

**Eligibility Question:**

**Do you provide in person clinical care for at least one adult ( $\geq 18$  years old) patient per week?**

Yes    No

**Questionnaire:**

**The key purpose of this study is to investigate if and how dentists treat adults with intellectual, acquired, and developmental disabilities.**

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Intellectual, acquired, and developmental disabilities (IADD) can include the following diagnoses: autism, cerebral palsy, Down's syndrome/ trisomy 21, developmental delay/ disorder, traumatic brain injury, stroke with functional limitations, and Alzheimer's/ dementia.

This is not meant to include patients with anxiety, dental phobia, or other non-intellectual mental health conditions. Behavioral tolerance can be broken down into the following spectrum:

**A. Intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

For example, patients who will not sit in the dental chair/ enter the operatory, who are combative, will not open their mouth or sit still for dental treatment without other physical or pharmaceutical intervention or treatment modification to initiate and complete treatment

**B. Somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

For example, patients who will eventually sit in the dental chair with some hesitancy or difficulty. They may be tolerant for cleanings, x-rays, exams, or non-invasive dental treatment, but are not tolerant for more invasive treatment such as injection of local anesthesia, restorations, or extractions without other physical or pharmaceutical intervention or treatment modification to complete treatment

**C. Tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

For example, patients who are hesitant for dental treatment but will voluntarily open their mouths and can sit still for at least some minimal amount of time. They can tolerate all levels of dental care including injection of local anesthesia.

**\*\*PLEASE REFER TO THESE DEFINITIONS WHEN RESPONDING TO ALL QUESTIONS PERTAINING TO EACH CATEGORY OF BEHAVIORAL TOLERANCE FOR DENTAL CARE\*\***

**\*\*PLEASE ANSWER QUESTIONS AS THEY PERTAIN TO ALL PATIENTS THAT YOU TREAT IN ALL LOCATIONS\*\***

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**1. In the past year, have you provided dental treatment for one or more adult patients with IADD who fall into the following categories?**

**A. Intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

YES NO

**B. Somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

YES NO

**C. Tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

YES NO

**2. Approximately how many adult patients with IADD/behavioral challenges for dental care have you seen *per month* in the past year?**

**[\*\*\* SKIP IN GROUP OF QUESTIONS FOR ANY YES TO QX 1]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

<1 patient per month

1-5 per month

6-10 per month

>10 per month

Prefer not to answer

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

<1 patient per month

1-5 per month

6-10 per month

>10 per month

Prefer not to answer

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

<1 patient per month

1-5 per month

6-10 per month

>10 per month

Prefer not to answer

**3. What factors impact your ability to treat adults with IADD?**

Please rate each factor below with its level of importance regarding your ability to treat these patients.

1- Very unimportant 2- somewhat unimportant 3- neither unimportant or important  
4- somewhat important 5- very important

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

- a. They're disruptive to the practice within the waiting room  
1 2 3 4 5 **prefer not to answer**
- b. It is too time consuming or it requires extra time to treat these patients  
1 2 3 4 5 **prefer not to answer**
- c. Not comfortable with patients of this population  
1 2 3 4 5 **prefer not to answer**
- d. Poor reimbursement/ financial reasons  
1 2 3 4 5 **prefer not to answer**
- e. I do not have the appropriate training or credentials to treat these patients  
1 2 3 4 5 **prefer not to answer**
- f. I do not have the correct equipment, space, and/or facilities  
1 2 3 4 5 **prefer not to answer**
- g. The frequency with which patients with IADD present to my practice  
1 2 3 4 5 **prefer not to answer**
- h. My staff is not familiar/ trained to treat adults with IADD  
1 2 3 4 5 **prefer not to answer**
- i. I have limited input regarding which patients I am allowed to treat  
1 2 3 4 5 **prefer not to answer**
- j. Patients' medical condition has changed and affected their ability to tolerate dental treatment (e.g. progression of a non-IADD condition such as Parkinson's disease or a new acquired condition such as a stroke)  
1 2 3 4 5 **prefer not to answer**

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

- a. They're disruptive to the practice within the waiting room

- 1 2 3 4 5 **prefer not to answer**
- b. It is too time consuming or it requires extra time to treat these patients  
1 2 3 4 5 **prefer not to answer**
- c. Not comfortable with patients of this population  
1 2 3 4 5 **prefer not to answer**
- d. Poor reimbursement/ financial reasons  
1 2 3 4 5 **prefer not to answer**
- e. I do not have the appropriate training or credentials  
i. 2 3 4 5 **prefer not to answer**
- f. I do not have the correct equipment, space, and/or facilities  
i. 2 3 4 5 **prefer not to answer**
- g. The frequency with which patients with IADD present to my practice  
i. 2 3 4 5 **prefer not to answer**
- h. My staff is not familiar/ trained to treat adults with IADD  
1 2 3 4 5 **prefer not to answer**
- i. I have limited input regarding which patients I am allowed to treat  
1 2 3 4 5 **prefer not to answer**
- j. Patients' medical condition has changed and affected their ability to tolerate dental treatment (e.g., progression of a non-IADD condition such as Parkinson's disease or a new acquired condition such as a stroke)  
1 2 3 4 5 **prefer not to answer**

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

- a. They're disruptive to the practice within the waiting room  
1 2 3 4 5 **prefer not to answer**
- b. It is too time consuming, or it requires extra time to treat these patients  
1 2 3 4 5- **prefer not to answer**
- c. Not comfortable with patients of this population  
1 2 3 4 5 **prefer not to answer**

- d. Poor reimbursement/ financial reasons  
1 2 3 4 5 **prefer not to answer**
- e. I do not have the appropriate training or credentials  
1 2 3 4 5 **prefer not to answer**
- f. I do not have the correct equipment, space, and/or facilities  
1 2 3 4 5 **prefer not to answer**
- g. The frequency with which patients with IADD present to my practice  
1 2 3 4 5 **prefer not to answer**
- h. My staff is not familiar/ trained to treat adults with IADD  
1 2 3 4 5 **prefer not to answer**
- i. I have limited input regarding which patients I am allowed to treat  
1 2 3 4 5 **prefer not to answer**
- j. Patients' medical condition has changed and affected their ability to tolerate dental treatment (e.g., progression of a non-IADD condition such as Parkinson's disease or a new acquired condition such as a stroke)  
1 2 3 4 5 **prefer not to answer**

**4. Do you refer adults with IADD who call or present to your office for dental care to another provider for treatment? [\*\*FOR EVERYONE TO ANSWER]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

- Never
- Less than 25% of these patients
- 25% to less than 50% of these patients
- 50% to less than 75% of these patients
- 75% or more of these patients
- Prefer not to answer

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

- Never
- Less than 25% of these patients
- 25% to less than 50% of these patients
- 50% to less than 75% of these patients
- 75% or more of these patients
- Prefer not to answer

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

Never

Less than 25% of these patients

25% to less than 50% of these patients

50% to less than 75% of these patients

75% or more of these patients

Prefer not to answer

**5. Where do you refer adult patients with IADD for care?**

**[\*\*\* SKIP FOR ANY ANSWER OF Never FOR QX 4A,4B,4C]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

a. Specialized care center or provider (designated to the care of adults with IADD)

YES NO Prefer not to answer

b. Pediatric dentist or pediatric dental setting

YES NO Prefer not to answer

c. Dental school clinic/ Academic dental provider

YES NO Prefer not to answer

d. Private practice office

YES NO Prefer not to answer

e. Hospital provider/ hospital clinic

YES NO Prefer not to answer

f. Community health center clinic/ provider

YES NO Prefer not to answer

g. OTHER

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

a. Specialized care center (designated to the care of adults with IADD)

YES NO Prefer not to answer

b. Pediatric dentist

YES NO Prefer not to answer

c. Dental school/ Academic dental center

YES NO Prefer not to answer

d. Another dentist in the community

YES NO Prefer not to answer

e. Hospital

YES NO Prefer not to answer

- f. Community health center  
YES NO Prefer not to answer
- g. OTHER

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

- a. Specialized care center (designated to the care of adults with IADD)  
YES NO Prefer not to answer
- b. Pediatric dentist  
YES NO Prefer not to answer
- c. Dental school/ Academic dental center  
YES NO Prefer not to answer
- d. Another dentist in the community  
YES NO Prefer not to answer
- e. Hospital  
YES NO Prefer not to answer
- f. Community health center  
YES NO Prefer not to answer
- g. OTHER

**6. What is the care setting where you provide dental treatment for adults with IADD? (Skip in for yes to question 1)**

- A. My primary practice location (YES/NO/ prefer not to answer)
- B. A volunteer clinic setting, donated dental care or dental mission (YES/NO/ prefer not to answer)
- C. In home care (YES/NO/ prefer not to answer)
- D. An institutional residential facility (YES/NO/ prefer not to answer)
- E. A dental school or similar academic setting (Hospital, GPR) (YES/NO/ prefer not to answer)
- F. Other (free text)

**7. If you treat adult patients with IADD, how frequently do you utilize the following methods to provide treatment for these patients?**

**[\*\*\* SKIP THIS QUESTION IF THEY INDICATE THEY DO NOT TREAT NO FOR QX 1A, 1B, 1C]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

- a. **Either anxiolysis prescription or nitrous oxide**
  - Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients

Prefer not to answer

**b. Moderate sedation ----- (>1 ORAL MEDICATION PRESCRIBED, ORAL SEDATION + NITROUS OXIDE, ORAL MEDICATION ADMINISTERED IN THE OFFICE SETTING FOR THE APPOINTMENT)**

Never

Less than 25% of these patients

25% to less than 50% of these patients

50% to less than 75% of these patients

75% or more of these patients

Prefer not to answer

**c. Protective stabilization (e.g., papoose board)**

Never

Less than 25% of these patients

25% to less than 50% of these patients

50% to less than 75% of these patients

75% or more of these patients

Prefer not to answer

**d. IV sedation in the clinic**

Never

Less than 25% of these patients

25% to less than 50% of these patients

50% to less than 75% of these patients

75% or more of these patients

Prefer not to answer

**e. Verbal behavior management/habituation, behavior modification methods**

Never

Less than 25% of these patients

25% to less than 50% of these patients

50% to less than 75% of these patients

75% or more of these patients

Prefer not to answer

**f. In the operating room/ surgery center**

Never

Less than 25% of these patients

25% to less than 50% of these patients

50% to less than 75% of these patients

75% or more of these patients

Prefer not to answer

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**



- a. **Either anxiolysis prescription or nitrous oxide**
  - Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- b. **Moderate sedation ----- (>1 oral medication prescribed, oral sedation + nitrous oxide, oral medication administered in the office setting for the appointment)**
  - Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- c. **Protective stabilization (e.g., papoose board)**
  - Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- d. **IV sedation in the clinic**
  - Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- e. **Verbal behavior management/habituation, behavior modification methods**
  - Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- f. **In the operating room/ surgery center**
  - Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer

- C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**
- a. Either anxiolysis prescription or nitrous oxide**
- Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- b. Moderate sedation ----- (>1 ORAL MEDICATION PRESCRIBED, ORAL SEDATION + NITROUS OXIDE, ORAL MEDICATION ADMINISTERED IN THE OFFICE SETTING FOR THE APPOINTMENT)**
- Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- c. Protective stabilization (e.g., papoose board)**
- Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- d. IV sedation in the clinic**
- Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- e. Verbal behavior management/habituation, behavior modification methods**
- Never
  - Less than 25% of these patients
  - 25% to less than 50% of these patients
  - 50% to less than 75% of these patients
  - 75% or more of these patients
  - Prefer not to answer
- f. In the operating room/ surgery center**

- Never
- Less than 25% of these patients
- 25% to less than 50% of these patients
- 50% to less than 75% of these patients
- 75% or more of these patients
- Prefer not to answer

**8. In general/ on average how does scheduling, treating, and completing care for diagnosed dental disease for adult patients with IADD compare to scheduling, treating and completing care for dental disease for your patients without IADD?**

**[\*\*\*SKIP IN QUESTIONS FOR YES ANSWER TO QX 1]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

- a. It takes more time to schedule, treat, and complete treatment for patients with IADD
- b. It takes less time to schedule, treat, and complete treatment for patients with IADD
- c. It takes the same amount of time to schedule, treat, and complete treatment for patients with and without IADD

Prefer not to answer

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

- a. It takes more time to schedule, treat, and complete treatment for patients with IADD
- b. It takes less time to schedule, treat, and complete treatment for patients with IADD
- c. It takes the same amount of time to schedule, treat, and complete treatment for patients with and without IADD

Prefer not to answer

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

- a. It takes more time to schedule, treat, and complete treatment for patients with IADD
- b. It takes less time to schedule, treat, and complete treatment for patients with IADD
- c. It takes the same amount of time to schedule, treat, and complete treatment for patients with and without IADD

Prefer not to answer

**9. Have you ever received training specific to the management of adult patients with IADD?**  
**[\*\*ALL RESPONDENTS]**

YES NO Prefer not to answer

**8A. If so, where did this training occur? [\*\*IF YES TO QX 8]**

- a. Dental School  
YES NO Prefer not to answer
- b. Residency  
YES NO Prefer not to answer
- c. Fellowship  
YES NO Prefer not to answer
- d. CE courses  
YES NO Prefer not to answer
- e. Practice experience  
YES NO Prefer not to answer
- f. Other- free text option  
YES NO Prefer not to answer

**10. What is your confidence level regarding your ability to manage adult patients with IADD/ behavior challenges for dental care? [\*\* ALL RESPONDENTS]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

Not at all confident  
Slightly confident  
Somewhat confident  
Moderately confident  
Extremely Confident  
not sure/ don't know

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

Not at all confident  
Slightly confident  
Somewhat confident  
Moderately confident  
Extremely Confident  
not sure/ don't know

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

Not at all confident  
Slightly confident  
somewhat confident

Moderately confident  
Extremely Confident  
not sure/ don't know

**11. Do you have any support staff who are experienced with managing adults with IADD? [\*\*\* ALL RESPONDENTS]**

YES            NO    prefer not to answer

**12. Do you collaborate with physicians for care of adult patients with IADD? [\*\* SKIP IN FOR ANY YES TO QX 1]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

Never  
Less than 25% of these patients  
25% to less than 50% of these patients  
50% to less than 75% of these patients  
75% or more of these patients  
prefer not to answer

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

Never  
Less than 25% of these patients  
25% to less than 50% of these patients  
50% to less than 75% of these patients  
75% or more of these patients  
prefer not to answer

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

Never  
Less than 25% of these patients  
25% to less than 50% of these patients  
50% to less than 75% of these patients  
75% or more of these patients  
prefer not to answer

**13. Please indicate the frequency with which you perform the following procedures for adults with IADD who need each individual procedure. [\*\* SKIP IN GROUP FOR ANY YES TO QX1]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

**a. Exams**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**b. Restorations**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**c. Extractions/ surgical treatment**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**d. Implant placement**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**e. Preventive/routine treatment (e.g., prophylaxis, fluoride)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**f. Removable prosthodontics (dentures and partial dentures)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure  
prefer not to answer

**g. Fixed prosthodontics (crown and bridge, implant restorations)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**h. Periodontal therapy (surgical or non-surgical, non-prophylaxis)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**i. Endodontic therapy**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**j. Orthodontics**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**k. Comprehensive care (all treatment needs for a patient that you would ordinarily perform for a typical patient)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

**a. Exams**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**b. Restorations**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**c. Extractions/ surgical treatment**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**d. Implant placement**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**e. Preventive/routine treatment (e.g., prophylaxis, fluoride)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**f. Removable prosthodontics (dentures and partial dentures)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**g. Fixed prosthodontics (crown and bridge, implant restorations)**



Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**h. Periodontal therapy (surgical or non-surgical, non-prophylaxis)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**i. Endodontic therapy**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**j. Orthodontics**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**k. Comprehensive care (all treatment needs for a patient that you would ordinarily perform for a typical patient)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

**a. Exams**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure  
prefer not to answer

**b. Restorations**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**c. Extractions/ surgical treatment**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**d. Implant placement**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**e. Preventive/routine treatment (e.g., prophylaxis, fluoride)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**f. Removable prosthodontics (dentures and partial dentures)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**g. Fixed prosthodontics (crown and bridge, implant restorations)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure  
prefer not to answer

**h. Periodontal therapy (surgical or non-surgical, non-prophylaxis)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**i. Endodontic therapy**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**j. Orthodontics**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**k. Comprehensive care (all treatment needs for a patient that you would ordinarily perform for a typical patient)**

Never

Less than 25% of IADD patients who need this procedure

25% to less than 50% of IADD patients who need this procedure

50% to less than 75% of IADD patients who need this procedure

75% or more of IADD patients who need this procedure

prefer not to answer

**14. Do you have credentials to treat adult patients with IADD in the operating room/ surgery center setting outside of your home clinic setting? [\*\* SKIP IN FOR YES TO QX 1]**

YES      NO      N/A      prefer not to answer

**15. Are adult patients with IADD behavioral difficulty ever referred to you/ your practice for dental care? [\*\* SKIP IN FOR YES TO QX 1]**

**A. Patients intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

YES NO prefer not to answer

**B. Patients somewhat intolerant to dental care in the clinic setting without physical or pharmaceutical intervention**

YES NO prefer not to answer

**C. Patients tolerant for dental care in the clinic setting without physical or pharmaceutical intervention**

YES NO prefer not to answer

**16. Are you a participating Medicaid provider?**

YES NO PREFER NOT TO ANSWER

**[Standard Network Remuneration section]**

**1. [If EQ indicates practitioner is part of group practice ask] Are you employed at [INSERT NAME OF GROUP PRACTICE]?**

Yes

No

[If 1 = "Yes"] END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]

**2. [If practitioner does not indicate they are part of a group practice on the EQ or 1 = "No"] To help us determine if you are eligible for individual compensation for your participation in this questionnaire, are you employed in any of the following dental firms? If so, please check your organization (please select one).**

Health Partners/Group Health Plan Inc

Park Dental

Permanente Dental Associates

Veterans Affairs Dental Services

I am not employed by any of the above.

[If 2  $\neq$  "I am not employed by any of the above."] END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]

3. [If 2 = "I am not employed by any of the above."] **Do you want to be compensated for your participation?**

Yes

No

[If 3 = "No"] END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]

[Programmer Instructions: [If 3 = "Yes"] Display the following information in a non-editable format. The information should be derived from the Practitioner Load Form. If there is no address information available from the Practitioner Load Form, proceed to question 5 to display the fields for the practitioner to enter their information.]

4. [If 3 = "Yes" and address information is available from Practitioner Contact Form] **Below is your Network enrollment information. For you to receive payment, we need to know if you would like to receive payment using the address, name, and phone number listed below or if you would like to provide updated information. Please review the information below and indicate your preference.**

- i) **First name**  
**Middle name or initial, if available**  
**Last name**

I would like to receive payment using this information.

I would like to receive payment for this questionnaire under a different name.

**ii) Mailing address**

- I would like to receive payment using this information.
- I would like to receive payment for this questionnaire at a different address.

**iii) Primary Phone number**

- I would like to receive payment using this information.
- I would like to receive payment for this questionnaire using a different phone number.

[If 4.i, 4.ii, and 4.iii = "I would like to receive payment using this information"] END **[INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]**

5. [If 4.i = "I would like to receive payment for this questionnaire under a different name"] **Please provide the name under which you would like to receive payment.**

First name

Middle name or initial

Last name

6. [If no address information is available from Practitioner Contact Form or 4.ii = "I would like to receive payment for this questionnaire at a different address"] **Please provide the address information you would like to use for payment.**

Address line 1

Address line 2 [optional]

City

State

ZIP code

7. [If 4.iii = "I would like to receive payment for this questionnaire using a different phone number."] **Please provide the phone number you would like to use for payment.**

Primary Phone number

8. [If 4.i, 4.ii, and 4.111 =/= "I would like to receive payment using this information." and 5, 6, or =/= Null] **Do you want to update your Network information on file with the contact information you have provided?**

Yes, please update my enrollment information.

No, I do not wish to update my enrollment information at this time.

**END [INSERT END OF SURVEY LANGUAGE: Thank you so much for participating in this National Dental PBRN study!]**