

At-Home Mouthwash Data Collection Form

[SrvBio_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.

Mouthwash Data Collection

1. [SrvMw_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. [SrvMw_MWBEFORE_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you brush your teeth?

1	Yes
0	No
3. [SrvMw_RINSEBEFORE_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you rinse out your mouth?

1	Yes
0	No
4. [SrvMw_GUMBEFORE_v1r0] In the **1 hour before** you donated your mouthwash (saliva) sample, did you chew gum?

1	Yes
0	No
5. [SrvMw_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. [SrvMw_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 | [SrvMw_BRUSH1_v1r0] Toothbrush |
| 1 | [SrvMw_FLOSS1_v1r0] Floss |
| 2 | [SrvMw_WTRPICK1_v1r0] Water-based flosser or pick/jet |
| 3 | [SrvMw_TONGUE1_v1r0] Tongue Cleaner or Scraper |
| 4 | [SrvMw_WHITE1_v1r0] Teeth-whiteners (strips, etc.) |

5 [SrvMw_MW1_v1r0] Mouthwash

[DISPLAY SrvMw_BRUSH2_v1r0 IF (SrvMw_HYGEINE_v1r0= 0)]

7. [SrvMw_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 SrvMw_FLOSS2_v1r0 IF (SrvMw_HYGEINE_v1r0= 1)]

8. [SrvMw_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 SrvMw_WTRPICK2_v1r0 IF (SrvMw_HYGEINE_v1r0= 2)]

9. [SrvMw_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 SrvMw_TONGUE2_v1r0 IF (SrvMw_HYGEINE_v1r0= 3)]

10. [SrvMw_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 SrvMw_WHITE2_v1r0 IF (SrvMw_HYGEINE_v1r0= 4)]

11. [SrvMw_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 SrvMw_MWUSE_v1r0 IF (SrvMw_HYGEINE_v1r0= 5)
ELSE, GO TO SrvMw_BRUSH2_v1r0]**

12. [SrvMw_MWUSE_v1r0] In the last **month**, which of these mouthwash products have you used?
Select all that apply.

- 0 [SrvMw_MWALC1_v1r0] Alcohol-based mouthwash (such as Scope® or LISTERINE®)
- 1 [SrvMw_MWALCFREE1_v1r0] Alcohol-free mouthwash (such as LISTERINE® Zero)
- 2 [SrvMw_MWCHLOR1_v1r0] Chlorhexidine mouthwash (such as Peridex™, PerioGard®, or Paroex®)
- 3 [SrvMw_MWFLUORIDE1_v1r0] Fluoride mouthwash (such as ACT®)
- 4 [SrvMw_MWPEROX1_v1r0] Peroxide mouthwash (such as Colgate® Peroxyl® Mouth Sore Rinse)
- 5 [SrvMw_MWCETYL1_v1r0] Cetylpyridinium chloride mouthwash (such as Crest® Pro-Health)
- 6 [SrvMw_MWSENSITIVE1_v1r0] Mouthwash for sensitive teeth (such as Sensodyne®)
- 7 [SrvMw_MWDRY1_v1r0] Mouthwash for dry mouth (such as biotène®)

[DISPLAY SrvMw_MWALC_v1r0 IF (SrvMw_MWUSE_v1r0= 0)]

13. [SrvMw_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 SrvMw_MWALCFREE_v1r0 IF (SrvMw_MWUSE_v1r0= 1)]

14. [SrvMw_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 SrvMw_MWCHLOR_v1r0 IF (SrvMw_MWUSE_v1r0= 2)]

15. [SrvMw_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 SrvMw_MWFLUORIDE_v1r0 IF (SrvMw_MWUSE_v1r0= 3)]

16. [SrvMw_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 SrvMw_MWPEROX_v1r0 IF (SrvMw_MWUSE_v1r0= 4)]

17. [SrvMw_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 SrvMw_MWCETYL_v1r0 IF (SrvMw_MWUSE_v1r0= 5)]

18. [SrvMw_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 SrvMw_MWSENSITIVE_v1r0 IF (SrvMw_MWUSE_v1r0= 6)]

19. [SrvMw_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 SrvMw_MWDRY_v1r0 IF (SrvMw_MWUSE_v1r0= 7)]

20. [SrvMw_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. [SrvMw_PERMTTHLOST_v1r0] Have you lost any of your permanent adult teeth, not including your wisdom teeth? Select all that apply.

- 1 [SrvMw_PERMTTHLOST1_v1r0] Yes, from accident or injury → **GO TO SrvMw_TEETHLOSTAI_v1r0**
- 2 [SrvMw_PERMTTHLOST2_v1r0] Yes, from tooth decay or disease → **GO TO SrvMw_TEETHLOSTD_v1r0**

0 [SrvMw_NOPERMTTHLOST_v1r0] No → **GO TO SrvMw_DENTURES_v1r0**

NO RESPONSE → GO TO SrvMw_DENTURES_v1r0

**[DISPLAY SrvMw_TEETHLOSTAI_v1r0 IF (SrvMw_PERMTTHLOST_v1r0= 1),
ELSE GO TO SrvMw_TEETHLOSTD_v1r0]**

22. [SrvMw_TEETHLOSTAI_v1r0] How many teeth have you lost from accident or injury? Do not include 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 SrvMw_TEETHLOSTD_v1r0 IF (SrvMw_PERMTTHLOST_v1r0= 2),
ELSE GO TO SrvMw_DENTURES_v1r0]**

23. [SrvMw_TEETHLOSTD_v1r0] How many teeth have you lost from tooth decay or disease? Do not include 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

24. [SrvMw_DENTURES_v1r0] Do you currently use any type of dentures or dental appliance? Please select all you have.

- 1 Dental Bridge [SrvMw_DENTBRIDGE_v1r0]
- 2 Partial denture [SrvMw_PARTDENT_v1r0]
- 3 Full denture [SrvMw_FULLDENT_v1r0]
- 4 Dental Implants [SrvMw_DENTIMP_v1r0]
- 55 Other [SrvMw_DENTOTHER_v1r0]
- 0 No
- 77 Don't know [SrvMw_DENTURES SDK_v1r0]

25. [SrvMw_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

26. [SrvMw_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

27. [SrvMw_GUMDISEASE_v1r0] Has a dentist ever told you that you have gum disease (periodontal disease)?

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

28. [SrvMw_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

29. [SrvMw_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 SrvMw_ANTIBIOTIME_v1r0**
- 0 No → **GO TO END**
- 77 Don't know → **GO TO END**

NO RESPONSE → GO TO END

30. [SrvMw_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

[Same thank you message as other modules (“Thank you for submitting your survey. If you are using a shared device, please remember to log out of the MyConnect app and any email accounts you have open.”)]