Patients Awareness of Mouth Cancer

It is important for our patients to be aware of mouth cancer risks. Your answers will help us to improve the information and care that we provide relating to mouth cancer. This survey is voluntary and it will take about 9 minutes to finish. All information will remain private.

1. How old are you?
   - [ ] 18-30 years
   - [ ] 31-40 years
   - [ ] 41-50 years
   - [ ] 51-60 years
   - [ ] 61-70 years
   - [ ] 71-80 years

2. What is your gender?
   - [ ] Male
   - [ ] Female

3. Please specify your race: (check all that apply)
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African American
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] Caucasian/White
   - [ ] If others, please specify _________________

4. Please specify your ethnicity:
   - [ ] Hispanic or Latino
   - [ ] Non-Hispanic or Non-Latino

5. What is the highest degree or level of school you have completed?
   - [ ] No schooling completed, or less than 1 year
   - [ ] Grades 1-8
   - [ ] Grades 9-12 (no diploma)
   - [ ] High school diploma or equivalent (GED, etc.)
   - [ ] Some college (1-4 years, no degree)
   - [ ] Associate’s degree
   - [ ] Bachelor’s degree (BA, BS, AB, etc.)
   - [ ] Master’s degree (MA, MS, MSW, etc.)
   - [ ] Professional school degree (MD, DDS, JD, etc.)
   - [ ] Doctorate degree (PhD, EdD, etc.)

6. Do you currently smoke tobacco products such as cigarettes, cigars, e-cigarettes etc.?  
   - [ ] Yes (continue to question 7)
   - [ ] No (skip to question 8)

7. If you currently smoke tobacco, please list the number of tobacco products that you smoke daily, weekly or monthly in one of the rows below.
   
   *Note: Please write the number of individual cigarettes, cigars or pipes - not the number of packs.*
   
<table>
<thead>
<tr>
<th></th>
<th>Per day</th>
<th>Per week</th>
<th>Per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigars</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Cigarettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Have you smoked tobacco in the past?
   - [ ] Yes
   - [ ] No

9. Do you currently use smokeless tobacco products such as snuff or chewing tobacco?
   - [ ] Yes (continue to question 10)
   - [ ] No (skip to question 11)

Over →
10. If you currently use smokeless tobacco, please list the number of times that you use the tobacco product daily, weekly or monthly in one of the rows below.

<table>
<thead>
<tr>
<th>Chewing Tobacco (Leaf, twists, plug)</th>
<th>Snuff (Finely ground/ cans/pouches)</th>
<th>Snus (Finely ground/packets)</th>
<th>Others (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per week</td>
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<td></td>
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<tr>
<td></td>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per month</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Have you used smokeless tobacco in the past?
   - Yes
   - No

12. During the past 12 months, have you tried to stop using tobacco products?
   - Yes
   - No

13. How often does someone currently smoke inside of your home?
   - Daily
   - Weekly
   - Monthly
   - Never

14. Do you know that tobacco may cause mouth cancer?
   - Yes
   - No

15. Do you drink alcohol?
   - Yes
   - No

16. How often do you have a drink containing alcohol?
   - Never
   - Less than 1 time a week.
   - 1 to 2 times a week
   - 3 to 4 times a week
   - 5 to 6 times a week
   - Daily

17. Do you know that alcohol may cause mouth cancer?
   - Yes
   - No

18. Which of the following may be a sign of mouth cancer?

<table>
<thead>
<tr>
<th>Difficulty chewing/swallowing</th>
<th>Yes</th>
<th>No</th>
<th>I do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth sore that does not heal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal mass/lump in mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/red patch in mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slow change in voice quality</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Which of the following actions may prevent mouth cancer?

<table>
<thead>
<tr>
<th>Quit tobacco use</th>
<th>Yes</th>
<th>No</th>
<th>I do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quit alcohol use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid contact with secondhand smoke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brush and floss your teeth twice/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telling your dentist when your denture(s) do not fit well.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Does your healthcare provider educate you about mouth cancer?
   - Yes
   - No

21. Has your healthcare provider told you that Human Papilloma Virus (HPV) can cause mouth cancer?
   - Yes
   - No

Thank you for your input.
Please return this survey paper to the front desk.