**Dental Professionals & Human Papillomavirus (HPV) Prevention Survey**

*The purpose of this survey is to find new avenues for HPV prevention through oral health. Thank you in advance for your contribution.*

*Please complete* ***sections 1 and 2 prior*** *to the presentation.* ***After*** *the presentation, please complete* ***section 3.***

**SECTION 1**: **SOCIODEMOGRAPHICS**

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| **1) What is your racial background?**   American Indian/Alaskan Native   Asian   Black/African American   Native Hawaiian/Pacific Islander   White/Caucasian   Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_  **2) How old are you?**   18 to 30  51 to 60   31 to 40  >60   41 to 50  **3) What is your sex?**   Female  Male  **4) What is the person's highest level of education and current job?**   Secondary/high school/GED equivalent   Vocational/technical school   Bachelor's Degree   Graduate/Professional Degree   Other (please specify): | **5) Current job:**   Dentist  Dental Therapist   Dental Hygienist  Other (please specify):   Dental Assistant  **6) Which of the following identifies your facility?**   IHS/Federal  Urban   Tribal  Other  **7) In which of the following IHS Areas do you work?**   Alaska  Navajo   Albuquerque  Oklahoma City   Bemidji  Phoenix   Billings  Portland   California  Tucson   Great Plains  HQ   Nashville  Other (please specify):  **8) Have you already participated on any educational activities on HPV prevention in the last 2 years? Select all that apply.**   Yes, IHS webinar/training  No   Yes, non-HIS webinar/training |

**SECTION 2**: **PRE-QUESTIONNAIRE**

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| **1) Did you hear of human papillomavirus (HPV) before today?**  Yes No I don’t know  **2) Is HPV infection rare?**  Yes No I don’t know  **3) Is HPV a Sexually Transmitted Infection (STI)?**  Yes No I don’t know  **4)Which of the following cancers may be caused by HPV? (check all that apply)**  Cervical cancer Breast cancer  Anal cancer Penile cancer  Vulvar cancer Vaginal cancer  Head and neck (oropharyngeal) cancer  **5)What percent of sexually active women and men are infected with HPV?**  5% 20% 10% 80% | **6) The HPV vaccine is recommended by the Advisory Committee on Immunization Practices for (check all that apply)**  30 y.o. woman with cervical cancer Girls 9-12 years  25 y.o. woman with an abnormal pap Boys 9-12 years  **7) If someone has HPV, they will develop cancer at some point.**  True False It depends  **8) Do you think that HPV would go away on its own without treatment?**  Yes No I don’t know  **9) Do you think that HPV can be prevented?**  Yes No I don’t know  **10) Do you think that HPV can cause genital warts?**  Yes No I don’t know |

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| **11) Which of these do you think the HPV vaccine can reduce or prevent? (check all that apply)**  Cervical cancer Head and neck cancers  Chlamydia Genital warts  HIV    **12) How comfortable do you feel talking to patients about the HPV vaccine?**  Very comfortable Not very comfortable  A little comfortable Not at all comfortable  **13) I currently discuss the connection between HPV and oropharyngeal cancer with my patients or their parents?**  No, and I do not intend to start  No, but I have considered it  Yes, but only with some patients  Yes, with all or most (75% or more) of my patients  Other (please specify):  **14) Why do you not currently discuss the connection between HPV and oropharyngeal cancer with your patients?**  I don’t have enough information  Practice setting is not sufficiently private  Discomfort discussing sexual history with my patients  I cannot provide an HPV vaccine to my patients  Concern with safety of vaccine  Not my role as oral health provider  Appointments not long enough  Liability Reasons  No professional policies/guidelines  Other (please specify):­­­­­­­­­­  I discuss the connection between HPV and oropharyngeal cancer with my patients  **15) Which of the following tools for increasing education and acceptance of HPV vaccination are most useful to you? Select all that apply.**  Informational flyers or brochures tailored to specific parental concerns  Information for parents provided before clinic visit  Discussion guide or health script for oral health professionals  Information catered to cultural or ethical preferences  Education for oral health professionals regarding HPV  Other (please specify):  None | **16) What are the current policies/practices in your facility regarding the discussion of the link between HPV and oral cancer?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **17) At your facility have you received education/ trainings about HPV?**  Yes No I don’t know  **18) If training could be provided, what format of training would be beneficial to your facility? Select all that apply.**  In person Offline self-study  Webinar Other (please specify):  Online self-study  **19) Do you have any other suggestions for how to improve HPV vaccination and the possible role of the oral health community in this?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 3**: **POST-QUESTIONNAIRE**

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| **1) Do you think HPV infection is rare?**  Yes No I don’t know  **2) Do you think HPV is a Sexually Transmitted Infection (STI)?**  Yes No I don’t know  **3)Which of the following cancers may be caused by HPV (check all that apply)**  Cervical cancer Breast cancer  Anal cancer Penile cancer  Vulvar cancer Vaginal cancer  Head and neck (oropharyngeal) cancer  **4)What percent of sexually active women and men are infected with HPV?**  5% 20% 10% 80%  **5) The HPV vaccine is recommended by the Advisory Committee on Immunization Practices for (check all that apply)**  30 y.o. woman with cervical cancer Girls 9-12 years  25 y.o. woman with an abnormal pap Boys 9-12 years  **6)If someone has HPV, they will develop cancer at some point.**  True False It depends  **7) Do you think that HPV would go away on its own without treatment?**  Yes No I don’t know  **8) Do you think that HPV can be prevented?**  Yes No I don’t know  **9) Do you think that HPV can cause genital warts?**  Yes No I don’t know  **10) Which of these do you think the HPV vaccine can reduce or prevent? (Check all that apply)**  Cervical cancer Head and neck cancers  Chlamydia Genital warts  HIV  **11) How comfortable do you feel talking to patients about the HPV vaccine?**  Very comfortable Not very comfortable  A little comfortable Not at all comfortable | **12) How likely are you to use the information in the HPV toolkit in your clinic?**  *not at all* **1 2 3 4 5** *extremely likely*  **13) This seminar improved my HPV knowledge.**  Strongly Agree Somewhat Disagree  Somewhat Agree Strongly Disagree  Neutral  **14) I am more likely to recommend the HPV vaccine after this seminar.**  Strongly Agree  Somewhat Agree  Neutral  Somewhat Disagree  Strongly Disagree  **15) Do you have ideas/recommendations to improve HPV education/outreach in your tribal community?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **16) The information presented today was valuable to me**  *not at all* **1 2 3 4 5** *extremely likely*  **17) The information presented today was new to me**  *not at all* **1 2 3 4 5** *extremely likely*  **18) The information presented today was easy to understand**  *not at all* **1 2 3 4 5** *extremely likely*  **19) Would you feel comfortable administering the HPV vaccine if it is within your scope of practice as a dentist?**  Very comfortable Not very comfortable  A little comfortable Not at all comfortable |