

## **Appendix: questionnaire**

### **Part I: Patient general information**

1- Age: \_\_\_\_\_ 2- Gender: M / F 3- Level of education: \_\_\_\_\_

4- Reason for taking the antiresorptive or angiogenic medication:

- a- Osteoporosis
- b- Osteopenia
- c- Osteogenesis imperfecta
- d- Paget's disease of bone
- e- Multiple myeloma
- f- Bone malignancy/ metastasis
- g- Other (*please specify*) \_\_\_\_\_

5- Route of medication administration? Oral / intravenous

6- How long have you been taking this medication for? \_\_\_\_\_

### **Part II: MRONJ risk-related questions:**

7- Are you aware of the risk of developing MRONJ while taking your medication? Yes / No

8- How did you learn about this risk?

- a- By your prescribing physician
- b- Self-education
- c- By your dentist
- d- Other source (*please specify*): \_\_\_\_\_
- e- N/A

9- Do you know that if you receive any dental surgery (including extraction) you are at risk of developing osteonecrosis (death of the jawbone)? Yes / No

10- Have you been educated by your physician about the potential side effects of bisphosphonates before being given the medication? Yes / No

11- Have you been referred to a dentist for consultation about your oral health status before starting your medication? Yes / No

12- Have you ever developed osteonecrosis of the jaw? Yes / No