

Thank you very much for agreeing to participate in this survey.

This project aims to assess the awareness of dental students and postgraduate dental professionals on oral cancer. The research project intends to evaluate the ability of dental professionals to examine and diagnose premalignant lesions. It also intends to see if there is a difference in the results between the undergraduate and postgraduate dentists. Our objective is that the research findings will contribute to the development of a framework designed to fill in the gap where students and/or the dentists lack.

The information provided by you in this questionnaire will be used for research purposes. It will not be used in a manner which would allow identification of your individual responses.

Section A

Age:

Gender:

- Male
- Female

Nationality:

Level of education:

- 2nd year
- 3rd year
- 4th year
- 5th year
- Intern
- Postgraduate resident

Section B. Oral cancer Knowledge: (You can tick more than one box)

1- Have you ever heard of oral cancer?

- Yes
- No (If no, then thank you for participating and no need to proceed with filling the questionnaire).

2- Where do you think oral cancer is found in the oral cavity?

- Tongue
- Lips
- Palate
- Jaw bone
- Buccal mucosa
- Floor of the mouth
- Other sites:

3- Which of the following describes the clinical appearance of the early lesion of oral cancer?

- White lesion
- Red lesion
- Ulcer
- Mass
- Others:

4- What are the signs and symptoms of oral cancer?

- Mucosal bleeding
- Difficulty in swallowing
- Tooth mobility
- Lymph node enlargement
- Others:

5- What are the risk factors for oral cancer?

- Smoking
- Alcohol
- Positive family history
- HPV
- Severe anemia
- Sun exposure

Section C. Screening:

These questions are for clinical students, interns and postgraduate residents.

1. How often do you examine your patients for signs of oral cancer?	<input type="checkbox"/> Every time my patient comes	<input type="checkbox"/> Only to new patients in their first visit	<input type="checkbox"/> Only when I suspect something	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
2. How confident are you in performing oral cancer screening visually? (1-5) 5 being the most confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. How confident are you in performing oral cancer screening by manual palpation? (1-5) 5 being the most confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Would you like reliable screening device for oral cancer?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you think you need additional training in oral cancer screening?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section D. HPV knowledge:

1. Have you ever heard of HPV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. HPV causes AIDS	<input type="checkbox"/> True	<input type="checkbox"/> False
3. HPV can cause a sexually transmitted infection	<input type="checkbox"/> True	<input type="checkbox"/> False
4. Antibiotics can cure HPV infection	<input type="checkbox"/> True	<input type="checkbox"/> False
5. Most HPV infections resolve within a short time	<input type="checkbox"/> True	<input type="checkbox"/> False
6. Certain strains of HPV causes cervical cancer	<input type="checkbox"/> True	<input type="checkbox"/> False
7. HPV causes herpes and cold sores	<input type="checkbox"/> True	<input type="checkbox"/> False
8. A person can have HPV without knowing it	<input type="checkbox"/> True	<input type="checkbox"/> False
9. HPV can cause oral cancer	<input type="checkbox"/> True	<input type="checkbox"/> False
10. We have a vaccine for HPV	<input type="checkbox"/> True	<input type="checkbox"/> False
11. Do you think it is important to enhance knowledge about HPV related oral cancer to public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. What do you think is the best way to inform the patient about HPV?	<input type="checkbox"/> Tell them about the risk for oral cancer	<input type="checkbox"/> Tell them HPV is an infectious disease

Section E. Discussing personal topics:

Please answer these questions with 5 being very comfortable and 1 being the least comfortable

1. How comfortable are you when asking your patients questions regarding their Lifestyle?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. How comfortable are you when asking your patient about sexually transmitted infections?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. How comfortable are you when asking your patient about sexual abuse?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Thank You