gave me as much information as I wanted (7)	<input type="radio"/>				
Talked in terms I could understand (8)	<input type="radio"/>				
Checked to be sure I understood everything (9)	<input type="radio"/>				
Encouraged me to ask questions (10)	<input type="radio"/>				
Involved me in decisions as much as I wanted (11)	<input type="radio"/>				
Discussed next steps, including any follow-up plans (12)	<input type="radio"/>				
Showed care and concern (13)	<input type="radio"/>				
Spent the right amount of time with me (14)	<input type="radio"/>				
The dentist's staff treatment me with respect (15)	<input type="radio"/>				

Thank you. You have now completed the questionnaire. Please click next to finish. Thank you very much for taking part. If you have any questions about this study please talk to the practice manager or one of the dental team.

Visit 2

Thank you for agreeing to continue to take part in the Prefer study that we are carrying out in dental practices across Salford and Newcastle. This time we just have a few short questions for you and it will only take a few minutes before and after your visit. If you need help with any of the questions please let the dental nurse know and they can assist.

Please go on to the next page to start when you are ready

P2.1 Gender:

- Male (1)
- Female (2)

P2.2 Your age (years)

P2.3 Please tell us about your behaviors since your last appointment

	Absolutely Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Absolutely Disagree (1)	Not applicable (10)
Since my last appointment I have brushed my teeth twice a day (1)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have brushed around problem areas (2)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have limited sugar mainly to meal times (3)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have used fluoride toothpaste or mouthwash properly (4)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have stopped or reduced smoking (5)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have followed my dental treatment plan (6)	<input type="radio"/>	<input type="radio"/>				

P2.4 Would you say your dental health (mouth, teeth and/or dentures) is:

- Very good (1)
- Good (2)
- Fair (3)
- Poor (4)
- Very Poor (5)

P2.5 Do you currently smoke or chew tobacco products? (excluding electronic cigarettes)

- Yes - daily (1)
- Yes - occasionally but not every day (2)
- No - but I have in the past (3)
- I have never used tobacco (4)

P2.6 Do you currently smoke electronic cigarettes?

- Yes - daily (1)
- Yes - occasionally but not every day (2)
- No (3)

P2.7 On average, what number of the following tobacco items do you use per day?

Cigarettes: _____

Pipe full of tobacco: _____

Cigars: _____

Electronic cigarettes: _____

Chewing tobacco: _____

Other: _____

P2.8 How often, on average to you eat or drink these things?

	More than once a day (1)	Once a day (2)	Most days (3)	At least once a week (4)	At least once a month (5)	Less than once a month (6)	Never (7)
Cakes, biscuits, puddings, or pastries (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate - confectionery (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sweets (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit juice (not squash) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fizzy drinks (not sparkling water or diet ones) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft drinks like squash (not sugar free or diet ones) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P2.9 Do you usually have sugar (not artificial sweetener) in hot drinks like tea and coffee?

- Yes (1)
- No (2)
- I don't drink hot drinks (3)

P2.10 How often do you brush your teeth nowadays?

- More than twice a day (1)
- Twice a day (2)
- Once a day (3)
- Less than once a day (4)
- Never (5)

P2.11 How long do you clean your teeth for nowadays?

- Longer than 3 minutes (1)
- 3 minutes (2)
- 2 minutes (3)
- 1 minute (4)
- Shorter than 1 minute (5)

P2.12 How often do you clean between your teeth (inter-dental cleaning with floss, inter-dental brushes, tooth picks)?

- At least once a day (1)
- At least twice a week (2)
- Weekly (3)
- Monthly (4)
- Never (5)

P2.13 Do you use fluoride toothpaste prescribed by the dentist?

- Yes (1)
- No (2)

P2.14 Do you use a fluoride mouth-wash?

- Yes (1)
- No (2)

P2.15 For the following statements please consider how likely you are to experience these if you do not follow your dentist's advice

	Absolutely unlikey (1)	Unlikely (2)	Neutral (3)	Likely (4)	Absolutely likely (5)
The look of your teeth will make you feel uncomfortable when smiling, talking and laughing in front of other people? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People will think you failed to look after your own teeth? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your teeth will become more painful and sensitive? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You will need treatment which involves spending more time at the dentist? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You will need treatment which you cannot afford? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finish. You have now completed the questionnaire. Please click next to finish your section and pass the tablet onto the dentist. Thank you very much for taking part. If you have any questions about this study please talk to the practice manager or speak to one of the dental nurses or receptionists

D This section is for the dentist or surgery staff to complete for the patient's second visit.

D2.1 Please enter your initials (staff)

D2.2 Please enter the patient's BPE

	Right (1)	Anterior (2)	Left (3)
Upper (1)			
Lower (2)			

D2.3 Comments / notes (such as missed/failed appointments with dates)

D2.4 Thank you. At the end of the appointment please hand the tablet back to the dental nurse

Visit 3

Thank you for agreeing to continue to take part in the Prefer study that we are carrying out in dental practices across Salford and Newcastle. This time we just have a few short questions for you and it will only take a few minutes before and after your visit. If you need help with any of the questions please let the dental nurse know and they can assist

P3.1 Gender:

- Male (1)
- Female (2)

P3.2 Your age (years)

P3.3 Please tell us about your behaviors since your last appointment

	Absolutely Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Absolutely Disagree (1)	Not applicable (10)
Since my last appointment I have brushed my teeth twice a day (1)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have brushed around problem areas (2)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have limited sugar mainly to meal times (3)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have used fluoride toothpaste or mouthwash properly (4)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have stopped or reduced smoking (5)	<input type="radio"/>	<input type="radio"/>				
Since my last appointment I have followed my dental treatment plan (6)	<input type="radio"/>	<input type="radio"/>				

P3.4 Would you say your dental health (mouth, teeth and/or dentures) is:

- Very good (1)
- Good (2)
- Fair (3)
- Poor (4)
- Very Poor (5)

P3.5 Do you currently smoke or chew tobacco products? (excluding electronic cigarettes)

- Yes - daily (1)
- Yes - occasionally but not every day (2)
- No - but I have in the past (3)
- I have never used tobacco (4)

P3.6 Do you currently smoke electronic cigarettes?

- Yes - daily (1)
- Yes - occasionally but not every day (2)
- No (3)
-

P3.7 On average, what number of the following tobacco items do you use per day?

Cigarettes: _____

Pipe full of tobacco: _____

Cigars: _____

Electronic cigarettes: _____

Chewing tobacco: _____

Other: _____

P3.8 How often, on average to you eat or drink these things?

	More than once a day (1)	Once a day (2)	Most days (3)	At least once a week (4)	At least once a month (5)	Less than once a month (6)	Never (7)
Cakes, biscuits, puddings, or pastries (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate - confectionery (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sweets (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit juice (not squash) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fizzy drinks (not sparkling water or diet ones) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft drinks like squash (not sugar free or diet ones) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P3.9 Do you usually have sugar (not artificial sweetener) in hot drinks like tea and coffee?

- Yes (1)
- No (2)
- I don't drink hot drinks (3)
-

P3.10 How often do you brush your teeth nowadays?

- More than twice a day (1)
- Twice a day (2)
- Once a day (3)
- Less than once a day (4)
- Never (5)

P3.11 How long do you clean your teeth for nowadays?

- Longer than 3 minutes (1)
- 3 minutes (2)
- 2 minutes (3)
- 1 minute (4)
- Shorter than 1 minute (5)

P3.12 How often do you clean between your teeth (inter-dental cleaning with floss, inter-dental brushes, tooth picks)?

- At least once a day (1)
- At least twice a week (2)
- Weekly (3)
- Monthly (4)
- Never (5)

P3.13 Do you use fluoride toothpaste prescribed by the dentist?

- Yes (1)
- No (2)

P3.14 Do you use a fluoride mouth-wash?

- Yes (1)
- No (2)

Finish You have now completed the questionnaire, please click next to finish and pass the tablet onto the dentist. Thank you very much for taking part. If you have any questions about this study please talk to the practice manager, or one of the dental team If you would like a copy of the dental photographs at the end of the study please enter your email address below:

D3 This section is for the dentist or surgery staff to complete. Please click next to begin

D3.1 Please enter your initials (staff)

D3.2 Please enter the patient's BPE

	Right (1)	Anterior (2)	Left (3)
Upper (1)			
Lower (2)			

D3.3 Comments/notes (such as missed/failed appointments with dates)

Finish Thank you. At the end of the appointment please hand the tablet back to the dental nurse

6 & 12 Month Follow-up (telephone or email data collection)

Thank you for continuing to take part in the Prefer study which is taking place in dental practices in Salford and Newcastle. About six months ago you took part in the study at your dental practice looking at patient's dental health and different types of information. You answered some questions on a tablet before and after seeing the dentist for your check up.

1 On **that day**, can you remember how the dentist gave you information about your teeth and gums after your check-up?

- A plain card (1)
- A Traffic Light card (2)
- A photograph (3)
- Nothing (4)
- Can't remember (5)

Skip To: TL1 If On that day, can you remember how the dentist gave you information about your teeth and gums afte... = A Traffic Light card

Skip To: QLF1 If On that day, can you remember how the dentist gave you information about your teeth and gums afte... = A photograph

Skip To: V1 If On that day, can you remember how the dentist gave you information about your teeth and gums afte... = A plain card

Skip To: 4.1 If On that day, can you remember how the dentist gave you information about your teeth and gums afte... = Nothing

Skip To: 4.1 If On that day, can you remember how the dentist gave you information about your teeth and gums afte... = Can't remember

V1 If you were given a plain card, do you still have it?

- Yes (4)
- No (5)

V2 To what extent has the advice on the plain card motivated you to improve your dental health?

- Not at all motivated (1)
- Slightly motivated (2)
- Somewhat motivated (3)
- Very motivated (4)
- Extremely motivated (5)

Skip To: 4.1 If To what extent has the advice on the plain card motivated you to improve your dental health? = Not at all motivated

Skip To: 4.1 If To what extent has the advice on the plain card motivated you to improve your dental health? = Slightly motivated

Skip To: 4.1 If To what extent has the advice on the plain card motivated you to improve your dental health? = Somewhat motivated

Skip To: 4.1 If To what extent has the advice on the plain card motivated you to improve your dental health? = Very motivated

Skip To: 4.1 If To what extent has the advice on the plain card motivated you to improve your dental health? = Extremely motivated

TL1 You remember being given a Traffic Light card, can you remember what colour it was?

- Red (1)
- Amber (2)
- Green (3)
- Don't remember (4)

TL2 Do you still have the card?

- Yes (1)
- No (2)

TL3 To what extent has the advice on the Traffic Light card motivated you to improve your dental health?

- Not at all motivated (1)
- Slightly motivated (2)
- Somewhat motivated (3)
- Very motivated (4)
- Extremely motivated (5)

Skip To: 4.1 If To what extent has the advice on the Traffic Light card motivated you to improve your dental health? = Not at all motivated

Skip To: 4.1 If To what extent has the advice on the Traffic Light card motivated you to improve your dental health? = Slightly motivated

Skip To: 4.1 If To what extent has the advice on the Traffic Light card motivated you to improve your dental health? = Somewhat motivated

Skip To: 4.1 If To what extent has the advice on the Traffic Light card motivated you to improve your dental health? = Very motivated

Skip To: 4.1 If To what extent has the advice on the Traffic Light card motivated you to improve your dental health? = Extremely motivated

QLF1 If you were given a photograph, do you still have it?

- Yes (1)
- No (2)

QLF2 To what extent has the photograph card motivated you to improve your dental health?

- Not at all motivated (1)
- Slightly motivated (2)
- Somewhat motivated (3)
- Very motivated (4)
- Extremely motivated (5)

4.1 How often do you brush your teeth nowadays?

- More than twice a day (1)
- Twice a day (2)
- Once a day (3)
- Less than once a day (4)
- Never (5)

4.2 For how long do you clean your teeth for nowadays?

- Longer than 3 minutes (1)
- 3 minutes (2)
- 2 minutes (3)
- 1 minute (4)
- Shorter than 1 minute (5)

4.3 How often do you clean *between* your teeth (inter-dental cleaning with floss, inter-dental brushes, tooth picks)?

- At least once a day (1)
- At least twice a week (2)
- Weekly (3)
- Monthly (4)
- Never (5)

Q36 Do you use fluoride toothpaste prescribed by the dentist?

- Yes (1)
- No (2)

Q37 Do you use a fluoride mouthwash?

- Yes (1)

- No (2)

Q38 For the following statements please consider how **LIKELY** you are to experience these if you do not follow your dentist's advice:

	Absolutely unlikely (1)	Unlikely (2)	Neutral (3)	Likely (4)	Absolutely Likely (5)
The look of your teeth will make you feel uncomfortable when smiling, talking and laughing in front of other people (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People will think you failed to look after your own teeth (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your teeth will become more painful and sensitive (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You will need treatment which involves spending more time at the dentist (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You will need treatment which you cannot afford (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.4 Would you say your dental health (mouth, teeth and/or dentures) is:

- Very good (1)
- Good (2)
- Fair (3)
- Poor (4)
- Very Poor (5)

4.5 Since the day of the check-up when you took part in the study:

	Absolutely Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Absolutely Disagree (1)
I have brushed my teeth twice a day (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have brushed around problem areas (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have limited sugar mainly to meal times (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have used fluoride toothpaste or mouthwash properly (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have stopped or reduced smoking (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have followed my dental treatment plan (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.6 Do you currently smoke or chew tobacco products?

- Yes - daily (1)
- Yes - occasionally but not every day (2)
- No - but I have in the past (3)
- I have never used tobacco (4)

Skip To: 4.9 If Do you currently smoke or chew tobacco products? = No - but I have in the past

Skip To: 4.9 If Do you currently smoke or chew tobacco products? = I have never used tobacco

4.7 Do you currently smoke electronic cigarettes?

- Yes - daily (1)
- Yes - occasionally but not every day (2)
- No (3)

4.8 On average, what number of the following tobacco items do you use per day?

Please put in a 0 for any that do not apply

Cigarettes: _____

Pipe full of tobacco: _____

Cigars: _____

Electronic cigarettes: _____

Chewing tobacco: _____

Other: _____

4.9 How often, on average to you eat or drink these things?

	More than once a day (1)	Once a day (2)	Most days (3)	At least once a week (4)	At least once a month (5)	Less than once a month (6)	Never (7)
Cakes, biscuits, puddings, or pastries (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate - confectionery (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sweets (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit juice (not squash) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fizzy drinks (not sparkling water or diet ones) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft drinks like squash (not sugar free or diet ones) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 Do you usually have sugar (not artificial sweetener) in hot drinks like tea and coffee?

- Yes (1)
- No (2)
- I don't drink hot drinks (3)

Please tell us if you have any feedback or comments about the type of information given to you by the dentist. For example, why the way you were given information was helpful, what you liked or disliked about this?

You have now completed the questionnaire. Thank you very much for taking part. We will be in contact again in around 6 months for the final stage in this study where you will be asked to complete this survey again. If you have changed your contact details or would prefer to be contacted in a different way (over phone or text) please email Victoria Lowers at lowers@liverpool.ac.uk.