

In an ongoing effort to evaluate the usefulness of information we send to providers we would like you to complete this short questionnaire. Please return this survey in the postage paid envelope provided or fax to 303-782-5576. Thank you!

Do you feel you receive reliable information on oral disease's impact on poor pregnancy outcomes, specifically pre-term births?

- Yes
- No
- Sometimes

Do you feel that the information you receive on oral disease's impact on poor pregnancy outcomes, specifically pre-term births, is sufficient for you to incorporate oral health assessment and referral into your treatment protocol of at risk pregnant women?

- Yes
- No
- Sometimes

Do you believe you can influence patients to seek dental care during pregnancy?

- Yes
- No
- Sometimes

Do you currently attempt to help patients find dental care during pregnancy?

- Yes
- No
- Sometimes

Would you make changes in your practice based on the information provided (check all that apply)?

- Yes, identifying patients with oral health problems.
- Yes, referring patients with oral health problems.
- Other (Please describe:) -----
- No, I would not make changes in my practice based on information provided in a packet.
- If no, why not \_\_\_\_\_

What other tools or training do you need to be comfortable helping patients with oral health problems (check all that apply)?

- Additional information on the research showing poor birth outcomes related to oral health
- Additional information on common oral conditions found in pregnant women.
- Additional information about referral sources for your patients.
- Additional training on oral health and pregnancy.
- Other (Please describe) -----

What barriers exist to adoption of these practices (check all that apply)?

- I believe my time is better spent on patient care.
- I don't believe it is my role to evaluate a patient's oral health.
- I (physician) don't have enough time with the patients.
- My support staff (PA or RN) don't have enough time with patients.
- My office needs more tools and training.
- My patients can't afford oral health care.
- Other (Please describe)-----

Would you be interested in having someone associated with the CDPHE, Oral Health Section visit your office to provide additional education on pregnancy and oral health?

No

- Yes –for a 15-minute presentation
- Yes – for a 60-minute presentation

Contact name and phone number: \_\_\_\_\_

If you have further questions or would like more information please contact the Oral Health Program at the Colorado Department of Public Health and Environment 303-692-2470