

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

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

<p>1) Did you hear of human papillomavirus (HPV) before today?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>2) Is HPV infection rare?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>3) Is HPV a Sexually Transmitted Infection (STI)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p>	<p>6) The HPV vaccine is recommended by the Advisory Committee on Immunization Practices for (check all that apply)</p> <p><input type="checkbox"/> 30 y.o. woman with cervical cancer</p> <p><input type="checkbox"/> Girls 9-12 years</p> <p><input type="checkbox"/> 25 y.o. woman with an abnormal pap</p> <p><input type="checkbox"/> Boys 9-12 years</p> <p>7) If someone has HPV, they will develop cancer at some point.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False</p> <p><input type="checkbox"/> It depends</p>
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<p>4) Which of the following cancers may be caused by HPV? (check all that apply)</p> <p><input type="checkbox"/> Cervical cancer <input type="checkbox"/> Breast cancer <input type="checkbox"/> Anal cancer <input type="checkbox"/> Penile cancer <input type="checkbox"/> Vulvar cancer <input type="checkbox"/> Vaginal cancer <input type="checkbox"/> Head and neck (oropharyngeal) cancer</p> <p>5) What percent of sexually active women and men are infected with HPV?</p> <p><input type="checkbox"/> 5% <input type="checkbox"/> 20% <input type="checkbox"/> 10% <input type="checkbox"/> 80%</p>	<p>8) Do you think that HPV would go away on its own without treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>9) Do you think that HPV can be prevented?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>10) Do you think that HPV can cause genital warts?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p>
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<p>11) Which of these do you think the HPV vaccine can reduce or prevent? (check all that apply)</p> <p><input type="checkbox"/> Cervical cancer <input type="checkbox"/> Head and neck cancers <input type="checkbox"/> Chlamydia <input type="checkbox"/> Genital warts <input type="checkbox"/> HIV</p> <p>12) How comfortable do you feel talking to patients about the HPV vaccine?</p> <p><input type="checkbox"/> Very comfortable <input type="checkbox"/> Not very comfortable <input type="checkbox"/> A little comfortable <input type="checkbox"/> Not at all comfortable</p> <p>13) I currently discuss the connection between HPV and oropharyngeal cancer with my patients or their parents?</p> <p><input type="checkbox"/> No, and I do not intend to start <input type="checkbox"/> No, but I have considered it <input type="checkbox"/> Yes, but only with some patients <input type="checkbox"/> Yes, with all or most (75% or more) of my patients <input type="checkbox"/> Other (please specify):</p> <p>14) Why do you not currently discuss the connection between HPV and oropharyngeal cancer with your patients?</p> <p><input type="checkbox"/> I don't have enough information <input type="checkbox"/> Practice setting is not sufficiently private <input type="checkbox"/> Discomfort discussing sexual history with my patients <input type="checkbox"/> I cannot provide an HPV vaccine to my patients <input type="checkbox"/> Concern with safety of vaccine <input type="checkbox"/> Not my role as oral health provider</p>	<p>16) What are the current policies/practices in your facility regarding the discussion of the link between HPV and oral cancer?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>17) At your facility have you received education/ trainings about HPV?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>18) If training could be provided, what format of training would be beneficial to your facility? Select all that apply.</p> <p><input type="checkbox"/> In person <input type="checkbox"/> Offline self-study <input type="checkbox"/> Webinar <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Online self-study</p> <p>19) Do you have any other suggestions for how to improve HPV vaccination and the possible role of the oral health community in this?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SECTION 3: POST-QUESTIONNAIRE

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

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

neck cancers

Chlamydia

warts

HIV

Genital

11) How comfortable do you feel talking to patients about the HPV vaccine?

Very comfortable comfortable

Not very

A little comfortable comfortable

Not at all

19) Would you feel comfortable administering the HPV vaccine if it is within your scope of practice as a dentist?

Very comfortable comfortable

Not very

A little comfortable comfortable

Not at all