

Survey of Dental Caries Prevention: Nurses

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for nurses and their team members to improve the oral/dental health of the public.

1. In the past year have you had child patients 6 months to 3 years of age present with tooth decay, sometimes referred to as early childhood caries (ECC)?
 - Yes
 - No

2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has tooth decay? **(Select THREE)**
 - Child is in pain at visit
 - Child has difficult behavioral issues
 - Child does not return for follow-up care
 - Child (parent) is frequently a no-show
 - Parent/caregiver does not follow my instructions
 - Child's teeth always needs cleaning
 - Parent/caregiver does not seem to care about child's oral/dental health
 - I don't feel adequately trained to treat these cases*
 - Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
 - Parent/caregiver will not accept the recommended fluoride regimen
 - I don't encounter problems
 - Other, please explain _____

3. How effective do you think each of the following is for preventing tooth decay in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent sugar consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you provide/recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?
 Yes
 No
5. Do you ask the source of drinking water for your patients 6 months to 3 years of age?
 Yes
 No
6. Do you recommend your patients 6 months to 3 years of age drink tap water?
 Yes
 No
7. Do you routinely assess dental caries risk factors for your patients 6 months to 3 years of age?
(If no, skip to question 9)
 Yes
 No
8. Which of the following caries risk factors do you use for your patients 6 months to 3 years of age?
(Select all that apply.)
 Frequency of dental visits
 Child has special health care needs
 Child's exposure to fluoride
 Child has tooth decay
 Times per day child's teeth are brushed
 Socio-economic status of child's parents
 Mother's history of tooth decay
 Daily between-meal exposures to cavity producing food
 Visible plaque
 Presence of enamel demineralization
 Other, please explain _____
9. Do you discuss with pregnant patients or women of child-bearing age the importance of good oral/dental health and how it may impact the health of their newborn?
 Yes
 No
10. Do you discuss oral/dental care for a newborn infant with your pregnant patients?
 Yes
 No
 N/A
11. Do you or members of your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age? (If no, skip to question 13)
 Yes
 No

12. How frequently do you provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age?
- At initial visit
 - As needed
 - At every visit
 - Other, please explain _____

13. What topics do you include in the education about preventing tooth decay for parents/caregivers of children 6 months to 3 years of age?

Topic	Children ages 0-18 months	Children ages 19-36 months
Toothbrushing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth/gums	<input type="checkbox"/>	<input type="checkbox"/>
Flossing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops/tablets	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of early childhood caries	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of fluoride action	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/sugar reduction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>
Home fluoride rinses	<input type="checkbox"/>	<input type="checkbox"/>
Use of silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Is it your clinic policy to provide motivational interviewing to families of young patients?

- Yes
- No

15. Is it your clinic policy to set oral/dental health self-management goals with families of young patients?

- Yes
- No

16. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask hygienist, assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Some medical providers believe that they can prevent tooth decay among their Medicaid patients. How sure are you that you can prevent tooth decay in these patients?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. When treating pregnant women, we ask her whether she has had a dental appointment during her pregnancy.

Always	Most of the time	Occasionally	Rarely	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

Always	Most of the time	Occasionally	Rarely	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. When a pregnant patient explains she has not had a dental visit, we:
(Select all that apply.)

- Explain to her that dental visits are important for her health and her baby's health
- Refer her to a dentist for an appointment
- Help her make an appointment with the dentist
- Other, please explain _____

21. We recommend women with infants 2 to 3 years of age take their child for dental visits.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. We consult with dental providers regarding mutual patients.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. We have established relationships and a referral process with dental providers.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about you.

24. Excluding nursing school, have you ever taken a course on communication skills?

- Yes
- No

25. How would you rate your nursing school training regarding preventing tooth decay?

- Very good
- Good
- Poor
- Very poor
- Not sure

26. Where did you receive your nursing education?

- In the United States
- Outside the United States

27. How many years has it been since you graduated from nursing school?

- Less than 5 years
- 6-10 years
- 11-20 years
- More than 20 years

28. What is your nursing specialty?
- Licensed Practical Nurse
 - Registered Nurse
 - Nurse Practitioner
 - Other, please specify _____
29. What is your gender?
- Female
 - Male
 - Other, please specify _____
30. Are you Hispanic/Latino?
- Yes
 - No
31. What is your race ethnicity? **(Select all that apply.)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown

AMH 04/27/20

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreement number UK7MC33231. This information or content and conclusions are those of TOHF project staff and should not be construed as the official policy of HRSA, HHS, or the U.S. government, nor should any endorsements be inferred.

Survey of Dental Caries Prevention: Nurses Scoring Rubric

This document describes how to score the Dental Survey.

- The survey has 31 questions.
- The demographic and informational questions are not scored.
 - Demographic and informational questions: 1, 2, 17, 24-31
- The scoring for each question is explained below the question.
- The correct answer for each question is high-lighted in yellow.

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Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for nurses and their team members to improve the oral/dental health of the public.

1. In the past year have you had child patients 6 months to 3 years of age present with tooth decay, sometimes referred to as early childhood caries (ECC)?

- Yes
 No

NOT Scored (informational)

2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has tooth decay? **(Select THREE)**

- | | |
|---|---|
| <input type="checkbox"/> Child is in pain at visit | A |
| <input type="checkbox"/> Child has difficult behavioral issues | B |
| <input type="checkbox"/> Child does not return for follow-up care | C |
| <input type="checkbox"/> Child (parent) is frequently a no-show | D |
| <input type="checkbox"/> Parent/caregiver does not follow my instructions | E |
| <input type="checkbox"/> Child's teeth always needs cleaning | F |
| <input type="checkbox"/> Parent/caregiver does not seem to care about child's oral/dental health | G |
| <input type="checkbox"/> I don't feel adequately trained to treat these cases* | H |
| <input type="checkbox"/> Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup | I |
| <input type="checkbox"/> Parent/caregiver will not accept the recommended fluoride regimen | J |
| <input type="checkbox"/> I don't encounter problems | K |
| <input type="checkbox"/> Other, please explain _____ | L |

NOT Scored (informational)

3. How effective do you think each of the following is for preventing tooth decay in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Q#	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOSSING	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFREQUENT SUGAR CONSUMPTION	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING: Each correct response is scored 1 point. For items 1-4 and 9, responses of either 'Effective' or 'Very Effective' are correct. Scores can range from 0-9.

4. Do you recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?
 Yes
 No
 SCORE: Yes = 1; No = 0
5. Do you ask the source of drinking water for your patients 6 months to 3 years of age?
 Yes
 No
 SCORE: Yes = 1; No = 0
6. Do you recommend your patients 6 months to 3 years of age drink tap water?
 Yes
 No
 SCORE: Yes = 1; No = 0
7. Do you routinely assess dental caries risk factors for your patients 6 months to 3 years of age?
(If no, skip to question 9)
 Yes
 No
 SCORE: Yes = 1; No = 0
8. Which of the following caries risk factors do you use for your patients 6 months to 3 years of age?
(Select all that apply.)
- | | |
|--|---|
| <input type="checkbox"/> Frequency of dental visits | A |
| <input type="checkbox"/> Child has special health care needs | B |
| <input type="checkbox"/> Child's exposure to fluoride | C |
| <input type="checkbox"/> Child has tooth decay | D |
| <input type="checkbox"/> Times per day child's teeth are brushed | E |
| <input type="checkbox"/> Socio-economic status of child's parents | F |
| <input type="checkbox"/> Mother's history of tooth decay | G |
| <input type="checkbox"/> Daily between-meal exposures to cavity producing food | H |
| <input type="checkbox"/> Visible plaque | I |
| <input type="checkbox"/> Presence of enamel demineralization | J |
| <input type="checkbox"/> Other, please explain _____ | K |
- SCORE: Each item selected is scored 1 point. 'Other' = 0. Scores can range from 0-10.
9. Do you discuss with pregnant patients or women of child-bearing age the importance of good oral/dental health and how it may impact the health of their newborn?
 Yes
 No
 SCORE: Yes = 1; No = 0
10. Do you discuss oral/dental care for a newborn infant with your pregnant patients?
 Yes
 No
 N/A
 SCORE: Yes = 1; No = 0; N/A = 0

11. Do you or members of your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age? **(If no, skip to question 13)**

- Yes
- No

SCORE: Yes = 1; No = 0

12. How frequently do you provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age?

- At initial visit A
- As needed B
- At every visit C
- Other, please explain _____ D

SCORE: At every visit = 1; all other items = 0

13. What topics do you include in the education about preventing tooth decay for parents/caregivers of children 6 months to 3 years of age? **(Select all that apply.)**

Topic	#Q	Children ages		Children ages	
		0-18 months	Score	19-36 months	Score
Toothbrushing instruction	A	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Clean infant's mouth/gums	B	<input type="checkbox"/>	1	<input type="checkbox"/>	0
Flossing instruction	C	<input type="checkbox"/>	0	<input type="checkbox"/>	0
Use of fluoride varnish	D	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Fluoride drops/tablets	E	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Prevention of early childhood caries	F	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Community water fluoridation	G	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Mechanism of fluoride action	H	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Nutrition/sugar reduction	I	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Use of fluoride dentifrice	J	<input type="checkbox"/>	1	<input type="checkbox"/>	1
HOME FLUORIDE RINSES	K				
Use of silver diamine fluoride	L	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Other, please specify _____	M	<input type="checkbox"/>		<input type="checkbox"/>	

SCORE: Correct responses are indicated in the score column. Score each correct response as one point. 'Other' is not scored. Scores can range from 0 to 22. For item #5 (fluoride drops/tablets), **we will need to know if the clinic is in an area with community water fluoridation (CWF)**. If respondent practices in an area with CWF, not checking this item is correct. If respondent practices in an area without CWF, the item should be checked. Scores can range from 0-22.

14. Is it your clinic policy to provide motivational interviewing to families of young patients?

- Yes
- No

SCORE: Yes = 1; No = 0

15. Is it your clinic policy to set oral/dental health self-management goals with families of young patients?

- Yes
- No

SCORE: Yes = 1; No = 0

16. During a typical workweek, how often do you use the following communication techniques with your patients?

	Q#	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask hygienist, assistant or other office staff to follow-up with patients for post-care instructions	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't Know = 0. Scores can range from 0 to 36.

17. Some medical providers believe that they can prevent tooth decay among their Medicaid patients. How sure are you that you can prevent tooth decay in these patients?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not Scored (Informational)

18. When treating pregnant women, we ask her whether she has had a dental appointment during her pregnancy.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

19. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

20. When a pregnant patient explains she has not had a dental visit, we:

(Select all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Explain to her that dental visits are important for her health and her baby's health | A |
| <input type="checkbox"/> Refer her to a dentist for an appointment | B |
| <input type="checkbox"/> Help her make an appointment with the dentist | C |
| <input type="checkbox"/> Other, please explain _____ | D |

For the first three items, score each selected item as 1 point. 'Other' = 0.

21. We recommend women with infants 2 to 3 years of age take their child for dental visits.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

22. We consult with dental providers regarding mutual patients.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

23. We have established relationships and a referral process with dental providers.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

Tell us about you.

These demographic questions are not scored.

24. Excluding nursing school, have you ever taken a course on communication skills?

- Yes
- No

25. How would you rate your nursing school training regarding preventing tooth decay?

- Very good
- Good
- Poor
- Very poor
- Not sure

26. Where did you receive your nursing education?
- In the United States
 - Outside the United States
27. How many years has it been since you graduated from nursing school?
- Less than 5 years
 - 6-10 years
 - 11-20 years
 - More than 20 years
28. What is your nursing specialty?
- Licensed Practical Nurse
 - Registered Nurse
 - Nurse Practitioner
 - Other, please specify _____
29. What is your gender?
- Female
 - Male
 - Other, please specify _____
30. Are you Hispanic/Latino?
- Yes
 - No
31. What is your race ethnicity? **(Select all that apply.)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown

AMH 05/19/20

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