

| DATE | TEAM MEMBER | CHANGE |
|--------------------|----------------|--------------------------------------------------------------------------------------------------------------------|
| Oct 2020- Jan 2021 | Alaina Shreves | Changed title to “Mouthwash Data Collection Form” |
| Oct 2020- Jan 2021 | Alaina Shreves | Added variable names |
| Oct 2020- Jan 2021 | Alaina Shreves | Changed [BioMwQ_MwBefore_v1r0] from 4 hours before to 1 hour before. |
| Oct 2020- Jan 2021 | Alaina Shreves | Added [BioMwQ_MwBefore_v1r0] asking about rinsing before specimen |
| Oct 2020- Jan 2021 | Alaina Shreves | Added [BioMwQ_GumBefore_v1r0] asking about gum before specimen |
| Oct 2020- Jan 2021 | Alaina Shreves | Added [BioMwQ_TobaccoBefore_v1r0] asking about tobacco before specimen |
| Oct 2020- Jan 2021 | Alaina Shreves | Added [BioMwQ_MwBefore_v1r0] asking about rinsing before specimen |
| Oct 2020- Jan 2021 | Alaina Shreves | For duration of oral hygiene product, broke up loop and created separate questions for each of the products |
| Oct 2020- Jan 2021 | Alaina Shreves | For duration of mouthwash product, broke up loop and created separate questions for each of the mouthwash products |
| 2/22/2021 | Alaina Shreves | Potential new variable names- changes pending discussion with Nicole (toothbrush question) |
| 3/25/2021 | Alaina Shreves | Updated tobacco question to include smoke, vape, chew |

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| 4/23/2021 | Deanna DePietro | Reviewed for language and clarity, tracked edits |
| 5/2/2021 | Alaina Shreves | Added numbering from dictionary |
| 5/5/2021 | Alaina Shreves | Removed [which contain potassium, nitrate] text from mouthwash options (Christian approved) |
| 5/21/2021 | Alaina Shreves | Added trademark symbols (®) and fixed some capitalization in brand names |
| 5/24/2021 | Alaina Shreves | Added ™ to Peridex |
| 8/9/2021 | Julie Cusack & Neal Freedman | Updated: responses 5 and 6 for Q8, Q9, added questions on # of teeth lost for certain reasons, updated Q12 responses to select appliances |
| 8/10/21 | Julie Cusack | Created clean version |
| 8/23/21 | Julie Cusack & Neal Freedman | Simplified programming for date of sample collection: removed question [SymptTdy], changed response in [EatDrink], and removed piped text from intro |
| 8/30/21 | Julie and Neal | Renamed to At-home mouthwash collection |

At-Home Mouthwash Data Collection Form

We have some questions about you and your oral health history. This information will help us better understand your health status today, and how it is related to the mouthwash (saliva) sample you donated.

1. [BioMwQ_SampleTime_v1r0] What date and time did you donate your mouthwash (saliva) sample?

MM/DD/YYYY

HH:MM AM/PM

2. [BioMwQ_SymptDay_v1r0] Did you have any of these symptoms in the 24 hours before you donated your mouthwash (saliva) sample? Select all that apply.

- 0 [BioMwQ_CoughDay_v1r0] Cough
- 1 [BioMwQ_DiarrDay_v1r0] Diarrhea
- 2 [BioMwQ_NoseDay_v1r0] Stuffy nose (also known as nasal congestion)
- 3 [BioMwQ_VomitDay_v1r0] Feeling sick to your stomach or throwing up

- 4 [BioMwQ_FeverDay_v1r0] Fever
- 5 [BioMwQ_NoSymptDay_v1r0] No, I have none of these
3. [BioMwQ_OralHlth_v1r0] Overall, how would you rate the health of your teeth and gums?
- 0 Excellent
 - 1 Very Good
 - 2 Good
 - 3 Fair
 - 4 Poor
 - 77 Don't know
- 4.a. [BioMwQ_EatDrink_v1r0] When did you last eat or drink anything **other than water** before donating your mouthwash (saliva) sample?
- 0 The same day
 - 1 The day before
 - 2 More than a day before → **GO TO Q5**

[DISPLAY Q4B IF Q4A≠2]

- 4.b. [BioMwQ_EatDrinkTime_v1r0] At about what time did you last eat or drink anything **other than water**? Select your answer from the drop-down below.

HH:MM AM/PM

5. [BioMwQ_MwBefore_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you brush your teeth?

- 1 Yes
- 0 No

- 5b. [BioMwQ_RinseBefore_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you rinse out your mouth?

- 1 Yes
- 0 No

- 5c. [BioMwQ_GumBefore_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you chew gum?

- 1 Yes
- 0 No

- 5d. [BioMwQ_TobaccoBefore_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you smoke, vape, or chew any products (including tobacco)?

- 1 Yes
- 0 No

Next, we have a few questions about your oral health and routine that will help us better understand your mouthwash (saliva) sample.

6. [BioMwQ_Hygeine_v1r0] In the last **month**, which of these oral hygiene products have you used? Select all that apply.

- 0 [BioMwQ_Brush1_v1r0] Toothbrush
- 1 [BioMwQ_Mw1_v1r0] Mouthwash
- 2 [BioMwQ_Floss1_v1r0] Floss
- 3 [BioMwQ_WtrPick1_v1r0] Water-based flosser or pick/jet
- 4 [BioMwQ_Tongue1_v1r0] Tongue Cleaner or Scraper
- 5 [BioMwQ_White1_v1r0] Teeth-whiteners (strips, etc.)

[DISPLAY Q6B IF Q6 =1 Mouthwash]

6B. [BioMwQ_MwUse_v1r0] In the last **month**, which of these mouthwash products have you used? Select all that apply.

- 0 [BioMwQ_MwAlc1_v1r0] Alcohol-based mouthwash (such as Scope® or LISTERINE®)
- 1 [BioMwQ_MwAlcFree1_v1r0] Alcohol-free mouthwash (such as LISTERINE® Zero)
- 2 [BioMwQ_MwChlor1_v1r0] Chlorhexidine mouthwash (such as Peridex™, PerioGard®, or Paroex®)
- 3 [BioMwQ_MwFlouride1_v1r0] Flouride mouthwash (such as ACT®)
- 4 [BioMwQ_MwPerox1_v1r0] Peroxide mouthwash (such as Colgate® Peroxyl® Mouth Sore Rinse)
- 5 [BioMwQ_MwCetyl1_v1r0] Cetylpyridinium chloride mouthwash (such as Crest® Pro-Health)
- 6 [BioMwQ_MwSensitive1_v1r0] Mouthwash for sensitive teeth (such as Sensodyne®)
- 7 [BioMwQ_MwDry1_v1r0] Mouthwash for dry mouth (such as biotène®)

[DISPLAY Q7 FOR EACH PRODUCT SELECTED IN Q6, EXCEPT MOUTHWASH USE Q6B. DISPLAY QUESTION IF PRODUCT SELECTED IN Q6 AND Q6B]

7a. [BioMwQ_Brush2_v1r0] In the last **month**, how often did you use a toothbrush?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7b. [BioMwQ_Floss2_v1r0] In the last **month**, how often did you use floss?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7c. [BioMwQ_WtrPick2_v1r0] In the last **month**, how often did you use a water-based flosser or pick/jet?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7d. [BioMwQ_Tongue2_v1r0] In the last **month**, how often did you use a tongue cleaner or scraper?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7e. [BioMwQ_White2_v1r0] In the last **month**, how often did you use teeth-whiteners (such as whitening strips)?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7f. [BioMwQ_MwAlc_v1r0] In the last **month**, how often did you use alcohol-based mouthwash (such as Scope® or LISTERINE®)?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7g. [BioMwQ_MwAlcFree_v1r0] In the last **month**, how often did you use alcohol-free mouthwash (such as LISTERINE® Zero)?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7h. [BioMwQ_MwChlor_v1r0] In the last **month**, how often did you use chlorhexidine mouthwash (such as Peridex™, PerioGard®, or Paroex®)?

- 0 Never

- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7i. [BioMwQ_MwFlouride_v1r0] In the last **month**, how often did you use fluoride mouthwash (such as ACT®)?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7j. [BioMwQ_MwPerox_v1r0] In the last **month**, how often did you use peroxide mouthwash (such as Colgate® Peroxyl® Mouth Sore Rinse)?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7k. [BioMwQ_MwCetyl_v1r0] In the last **month**, how often did you use cetylpyridinium chloride mouthwash (such as Crest® Pro-Health)?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7l. [BioMwQ_MwSensitive_v1r0] In the last **month**, how often did you use mouthwash for sensitive teeth (such as Sensodyne®)?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week
- 4 Once a day
- 5 Two times a day or more

7m. [BioMwQ_MwDry_v1r0] In the last **month**, how often did you use mouthwash for dry mouth (such as Biotène®)?

- 0 Never
- 1 Less than once a week
- 2 Once or twice a week
- 3 Three to five times a week

- 4 Once a day
- 5 Two times a day or more

8. [BioMwQ_PermTthLost_v1r0] Have you lost any of your permanent adult teeth, not including your wisdom teeth?

- 1 Yes, from accident or injury → **GO TO Q9**
- 2 Yes, from tooth decay or disease → **GO TO Q10**
- 0 No → **GO TO Q11**

9. [BioMwQ_TeethLost_v1r0] How many teeth have you lost from accident or injury? Do not include wisdom teeth.

- 0 1
- 1 2-4
- 2 5-9
- 3 10 or more
- 4 More than one, but not sure how many
- 77 Don't know

GO TO Q11, unless Q8=2

10. [BioMwQ_TeethLost_v1r0] How many teeth have you lost from tooth decay or disease? Do not include wisdom teeth.

- 0 1
- 1 2-4
- 2 5-9
- 3 10 or more
- 4 More than one, but not sure how many
- 77 Don't know

[DISPLAY Q11 IF Q8 ≠ NO]

11. [BioMwQ_Dentures_v1r0] Do you currently use any type of dentures or dental appliance? Please select all you have.

- 1 Dental Bridge
- 2 Partial denture
- 3 Full denture
- 4 Dental Implants
- 5 Other
- 0 No
- 77 Don't know

12. [BioMwQ_DentalClean_v1r0] When did you last have a professional dental cleaning by a dentist or hygienist?

- 0 In the past month
- 1 More than a month ago, but in the past six months
- 2 More than six months ago, but in the past year

- 3 Between one year and two years ago
- 4 More than two years ago
- 77 Don't know

13. [BioMwQ_Cavity_v1r0] Have you ever had a cavity in any of your permanent adult teeth? Please include root caries, which are cavities on the root of the tooth.

- 1 Yes
- 0 No
- 77 Don't know

14. [BioMwQ_GumDisease_v1r0] Has a dentist ever told you that you have gum disease (periodontal disease)?

- 1 Yes
- 0 No
- 77 Don't know

15. [BioMwQ_GumTx_v1r0] Have you ever had treatment for gum disease, such as scaling or root planing, sometimes called "deep cleaning"?

- 1 Yes
- 0 No
- 77 Don't know

16. [BioMwQ_Antibio_v1r0] In the **past two months**, have you taken any antibiotic medicine? Common antibiotics include Azithromycin (such as Zithromax®/Z-Paks®), Penicillin (such as Pfizerpen® or Pen-Vee K®), and Amoxicillin (such as Amoxil®) and are generally used to treat infections.

- 1 Yes → **GO TO Q17**
- 0 No → **GO TO END**
- 77 Don't know → **GO TO END**

17. [BioMwQ_AntibioTime_v1r0] When did you last take antibiotic medicine?

- 0 Within the last 24 hours
- 1 More than 24 hours ago but within the last week
- 2 1-4 weeks ago
- 3 More than 4 weeks ago