

Patient Demographic Form

1. What is your sex? Male 1
Female 2
Other 3
2. What is your date of birth? ____ / ____ / ____
3. Are you of Hispanic or Latino origin? Yes 1
No 0
Prefer not to answer 2
4. What racial categories best describe you? (Check all that apply)
American Indian or Alaska Native 1
Asian 1
Native Hawaiian or Other Pacific Islander 1
Black or African-American 1
White or Caucasian 1
Prefer not to answer 1
5. What type of dental insurance do you have? (Check all that apply)
No dental insurance 1
Private insurance (e.g. employer sponsored, commercial, HMO, etc.) 1
Public/government insurance (Medicaid, military or veterans benefit, etc.) 1
Other 1
I don't know 1
Prefer not to answer 1
6. Indicate your highest level of formal education
Less than high school diploma 1
High school diploma or GED 2
Some college/Associate degree 3
Bachelor's degree 4
Graduate degree 5
7. How would you describe the community where you live? Urban 1
Suburban 2
Rural 3
8. What is the ZIP Code where you live? _____
9. Including you, how many people live in your household? _____
10. What is your family's current annual household income from all sources? Up-to (less than or equal to) \$25,000 1
\$25,001-\$50,000 2
\$50,001-\$100,000 3
Over \$100,000 4
Prefer not to answer 5

Patient Demographic Form

The information below will be used to send you payment for your participation in this study. Enter the address where you want your check mailed. The phone number will allow the study team to contact you if there are any problems with your payment.

11. Address: Street: _____
City: _____
State: _____ Zip: _____

12. Phone number: _____ - _____ - _____

12a. Phone type:	Cell <input type="checkbox"/> 1
	Home <input type="checkbox"/> 2
	Work <input type="checkbox"/> 3
	Other <input type="checkbox"/> 4
12b. Do you want to receive study text messages at this number? (standard rates may apply)	Yes <input type="checkbox"/> 1
	No <input type="checkbox"/> 0

You have completed section 1 of 3. Please click the Submit button below to move to section 2.

1-2 Patient Baseline Questionnaire

Instructions: Please answer the following questions regarding your thoughts on the **Standard Hygiene Exam**, where dentist will come into the room to conduct an in-person examination during your cleaning appointment.

1. How much time does your dentist usually spend with you when conducting the in-person exam?
 - A. 1-4 minutes
 - B. 5-10 minutes
 - C. More than 10 minutes
 - D. The dentist in my office does not come in to conduct an exam during the appointment

2. How much time do you usually wait for the dentist in the dental hygiene room?
 - A. 1-4 minutes
 - B. 5-10 minutes
 - C. More than 10 minutes
 - D. The dentist in my office does not come in to conduct an exam during the appointment

3. Have you ever left the dental office visit without waiting for the dentist to perform the exam?
 - A. Yes (Continue with Question 4)
 - B. No (Skip to Question 5)
 - C. I don't remember (Skip to Question 5)

4. What are the reasons you requested to leave the office without the dentist doing an exam after a hygiene visit? (Choose all that apply)
 - A. Waiting time is too long
 - B. Cost of the exam
 - C. I do not think it's needed
 - D. The hygienist told me I don't need it
 - E. My dentist was not available

5. How often do you follow through with the advice and treatment plan recommended by the dentist during the dentist's exam?
 - A. Always
 - B. Often
 - C. Sometimes
 - D. Seldom
 - E. Never

Electronic Device Use

6. Do you use a smartphone?
 - A. Yes (Continue with Question 7)
 - B. No (Skip to Question 9)

7. Do you use medical care apps on your phone (e.g. MyChart, eClinicalWorks, SimplePractice)?

- A. Yes
 - B. No
 - C. I am not sure what apps you are referring to
8. Do you use dental apps on your phone?
- A. Yes (Please specify _____)
 - B. No
 - C. I don't know of any dental care apps
9. Have you ever taken a photo of your teeth or mouth?
- A. Yes, many times
 - B. Yes, a few times
 - C. Never
10. Do you think it would be helpful if dental professionals used images on the computer or tablet to explain your oral health?
- A. Yes, very helpful
 - B. Yes, to some degree
 - C. No, not helpful
 - D. I don't know

You have completed section 2 of 3. Please click the Submit button below to move to section 3.

1-3 Baseline Dentist-Patient Communication

Dentist-Patient Communication perceived by patients (DPC)

#	Questions	No (1)	Possibly no (2)	Possibly yes (3)	Yes (4)
1	Did your dentist listen to you carefully during the standard hygiene exam visit?				
2	Did your dentist allow you to talk without interrupting you during the standard hygiene exam visit?				
3	Did your dentist encourage you to express yourself /talk during the standard hygiene exam visit?				
4	Did your dentist explain the findings from the intraoral photos and/or x-rays thoroughly?				
5	Do you feel that the dentist understood you?				
6	Was it easy to understand what the dentist said during the standard hygiene exam visit?				
7	Do you feel you were given all the necessary information during the standard hygiene exam visit?				
8	Did the dentist explain the advantages and disadvantages of the treatment or care strategy during the standard hygiene exam visit?				
9	Did the dentist involve you in the decision-making during the standard hygiene exam visit?				
10	In your opinion, did your dentist have a reassuring attitude and way of talking during the standard hygiene exam visit?				
11	Do you think your dentist was in general respectful during the standard hygiene exam visit?				
12	Did your dentist make sure that you understood his/her explanations and instructions during the standard hygiene exam visit?				
13	Do you think your dentist told the whole truth?				
14	Do you have confidence in your dentist after the standard hygiene exam visit?				
15	Did your dentist reply to all your expectations and concerns?				

Score: ____

You have completed all 3 sections. Please click the Submit button below.
 Thank you for your responses. Please hand the tablet back to your hygienist.

Participant ID: _____

Date (MM/DD/YYYY): _____

1-4 Patient Post-eHygiene System Usability Scale (SUS)

Instruction: For each of the following statements, mark one box that best describes your reactions to the **eHygiene exam**. In the eHygiene model, the hygienist will take a set of teeth photos for you during your regular hygiene visit. It might take 5-8 minutes. The dental office will then schedule a virtual visit between you and your dentist to review exam findings using these teeth photos. Your dentist will also review treatment plan with you at the virtual visit. Depends on the complexity of your oral health. The virtual visit might take 10-30 minutes.

#	Question description	Strongly disagree				Strongly agree	Score
1	I think that I would like to use the eHygiene exam frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I found the eHygiene exam unnecessarily complex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I thought the eHygiene exam was easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I think that I would need the support of a technical person (other than my dentist and hygienist) to be able to use the eHygiene exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I found the various steps in the eHygiene exam were well integrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I thought there was too much inconsistency in the eHygiene exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I would imagine that most people would learn to use the eHygiene exam very quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I found the eHygiene exam very awkward to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I felt very confident using eHygiene exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I needed to learn a lot of things before I could start with the eHygiene exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score: _____

You have completed section 1 of 3. Please click the Submit button below to move to section 2.

Participant ID: _____

Date (MM/DD/YYYY): _____

1-5 Patient Post-eHygiene Questionnaire

Instruction: Please answer the following questions regarding your thoughts on the **eHygiene Exam**.

eHygiene Exam

1. Did you feel comfortable when the hygienist took intraoral photos for you?
 - A. Very comfortable
 - B. Somewhat comfortable
 - C. Somewhat uncomfortable
 - D. Very uncomfortable

2. Did the eHygiene virtual visit occur during your work hours?
 - A. Yes
 - B. No
 - C. No, I am not employed at this time

3. How much time did you spend logging into software for the eHygiene virtual visit with the dentist? Please provide your answer in estimated number of minutes: ____ ____

4. Do you feel you had enough time to communicate with the dentist during the eHygiene virtual visit?
 - A. Yes, plenty of time
 - B. About right amount of time
 - B. No, I wish it would have been longer

You have completed section 2 of 3. Please click the Submit button below to move to section 3.

1-6 Post-eHygiene Dentist-Patient Communication

Dentist-Patient Communication Perceived by Patients (DPC)

No	Questions	No (1)	Possibly no (2)	Possibly yes (3)	Yes (4)
1	Did your dentist listen to you carefully during the eHygiene virtual visit?				
2	Did your dentist allow you to talk without interrupting you during the eHygiene virtual visit?				
3	Did your dentist encourage you to express yourself /talk during the eHygiene virtual visit?				
4	Did your dentist explain the findings from the intraoral photos and/or x-rays thoroughly?				
5	Do you feel that the dentist understood you?				
6	Was it easy to understand what the dentist said during the eHygiene virtual visit?				
7	Do you feel you were given all the necessary information during the eHygiene virtual visit?				
8	Did the dentist explain the advantages and disadvantages of the treatment or care strategy during the eHygiene virtual visit?				
9	Did the dentist involve you in the decision-making during the eHygiene virtual visit?				
10	In your opinion, did your dentist have a reassuring attitude and way of talking during the eHygiene virtual visit?				
11	Do you think your dentist was in general respectful during the eHygiene virtual visit?				
12	Did your dentist make sure that you understood his/her explanations and instructions during the eHygiene virtual visit?				
13	Do you think your dentist told the whole truth?				
14	Do you have confidence in your dentist after the eHygiene virtual visit?				
15	Did your dentist reply to all your expectations and concerns?				

Score: ____

You have completed all 3 sections. Please click the Submit button below.

Thank you for your responses. You have finished the survey and can now close this window.

Participant ID: _____

Date (MM/DD/YYYY): _____

1-7 Patient Qualitative Interview Guide (Semi-structured)

Notes:

- This is a semi-structured interview guide designed to be conducted with patients in a 30-min phone-interview setting.
- This interview includes questions to assess users' perception of the eHygiene exam model.
- The phone interview will be conducted by a research assistant trained by Dr. Kevin Fiscella, MD, MPH (Co-Investigator), who has expertise in mhealth and qualitative research.

Date: ____/____/____ (mm/dd/yyyy)

Interviewer: _____

Study Participant ID number: _____

Study participant role: Dentist Hygienist Patient

Did this participant complete a SELFIE session? Yes No

If yes, ask the questions in the section "Patients taking teeth photos (SELFIE Session)" below.

If no, skip the "Patients taking teeth photos (SELFIE Session)" section

Introduction (script)

"Hello, my name is _____. I am with the eHygiene study group and I would like to talk with you about your experience of using the eHygiene virtual exam."

"Thank you for agreeing to speak with me! This interview will take approximately 30 minutes."

"What we talk about in this interview will be confidential and used for study purposes only."

"Your participation is completely voluntary. If you do not wish to answer any question you do not have to do so. You are free to end the conversation at any time"

"Before I turn on the tape recorder do you have any questions?"

"Now I am going to turn on the tape recorder, is that ok?"

"The questions I am about to ask you are related to the eHygiene exam model. The eHygiene exam model refers to the study you participated in, in which the hygienists in the dental office takes a set of teeth photos for patients during the regular hygiene visit. The dentist then conducts a virtual visit with the patient to review exam findings using these teeth photos and the discuss treatment plan."

Patient portion

Perception

1. Can you talk about your overall experience of using the eHygiene virtual exam?
2. Can you talk about challenges or frustrations you encountered while using the eHygiene virtual exam?

*Prompts – What kind of challenges / frustrations?
Did you resolve it?
How did you resolve it?
Anything else (until no more)?*

3. What do you think are the benefits of using the eHygiene virtual exam?

*Prompts – Safety?
Convenience?
Communication time with dentist?
Any other benefits (until no more)?*

4. How much do you trust that the eHygiene exam model is sufficient for your dentist to obtain information about your oral health as a regular checkup?
5. What else would you wish to include in the current eHygiene exam model?
Prompts – examine teeth remotely with intraoral cameras?
6. How likely would you be to recommend that your family and friends use the eHygiene exam?
7. How likely would you be to recommend that your dental practice continue to provide eHygiene visits?

Service strengthening

1. What changes would you suggest to improve the eHygiene virtual dental exams?
Prompt – do you have suggestions for addressing challenges you mentioned earlier.

Smart phone application use

1. What kind of oral health smartphone apps would you find useful?
2. If there was a smartphone app that helped you take photos of your teeth, and then you could check with your dentist about whether there were any problems, would you use it?
*Prompt – Why (Why not)?
Do you think an app like this would help maintain or improve your oral health?
Would you have any data security concerns? What would those be?*

Patients taking teeth photos (SELFIE session) – This domain is for patients who conducted the SELFIE session.

1. How was your experience in taking pictures of your teeth?

2. What problems did you run into?

*Prompt – Any problems during connecting intraoral cameras with tablet, using photo-taking module in the Teledent software, taking photos, storing photos in the Teledent software?
Other problems (until no more)?*

3. How did you resolve these problems?

4. What suggestions do you have for making it easier for patients to take pictures of their teeth?

5. If sending pictures of your teeth to your dentist made your visit shorter, would it be worth your time and effort?

Prompt – Why (Why not)?

Conclusion

“What other things you would like us to know about your experience or thoughts about eHygiene virtual exams?”

“Thank you!”