

At-Home Mouthwash Sample Survey

[SrvMtW_MODULEINTRO_v1r0] 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.

[PROGRAMMING NOTES: THIS QUESTION IS REQUIRED]

[SrvMtW_MTWCONFIRM_v1r0] Please answer this survey only after you've collected your home mouthwash sample. If you haven't collected it yet, close the survey and return to it after you've collected your sample.

1 = Yes, I already completed my home mouthwash sample donation --> **GO TO**

SrvMtW_ORALHLTH_v1r0

0 = No, I will return to this survey after I have completed my home mouthwash sample donation --> **GO TO END MESSAGE**

Mouthwash Data Collection

1. [SrvMtW_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

2. [SrvMtW_MWBEFORE_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you brush your teeth?

1	Yes
0	No

3. [SrvMtW_RINSEBEFORE_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you rinse out your mouth?

1	Yes
0	No

4. [SrvMtW_GUMBEFORE_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you chew gum?

1	Yes
0	No

5. [SrvMtW_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

6. [SrvMtW_HYGEINE_v1r0] Next, we have a few questions about your oral health and routine that will help us better understand your mouthwash (saliva) sample.

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

0 [SrvMtW_BRUSH1_v1r0] Toothbrush
1 [SrvMtW_FLOSS1_v1r0] Floss
2 [SrvMtW_WTRPICK1_v1r0] Water-based flosser or pick/jet
3 [SrvMtW_TONGUE1_v1r0] Tongue Cleaner or Scraper
4 [SrvMtW_WHITE1_v1r0] Teeth-whiteners (strips, etc.)
5 [SrvMtW_MW1_v1r0] Mouthwash

[DISPLAY SrvMtW_BRUSH2_v1r0 IF (SrvMtW_HYGEINE_v1r0= 0)]

7. [SrvMtW_BRUSH2_v1r0] In the last **month**, how often did you use a toothbrush?

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

[DISPLAY SrvMtW_FLOSS2_v1r0 IF (SrvMtW_HYGEINE_v1r0= 1)]

8. [SrvMtW_FLOSS2_v1r0] In the last **month**, how often did you use floss?

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

[DISPLAY SrvMtW_WTRPICK2_v1r0 IF (SrvMtW_HYGEINE_v1r0= 2)]

9. [SrvMtW_WTRPICK2_v1r0] In the last **month**, how often did you use a water-based flosser or pick/jet?

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

[DISPLAY SrvMtW_TONGUE2_v1r0 IF (SrvMtW_HYGEINE_v1r0= 3)]

10. [SrvMtW_TONGUE2_v1r0] In the last **month**, how often did you use a tongue cleaner or scraper?

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

[DISPLAY SrvMtW_WHITE2_v1r0 IF (SrvMtW_HYGEINE_v1r0= 4)]

11. [SrvMtW_WHITE2_v1r0] In the last **month**, how often did you use teeth-whiteners (such as whitening strips)?

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

[DISPLAY SrvMtW_MWUSE_v1r0 IF (SrvMtW_HYGEINE_v1r0= 5)

ELSE, GO TO SrvMtW_PERMTTHLOST_v2r0]

12. [SrvMtW_MWUSE_v1r0] In the last **month**, which of these mouthwash products have you used?
Select all that apply.

- 0 [SrvMtW_MWALC1_v1r0] Alcohol-based mouthwash (such as Scope® or LISTERINE®)
- 1 [SrvMtW_MWALCFREE1_v1r0] Alcohol-free mouthwash (such as LISTERINE® Zero)
- 2 [SrvMtW_MWCHLOR1_v1r0] Chlorhexidine mouthwash (such as Peridex™, PerioGard®, or Paroex®)
- 3 [SrvMtW_MWFLUORIDE1_v1r0] Fluoride mouthwash (such as ACT®)

- 4 [SrvMtW_MWPEROX1_v1r0] Peroxide mouthwash (such as Colgate® Peroxyl® Mouth Sore Rinse)
- 5 [SrvMtW_MWCETYL1_v1r0] Cetylpyridinium chloride mouthwash (such as Crest® Pro-Health)
- 6 [SrvMtW_MWSENSITIVE1_v1r0] Mouthwash for sensitive teeth (such as Sensodyne®)
- 7 [SrvMtW_MWDRY1_v1r0] Mouthwash for dry mouth (such as biotène®)

[DISPLAY SrvMtW_MWALC_v1r0 IF (SrvMtW_MWUSE_v1r0= 0)]

13. [SrvMtW_MWALC_v1r0] In the last **month**, how often did you use alcohol-based mouthwash (such as Scope® or LISTERINE®)?

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

[DISPLAY SrvMtW_MWALCFREE_v1r0 IF (SrvMtW_MWUSE_v1r0= 1)]

14. [SrvMtW_MWALCFREE_v1r0] In the last **month**, how often did you use alcohol-free mouthwash (such as LISTERINE® Zero)?

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

[DISPLAY SrvMtW_MWCHLOR_v1r0 IF (SrvMtW_MWUSE_v1r0= 2)]

15. [SrvMtW_MWCHLOR_v1r0] In the last **month**, how often did you use chlorhexidine mouthwash (such as Peridex™, PerioGard®, or Paroex®)?

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

[DISPLAY SrvMtW_MWFLUORIDE_v1r0 IF (SrvMtW_MWUSE_v1r0= 3)]

16. [SrvMtW_MWFLUORIDE_v1r0] In the last **month**, how often did you use fluoride mouthwash (such as ACT®)?

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

[DISPLAY SrvMtW_MWPEROX_v1r0 IF (SrvMtW_MWUSE_v1r0= 4)]

17. [SrvMtW_MWPEROX_v1r0] In the last **month**, how often did you use peroxide mouthwash (such as Colgate® Peroxyl® Mouth Sore Rinse)?

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

[DISPLAY SrvMtW_MWCETYL_v1r0 IF (SrvMtW_MWUSE_v1r0= 5)]

18. [SrvMtW_MWCETYL_v1r0] In the last **month**, how often did you use cetylpyridinium chloride mouthwash (such as Crest® Pro-Health)?

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

[DISPLAY SrvMtW_MWSENSITIVE_v1r0 IF (SrvMtW_MWUSE_v1r0= 6)]

19. [SrvMtW_MWSENSITIVE_v1r0] In the last **month**, how often did you use mouthwash for sensitive teeth (such as Sensodyne®)?

- 44 Never
- 0 Less than once per week

- 1 Once or twice per week
- 2 Three to five times per week
- 3 Once per day
- 4 Two or more times per day

[DISPLAY SrvMtW_MWDRY_v1r0 IF (SrvMtW_MWUSE_v1r0= 7)]

20. [SrvMtW_MWDRY_v1r0] In the last **month**, how often did you use mouthwash for dry mouth (such as biotène®)?

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

21. [SrvMtW_PERMTTHLOST_v2r0] Have you lost any of your permanent adult teeth, not including tooth crowns or your wisdom teeth? Select all that apply.

- 1 [SrvMtW_PERMTTHLOST1_v1r0] Yes, from accident or injury → **GO TO SrvMtW_TEETHLOSTAI_v1r0**
- 2 [SrvMtW_PERMTTHLOST2_v1r0] Yes, from tooth decay or disease → **GO TO SrvMtW_TEETHLOSTD_v1r0**
- 3 [SrvMtW_PERMTTHLOST3_v1r0] Yes, for some other reason → **GO TO SrvMtW_TEETHLOSTOTH_v1r0**
- 0 [SrvMtW_NOPERMTTHLOST_v1r0] No → **GO TO SrvMtW_DENTURES_v1r0**

NO RESPONSE → GO TO SrvMtW_DENTURES_v1r0

**[DISPLAY SrvMtW_TEETHLOSTAI_v2r0 IF (SrvMtW_PERMTTHLOST_v2r0= 1),
ELSE GO TO SrvMtW_TEETHLOSTD_v2r0]**

22. [SrvMtW_TEETHLOSTAI_v2r0] How many teeth have you lost from accident or injury? Do not include tooth crowns or wisdom teeth.

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

[DISPLAY SrvMtW_TEETHLOSTD_v2r0 IF (SrvMtW_PERMTTHLOST_v2r0= 2),

ELSE GO TO SrvMtW_TEETHLOSTOTH_v2r0]

23. [SrvMtW_TEETHLOSTD_v2r0] How many teeth have you lost from tooth decay or disease? Do not include tooth crowns or wisdom teeth.

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

[DISPLAY SrvMtW_TEETHLOSTOTH_v2r0 **IF** (SrvMtW_PERMTTHLOST_v2r0= 3),
ELSE GO TO SrvMtW_DENTURES_v1r0]

24. [SrvMtW_TEETHLOSTOTH_v2r0] How many teeth have you lost for reasons other than tooth decay or disease, or accident or injury? Do not include tooth crowns or wisdom teeth.

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

25. [SrvMtW_DENTURES_v1r0] Do you currently use any type of dentures or dental appliance? Please select all you have.

- 1 Dental Bridge [SrvMtW_DENTBRIDGE_v1r0]
- 2 Partial denture [SrvMtW_PARTDENT_v1r0]
- 3 Full denture [SrvMtW_FULLDENT_v1r0]
- 4 Dental Implants [SrvMtW_DENTIMP_v1r0]
- 55 Other (such as permanent and removable retainers, Invisalign®, or braces) [SrvMtW_DENTOTHER_v2r0]
- 0 No, I have no dentures or dental appliances. [SrvMtW_DENTURES2_v1r0]
- 77 Don't know [SrvMtW_DENTURES2_v1r0]

26. [SrvMtW_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 6 months
- 2 More than 6 months ago, but in the past year
- 3 More than a year ago, but in the past 2 years

- 4 More than 2 years ago
- 77 Don't know

27. [SrvMtW_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

28. [SrvMtW_GUMDISEASE_v1r0] Has a dentist ever told you that you have gum disease
(periodontal disease)?

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

29. [SrvMtW_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

30. [SrvMtW_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 SrvMtW_ANTIBIOTIME_v1r0**
- 0 No → **GO TO END**
- 77 Don't know → **GO TO END**

NO RESPONSE → GO TO END

31. [SrvMtW_ANTIBIOTIME_v1r0] When did you last take antibiotic medicine?

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

[SUMBIT SCREEN] Closing remark on submit survey screen: "You have answered all of the questions in
this survey. To submit your answers, select the "Submit Survey" button."

DISPLAYIF: SrvMtW_MTWCONFIRM_v1r0 = 0

[END MESSAGE] Following a “no” response for SrvMtW_MTWCONFIRM_v1r0: “Thank you. When you have completed your home mouthwash sample donation, please return to complete this survey.” [EXIT AND CLEAR CACHE]