

**INFORMATIVA SUL TRATTAMENTO DEI DATI PERSONALI**  
**PER FINALITÀ DI RICERCA SCIENTIFICA**  
**(ART. 13 REG. UE 2016/679)**

**Titolo del Progetto di ricerca: Barrier-free dentistry: the approach and treatment of patients with disabilities**

---

Gentile partecipante,  
desideriamo informarla che la normativa vigente in materia di protezione dei dati, con particolare riguardo all'ambito della ricerca (Regolamento UE 2016/679 sulla protezione dei dati personali - GDPR, il D. lgs. n. 196/2003 "Codice in materia di protezione dei dati personali" come modificato dal D. lgs. 101/2018, le "Regole deontologiche per i trattamenti a fini statistici o di ricerca scientifica" - Provvedimento del Garante per la protezione dei dati personali n. 515 del 19 dicembre 2018 nonché le varie Prescrizioni del Garante in materia) sancisce il diritto di ogni persona alla protezione dei dati di carattere personale che la riguardano.

In conformità alla normativa citata il trattamento dei Suoi dati personali nell'ambito del progetto di ricerca sarà improntato al rispetto dei principi di cui all'art. 5 del GDPR e, in particolare, liceità, correttezza, trasparenza, pertinenza, non eccedenza ed in modo da garantire un'adeguata sicurezza dei dati stessi.

In qualità di Interessato, Le forniamo le seguenti informazioni relative al trattamento dei Suoi dati personali.

**TITOLARE DEL TRATTAMENTO E RESPONSABILE DELLA PROTEZIONE DEI DATI**

Il Titolare del trattamento è l'Università "G. d'Annunzio", Via Vestini 31, 66100 Chieti, email: [ateneo@pec.unich.it](mailto:ateneo@pec.unich.it).

Il Responsabile della protezione dei dati (RDP) di Ateneo è il Prof. Gianluca Bellomo e può essere contattato al seguente indirizzo email: [dpo@unich.it](mailto:dpo@unich.it).

**FINALITÀ DEL TRATTAMENTO**

Il trattamento dei Suoi dati personali è effettuato per la realizzazione delle finalità scientifiche del Progetto "Barrier-free dentistry: the approach and treatment of patients with disabilities"

Il Progetto è stato redatto conformemente agli standard metodologici del settore disciplinare interessato ed è depositato presso il Dipartimento di Scienze Mediche, Orali e Biotecnologiche dell'Università G. d'Annunzio Chieti-Pescara ove verrà conservato per due anni dalla conclusione programmata della ricerca stessa.

**CATEGORIE DI DATI PERSONALI**

Nella realizzazione del Progetto verranno trattati i seguenti dati personali: età, genere, provincia di lavoro e titolo di studio del partecipante.

**BASE GIURIDICA DEL TRATTAMENTO**

Il trattamento dei Suoi dati personali viene effettuato dal Titolare nell'ambito di esecuzione dei propri compiti di interesse pubblico (per finalità di ricerca scientifica) ai sensi dell'art. 6, par. 1, lett. e) del GDPR.

#### **MODALITÀ DEL TRATTAMENTO**

I Suoi dati personali saranno trattati esclusivamente da soggetti autorizzati nell'ambito della realizzazione del Progetto.

Il trattamento dei Suoi dati personali è effettuato, per mezzo delle operazioni o complesso di operazioni indicate dalla sopra richiamata definizione normativa di "trattamento", con l'ausilio di strumenti elettronici.

#### **PERIODO DI CONSERVAZIONE DEI DATI**

I Suoi dati personali saranno conservati presso il Settore Progetti Nazionali e Europei, in uno specifico fascicolo di progetto, sia cartaceo che informatico, per un massimo di due anni; entro i due anni successivi alla presentazione del progetto saranno trasferiti, unitamente al relativo fascicolo di progetto, all'archivio di deposito dell'Ateneo

#### **NATURA DEL CONFERIMENTO DEI DATI**

Il conferimento dei Suoi dati per le suddette finalità di ricerca è indispensabile per lo svolgimento del Progetto ed il mancato conferimento determina l'impossibilità di parteciparvi.

#### **DIVULGAZIONE DEI RISULTATI DELLA RICERCA**

La divulgazione dei risultati statistici e/o scientifici (ad esempio mediante pubblicazione di articoli scientifici e/o la creazione di banche dati, anche con modalità ad accesso aperto, partecipazione a convegni, ecc.) potrà avvenire soltanto in forma anonima e/o aggregata e comunque secondo modalità che non La rendano identificabile.

#### **DIRITTI DELL'INTERESSATO**

In qualità di Interessato ha diritto di chiedere in ogni momento al Titolare l'esercizio di diritti di cui agli artt. 15 e ss. del GDPR e, in particolare, l'accesso ai propri dati personali, la rettifica, l'integrazione, nonché se ricorrono i presupposti normativi, la cancellazione degli stessi, la limitazione del trattamento dei dati e il diritto di opporsi al loro trattamento. Per l'esercizio dei diritti e per informazioni relative al Progetto può rivolgersi al Responsabile scientifico del Progetto al seguente recapito: [b.sinjari@unich.it](mailto:b.sinjari@unich.it). Resta salvo il diritto di proporre reclamo all'Autorità Garante per la protezione dei dati personali ai sensi dell'art. 77 del GDPR.

---

## Questionnaire for the dentist

Instructions: Sign with an "X" to answer the following questions:

I consent, as a doctor or dentist, to the processing of data and to the collection of information anonymously and for scientific purposes (based on art. 13 of Legislative Decree 196/2003 and art. 13 GDPR 679/16.)

1. Age: \_\_\_\_\_ Sex: M F

2. Please indicate the province / provinces in which you operate (even more than one answer):

Chieti \_\_\_\_\_

Pescara \_\_\_\_\_

Teramo \_\_\_\_\_

L'Aquila \_\_\_\_\_

3. You have a degree in:

Medicine and Surgery \_\_\_\_\_

Dentistry \_\_\_\_

4. Do you have a post graduate education?

Yes \_\_\_\_

No \_\_\_\_

5. If yes, Which one of this?

Oral surgery \_\_\_\_

Orthodontics \_\_\_\_

Paediatric dentistry \_\_\_\_

Clinical-general dentistry \_\_\_\_

Maxillofacial surgery \_\_\_\_

Other (\_\_\_\_\_)

6. Are you aware of the legislation for the treatment of people with disabilities?

Yes \_\_\_\_

No \_\_\_\_

7. Where do you work?

Private practice \_\_\_\_

University Dental Clinic \_\_\_\_

Hospital \_\_\_\_

Other ( \_\_\_\_\_ )

8. Do you know a branch of dentistry called Special Dentistry?

Yes \_\_\_\_

No \_\_\_\_

9. Do you treat / have you ever treated people with disabilities?

Yes \_\_\_\_

No \_\_\_\_

The questions in the next three sections are only for those who answered "Yes" to question 9.

If you answered "no", you can continue to answer from question 56

10. Which people with disabilities do you treat? (Answer each category with Yes or No):

People with physical disabilities \_\_\_\_

People collaborating with cognitive disabilities \_\_\_\_

People non-collaborating with cognitive disabilities \_\_\_\_

**Questions related to the treatment of people with physical disabilities:**

11. How many people with physical disabilities do you treat in one year?

Less than 10 \_\_\_\_

Between 10 to 20 \_\_\_\_

Between 21 to 30 \_\_\_\_

More than 30 \_\_\_\_

12. How many percentages of people with physical disabilities do you treat out of the total number of people?

Less than 20% \_\_\_\_

Between 20% and 50% \_\_\_\_

More than 50% \_\_\_\_

13. Have you participated in specific training for the examination and treatment of people with physical disabilities?

Yes \_\_\_\_

No \_\_\_\_

14. Do you carry out home visits for the visit and care of people with physical disabilities?

Yes \_\_\_\_\_

No \_\_\_\_\_

15. Do the patients you visit with physical disabilities have proper oral hygiene?

Yes \_\_\_\_

No \_\_\_\_

16. (If you answered "no" to the previous question) Why? (even more than one answer)

Lack of dedicated tools \_\_\_\_\_

Lack of coordination in movements \_\_\_\_\_

Lack of oral health care \_\_\_\_\_

Lack of time to carry out the treatments \_\_\_\_\_

Lack of information or knowledge of the topic \_\_\_\_\_

Other ( \_\_\_\_\_ )

17. Do you provide correct oral hygiene instructions for patients with physical disabilities that you treat?

Yes \_\_\_\_

No \_\_\_\_

18. (If you answered "yes" to the previous question) Who do you provide the correct oral hygiene instructions to (even more than one answer)?

To the person with disabilities \_\_\_

To the parents of the person with disabilities \_\_\_

To the spouse of the person with disabilities \_\_\_

To the child of the person with disabilities \_\_\_

To the Caregiver of the person with disabilities\_\_\_

Other (\_\_\_\_\_)

19. Do you have difficulty interacting and / or treating people with physical disabilities?

Yes\_\_\_

No\_\_\_

20. (If you answered "yes" to the previous question) What are the main difficulties you have? (even more than one answer)

Presence of architectural barriers in the structure \_\_\_\_\_

Difficulty in moving people with disabilities \_\_\_\_\_

Difficulty interacting with people with disabilities \_\_\_\_\_

Lack of suitable equipment \_\_\_\_\_

Need to use coercive methods \_\_\_\_\_

Lack of time to carry out the treatments\_\_\_\_\_

Other (\_\_\_\_\_)

21. Do you need special support (compared to conventional treatment) in treating people with physical disabilities? (Please reply with "often", "Sometimes" or "Never")

Protection or maintenance support \_\_\_\_\_

Sedation \_\_\_\_\_

General anesthesia \_\_\_\_\_ -

Wheelchair intervention \_\_\_\_\_

Special chair, backrest, headrest \_\_\_\_\_

Other ( \_\_\_\_\_ )

22. What kind of dental treatment do you perform?

Medical examination \_\_\_\_

Intraoral radiographs \_\_\_\_

Dental fluor prophylaxis \_\_\_\_

Tartar removal \_\_\_\_

Oral hygiene instructions \_\_\_\_

Fixed prosthesis \_\_\_\_

Restorative dentistry \_\_\_\_

Dental extractions \_\_\_\_

Dental groove sealing \_\_\_\_

Fixed and mobile orthodontic appliances \_\_\_\_

Partial or total removable prosthesis \_\_\_\_

Dental bleaching \_\_\_\_

Endodontics \_\_\_\_

Dental implants \_\_\_\_

Oral surgery \_\_\_\_

I don't know how to answer \_\_\_\_\_

Other ( \_\_\_\_\_ )

23. Once the treatment plan is finished, does the patient with a disability enter a follow-up program?

Always \_\_\_\_

Often \_\_\_\_

Sometimes\_\_\_

Never \_\_\_

I don't know \_\_\_

24. Have you ever had difficulty finishing dental care for people with physical disabilities?

Yes \_\_\_

No \_\_\_

25. (If you answered "yes" to the previous question) why?

---

**Questions related to the treatment of people collaborating with cognitive disabilities:**

26. How many people collaborating with cognitive disabilities do you treat in one year?

Less than 10\_\_\_

Between 10 to 20\_\_\_

Between 21 to 30\_\_\_

More than 30\_\_\_

27. How many percentages of people collaborating with cognitive disabilities do you treat out of the total number of people?

Less than 20% \_\_\_\_

Between 20% and 50% \_\_\_\_

More than 50% \_\_\_\_

28. Have you participated in specific training for the examination and treatment of people collaborating with cognitive disabilities?

Yes \_\_\_\_

No \_\_\_\_

29. Do you carry out home visits for the visit and care of people collaborating with cognitive disabilities?

Yes \_\_\_\_

No \_\_\_\_

30. Do the patients collaborating with cognitive disabilities you visit have proper oral hygiene?

Yes \_\_\_\_

No \_\_\_\_

31. (If you answered "No" to the previous question) Why? (even more than one answer)

Lack of dedicated tools \_\_\_\_

Lack of coordination in movements \_\_\_\_

Lack of oral health care \_\_\_\_

Lack of time to carry out the treatments \_\_\_\_

Lack of information or knowledge of the topic

Other(\_\_\_\_\_)

32. Do you provide correct oral hygiene instructions for people collaborating with cognitive disabilities?

Yes \_\_\_\_

No \_\_\_\_

33. (If you answered “yes” to the previous question) Who do you provide the correct oral hygiene instructions to (even more than one answer)?

To the person with disabilities \_\_\_\_

To the parents of the person with disabilities \_\_\_\_

To the spouse of the person with disabilities \_\_\_\_

To the child of the person with disabilities \_\_\_\_

To the Caregiver of the person with disabilities \_\_\_\_

Other (\_\_\_\_\_)

34. Do you have difficulty interacting and / or treating people collaborating with cognitive disabilities?

Yes \_\_\_\_

No \_\_\_\_

35. (If you answered “yes” to the previous question) What are the main difficulties you have? (even more than one answer)

Presence of architectural barriers in the structure \_\_\_\_\_

Difficulty in moving people with disabilities \_\_\_\_\_

Difficulty interacting with people with disabilities \_\_\_\_\_

Lack of suitable equipment \_\_\_\_\_

Need to use coercive methods \_\_\_\_\_

Lack of time to carry out the treatments \_\_\_\_\_

Other ( \_\_\_\_\_ )

36. Do you need special support (compared to conventional treatment) in treating people collaborating with cognitive disabilities? (Please reply with "often" , "Sometimes" or "Never")

Protection or maintenance support \_\_\_\_\_

Sedation \_\_\_\_\_

General anesthesia \_\_\_\_\_ -

Wheelchair intervention \_\_\_\_\_

Special chair, backrest, headrest \_\_\_\_\_

Other ( \_\_\_\_\_ )

37. What kind of dental treatment do you perform?

Medical examination \_\_\_\_

Intraoral radiographs \_\_\_\_

Dental fluor prophylaxis \_\_\_\_

Tartar removal \_\_\_\_

Oral hygiene instructions \_\_\_\_

Fixed prosthesis \_\_\_\_

Restorative dentistry \_\_\_\_

Dental extractions \_\_\_\_

Dental groove sealing \_\_\_\_

Fixed and mobile orthodontic appliances \_\_\_\_

Partial or total removable prosthesis \_\_\_\_

Dental bleaching \_\_\_\_

Endodontics \_\_\_\_

Dental implants \_\_\_\_

Oral surgery \_\_\_\_

I don't know how to answer \_\_\_\_

Other ( \_\_\_\_\_ )

38. Once the treatment plan is finished, does the patient collaborating with cognitive disability enter a follow-up program?

Always \_\_\_\_

Often \_\_\_\_

Sometimes \_\_\_\_

Never \_\_\_\_

I don't know \_\_\_\_

39. Have you ever had difficulty finishing dental care for people collaborating with cognitive disabilities?

Yes \_\_\_\_

No \_\_\_\_

40. (If you answered "yes" to the previous question) why?

---

**Questions related to the treatment of people non-collaborating with cognitive disabilities:**

41. How many people non-collaborating with cognitive disabilities do you treat in one year?

Less than 10 \_\_\_

Between 10 to 20 \_\_\_

Between 21 to 30 \_\_\_

More than 30 \_\_\_

42. How many percentages of people non-collaborating with cognitive disabilities do you treat out of the total number of people?

Less than 20% \_\_\_

Between 20% and 50% \_\_\_

More than 50% \_\_\_

43. Have you participated in specific training for the examination and treatment of people non-collaborating with cognitive disabilities?

Yes \_\_\_

No \_\_\_

44. Do you carry out home visits for the visit and care of people non-collaborating with cognitive disabilities?

Yes \_\_\_\_\_

No \_\_\_\_\_

45. Do the patients non-collaborating with cognitive disabilities you visit have proper oral hygiene?

Yes \_\_\_\_\_

No \_\_\_\_\_

46. (If you answered "No" to the previous question) Why? (even more than one answer)

Lack of dedicated tools \_\_\_\_\_

Lack of coordination in movements \_\_\_\_\_

Lack of oral health care \_\_\_\_\_

Lack of time to carry out the treatments \_\_\_\_\_

Lack of information or knowledge of the topic

Other(\_\_\_\_\_)

47. Do you provide correct oral hygiene instructions for people non-collaborating with cognitive disabilities?

Yes \_\_\_\_\_

No \_\_\_\_\_

48. (If you answered "yes" to the previous question) Who do you provide the correct oral hygiene instructions to (even more than one answer)?

To the person with disabilities \_\_\_\_

To the parents of the person with disabilities \_\_\_\_

To the spouse of the person with disabilities \_\_\_\_

To the child of the person with disabilities \_\_\_\_

To the Caregiver of the person with disabilities \_\_\_\_

Other ( \_\_\_\_\_ )

49. Do you have difficulty interacting and / or treating people non-collaborating with cognitive disabilities?

Yes \_\_\_\_

No \_\_\_\_

50. (If you answered "yes" to the previous question) What are the main difficulties you have? (even more than one answer)

Presence of architectural barriers in the structure \_\_\_\_\_

Difficulty in moving people with disabilities \_\_\_\_\_

Difficulty interacting with people with disabilities \_\_\_\_\_

Lack of suitable equipment \_\_\_\_\_

Need to use coercive methods \_\_\_\_\_

Lack of time to carry out the treatments \_\_\_\_\_

Other ( \_\_\_\_\_ )

51. Do you need special support (compared to conventional treatment) in treating people non-collaborating with cognitive disabilities? (Please reply with "often" , "Sometimes" or "Never")

Protection or maintenance support \_\_\_\_\_

Sedation \_\_\_\_\_

General anesthesia \_\_\_\_\_

Wheelchair intervention \_\_\_\_\_

Special chair, backrest, headrest \_\_\_\_\_

Other ( \_\_\_\_\_ )

52. What kind of dental treatment do you perform?

Medical examination \_\_\_\_\_

Intraoral radiographs \_\_\_\_\_

Dental fluor prophylaxis \_\_\_\_\_

Tartar removal \_\_\_\_\_

Oral hygiene instructions \_\_\_\_\_

Fixed prosthesis \_\_\_\_\_

Restorative dentistry \_\_\_\_\_

Dental extractions \_\_\_\_\_

Dental groove sealing \_\_\_\_\_

Fixed and mobile orthodontic appliances \_\_\_\_\_

Partial or total removable prosthesis \_\_\_\_\_

Dental bleaching \_\_\_\_\_

Endodontics \_\_\_\_\_

Dental implants \_\_\_\_\_

Oral surgery \_\_\_\_\_

I don't know how to answer \_\_\_\_\_

Other ( \_\_\_\_\_ )

53. Once the treatment plan is finished, does the patient non-collaborating with cognitive disability enter a follow-up program?

Always \_\_\_

Often \_\_\_

Sometimes \_\_\_

Never \_\_\_

I don't know \_\_\_

54. Have you ever had difficulty finishing dental care for people non-collaborating with cognitive disabilities?

Yes \_\_\_

No \_\_\_

55. (If you answered "yes" to the previous question) why?

---

**Questions related to improving the treatment of patients with disabilities**

56. Do you think the presence of a professional trained in special dentistry is necessary in the office?

Yes \_\_\_

No \_\_\_

57. What suggestions would you give to improve the approach to patients with disabilities?

---

58. Do you think that a specific preparation (besides the university one) is necessary to carry out the best dental treatment in patients with disabilities?

Yes \_\_\_\_

No \_\_\_\_

I do not know \_\_\_\_

59. Do you think dental disease is neglected by patients and caregivers of people with disabilities?

Yes \_\_\_\_

No \_\_\_\_

60. (If you answered "yes" to the previous question? Why? (Even more than one answer)

Economic reasons \_\_\_\_

Cultural reasons \_\_\_\_

Lack of suitable facilities \_\_\_\_

Underestimation of dental pathology with respect to general problems \_\_\_\_

Other ( \_\_\_\_\_ )

61. Are you aware of the possibility of performing oral diagnostic screening for patients with disabilities?

Yes \_\_\_\_

No \_\_\_\_

62. Do you think that the Essential Levels of Assistance (LEA) are sufficient for the prevention, diagnosis and treatment of dental diseases in people with disabilities?

Yes \_\_\_\_

No \_\_\_\_

I don't know \_\_\_\_

63. Do you think that people with disabilities can be treated in private dental practices or in dedicated facilities?

Yes \_\_\_\_

No \_\_\_\_

I do not know \_\_\_\_

64. Are you interested in increasing training for the treatment of people with disabilities?

Yes \_\_\_\_

No \_\_\_\_

## Questionnaire for the caregiver / family member

Instructions: Sign with an "X" to answer the following questions:

I consent to the processing of data and the collection of information anonymously and for scientific dissemination purposes based on art. 13 of Legislative Decree 196/2003 and art. 13 GDPR 679/16.

1. Age: \_\_\_\_\_ Sex: M \_\_\_ F\_\_\_

2. Please indicate the city of residence: \_\_\_\_\_

3. Type of relationship with the person with disability:

Parent \_\_\_

Son \_\_\_

Spouse \_\_\_

Caregiver \_\_\_

Other: \_\_\_\_\_

4. Type of disability:

physical disability \_\_\_\_

cognitive collaborating disability \_\_\_\_

cognitive non-collaborating disability \_\_\_\_

5. Age of the person with disabilities: \_\_\_\_

6. Has the person with disabilities ever had dental problems ?

Often \_\_\_\_

Sometimes \_\_\_\_

Never \_\_\_\_

7. Does the person with disabilities have difficulty communicating problems with the dentist?

YES \_\_\_\_

NO \_\_\_\_

8. Can the person with disabilities communicate dental problems or pains to you?

Yes \_\_\_\_

No \_\_\_\_

9. If you answered "no", Do you independently identify the changes in behavior and / or mood of the person with disability due to dental problems, in order to be able to carry out treatments immediately?

Always \_\_\_\_

Sometimes \_\_\_\_

Never \_\_\_\_

10. Does the person with disabilities go to the dentist independently?

Always \_\_\_\_

Sometimes \_\_\_\_

Never \_\_\_\_

11. At what age did the person with disabilities go to the dentist for the first time?

Childhood \_\_\_\_

Adolescence \_\_\_\_

Adult \_\_\_\_

I don't know \_\_\_\_

12. Has the person with disabilities found it difficult to find a dentist who can treat him properly?

No, It was easy \_\_\_\_

Yes, It was necessary to evaluate different professionals \_\_\_\_

Yes, It hasn't been found yet \_\_\_\_

13. When was the last dental visit?

Less than six months \_\_\_\_

Between six months and a year \_\_\_\_

More than a year \_\_\_\_

I don't remember \_\_\_\_

14. What kind of dental treatment do you received?

Medical examination \_\_\_\_

Intraoral radiographs \_\_\_\_

Dental fluor prophylaxis \_\_\_\_

Tartar removal \_\_\_\_

Oral hygiene instructions \_\_\_\_

Fixed prosthesis \_\_\_\_

Restorative dentistry \_\_\_\_

Dental extractions \_\_\_\_

Dental groove sealing \_\_\_\_

Fixed and mobile orthodontic appliances \_\_\_\_

Partial or total removable prosthesis \_\_\_\_

Dental bleaching \_\_\_\_

Endodontics \_\_\_\_

Dental implants \_\_\_\_

Oral surgery \_\_\_\_

I don't know how to answer \_\_\_\_

Other ( \_\_\_\_\_ )

15. How often does the person with disability go to the dentist?

Only for emergency \_\_\_\_

Every 6 months \_\_\_\_

At least once a year \_\_\_\_

Other \_\_\_\_\_

16. How far is the dentist from the place of residence?

Less than 10 km \_\_\_\_

Between 10 and 50 km \_\_\_\_

Over 50 km \_\_\_\_

17. The reference dental practice is:

A private dental practice \_\_\_\_

An Hospital \_\_\_\_

A university clinic \_\_\_\_

Other (\_\_\_\_)

18. Does the person with disabilities need special support compared to conventional treatment?

No \_\_\_\_

Protection or maintenance support \_\_\_\_

Sedation \_\_\_\_

General anesthesia \_\_\_\_

Wheelchair intervention \_\_\_\_

Special chair, backrest, headrest \_\_\_\_

Other ( \_\_\_\_\_ )

19. Has the person with disability ever left the dental session without finishing the treatment?

Often \_\_\_\_

Sometimes \_\_\_\_

Never \_\_\_\_

20. Have you ever asked for a home visit due to the inability to go to the dental office?

Yes \_\_\_\_

No \_\_\_\_

21. (If you answered "YES" to the previous question) Did you get such visits?

Yes \_\_\_\_

No \_\_\_\_

22. If the person with disability has difficulty accessing dental care, he can specify the reasons (Reply with a "Often", "Sometimes" or "Never")

- In the study there are no adequate spaces and equipment: \_\_\_\_\_
- The dentist does not have adequate training to treat person with disabilities: \_\_\_\_\_
- The dentist does not want to carry out the dental treatment: \_\_\_\_\_
- Economic reasons: \_\_\_\_\_
- Difficulty sitting in the dentist's chair: \_\_\_\_\_
- Difficulty in transport or to reach the structure: \_\_\_\_\_
- Fear of the dentist: \_\_\_\_\_
- Lack of time: \_\_\_\_\_
- Due to major health problems: \_\_\_\_\_

23. Is dental health important for the general health of the person with disabilities?

Very important \_\_\_\_\_

Quite important \_\_\_\_\_

Not very important \_\_\_\_\_

Not at all important \_\_\_\_\_

24. Do you think that the pathology or the drugs that person with disabilities take are responsible for the worsening of the dental situation?

Yes \_\_\_\_\_

No \_\_\_\_\_

I don't know \_\_\_\_\_

25. Has the dentist who takes care of the patient with disability included him in a follow-up program?

Yes    \_\_\_

No    \_\_\_

I do not know    \_\_\_

26. Do you think that the dentist is prepared to treat people with disabilities?

Yes    \_\_\_

No    \_\_\_

I don't know    \_\_\_

27. Is the person with disabilities able to independently take care of his oral hygiene?

Yes    \_\_\_

NO    \_\_\_

28. (If you answer "No" to the previous question) Who takes care of oral hygiene?

One of the family members \_\_\_\_

More family members / facility \_\_\_\_

I don't know how to answer \_\_\_\_

29. What are the main difficulties that people with disabilities have during oral hygiene?

Difficulty keeping the toothbrush in the correct position \_\_\_\_

Difficulty in making the correct movement of the toothbrush \_\_\_\_

Difficulty knowing if he has cleaned his teeth properly \_\_\_\_

Other ( \_\_\_\_\_ )

30. How often does the person with disability (or who is taking care) brush their teeth?

Once a day \_\_\_\_

Twice daily \_\_\_\_

Three times a day \_\_\_\_

Other \_\_\_\_\_

31. What does the patient with a disability (or caregiver) use for oral hygiene?

Manual toothbrush \_\_\_\_

Electric toothbrush \_\_\_\_

Dental floss \_\_\_\_

Mouthwash \_\_\_\_

Other \_\_\_\_\_

32. Does the person with disabilities have many cavities?

Yes \_\_\_\_

NO \_\_\_\_

I don't know \_\_\_\_

33. Does the person with disabilities have gingivitis problems?

Never \_\_\_\_

Sometimes \_\_\_\_

Often \_\_\_\_

I don't know \_\_\_\_

34. Has the person with disabilities had dental extractions?

No \_\_\_\_

Some teeth \_\_\_\_

Many teeth \_\_\_\_

I don't know \_\_\_\_

35. Do you think the person with disabilities has bruxism problems?

Yes \_\_\_\_

NO \_\_\_\_

I don't know \_\_\_\_

### **Questionnaire for the patient with disabilities**

Before asking you questions about the dentist, we ask you if we can read and use the answers you give us right now to do scientific research.

There is a legislative decree, which is a type of law made by the state, with a European regulation that in article 13 say that we can use your answers for our research.

This legislative decree is the decree number 196/2003 and is called the personal data protection code.

The European regulation is the number 679/16 and is called regulation regarding the protection of individuals with regard to the processing of personal data and the free movement of such data.

Your answers, however, are anonymous and this means that we don't tell anyone that you are the one who gives us these answers. We don't tell your name and surname to anyone. At the end of these questions you don't need to put your signature on the document.

The questions we ask you and which we ask you to answer concern the dentist. We ask you to answer by writing your data, for example how old you are and where you live, or to put an X sign in the square next to the answer that seems most right for you

**Instructions: Sign with an "X" to answer the following questions:**

consent, as a directly interested subject, to the processing of data and the collection of information anonymously for scientific purposes based on art. 13 of Legislative Decree 196/2003 and art. 13 GDPR 679/16.

1. **How old are you?** \_\_\_\_\_
2. **Are you a male or a female?** \_\_\_\_\_
3. **Where do you live?** \_\_\_\_\_
4. **Who do you live with?**  
With my family \_\_\_\_\_  
Alone \_\_\_\_\_  
In a facility with other people \_\_\_\_\_
5. **Have you ever gone to the dentist for dental problems?**  
Often \_\_\_\_\_  
Sometimes \_\_\_\_\_  
Never \_\_\_\_\_
6. **How old were you when you first went to the dentist?**  
When I was a child \_\_\_\_\_

when I was an adolescent

\_\_\_\_\_

when I was an adult

\_\_\_\_\_

I don't remember

\_\_\_\_\_

**7. Was it easy to find a dentist to treat your teeth?**

Yes, I found it easily

\_\_\_\_\_

No, I changed several dentists

\_\_\_\_\_

No, I haven't found a dentist yet

\_\_\_\_\_

**8. When was the last time you went to the dentist?**

Less than six months (not long ago)

\_\_\_\_\_

Between six months and a year (last year)

\_\_\_\_\_

More than a year ago (write the date)

\_\_\_\_\_

I do not remember

\_\_\_\_\_

**9. What did you do to the dentist?**

I made a Visit

\_\_\_\_\_

I made x-rays, which are photos of my teeth

\_\_\_\_\_

I brush my teeth

\_\_\_\_\_

I put a fixed prosthesis, i.e. a capsule or crown that covers the tooth

\_\_\_\_\_

I treated caries

\_\_\_\_\_

I removed some teeth

\_\_\_\_\_

I put braces to make my teeth straighter

\_\_\_\_\_

I put the denture

\_\_\_\_\_

I whitened my teeth, that is I made them turn whiter

\_\_\_\_\_

I did the root canal therapy , in fact they removed the nerve that is inside the tooth

I placed implants in the teeth, such as a screw in the tooth \_\_\_\_\_

I can not answer \_\_\_\_\_

**10. How often do you go to the dentist?**

Only if a tooth hurts \_\_\_\_\_

Every 6 months \_\_\_\_\_

Once a year \_\_\_\_\_

Other, i.e. none of the answers is fine \_\_\_\_\_

**11. Is the dentist near the place where you live?**

It is very close, about 10 kilometres from home \_\_\_\_\_

Not very far, between 10 and 50 kilometres from home \_\_\_\_\_

it's more than 50 kilometres away from home \_\_\_\_\_

**12. Where does your dentist work?**

In a private office, that is, in a place which is not in a hospital \_\_\_\_\_

in a hospital \_\_\_\_\_

in a university dental clinic, that is, in a hospital that it's also a university where only teeth are cared for, in fact university means that the doctors who work they are also professors who teach at university  
\_\_\_\_\_

Other, that is, if none of the answers are correct, \_\_\_\_\_

**13. Can you explain to the dentist what kind of dental problem you have, such as which tooth hurts you?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**14. Do you need special assistance when treating your teeth?**

- No \_\_\_\_\_
- I need help to lie down in the dentist's chair \_\_\_\_\_
- I need to be sedated to relax, in fact I need to be relaxed with some medicine \_\_\_\_\_
- I need general anesthesia, in fact I have to be asleep so that my teeth can heal \_\_\_\_\_
- I need to brush my teeth in the wheelchair because I can't move \_\_\_\_\_
- I need to brush my teeth on a special chair, for example with a backrest or headrest \_\_\_\_\_
- Other, that is, if none of the answers are correct, write what kind of assistance do you need \_\_\_\_\_

**15. Have you ever walked away from the dentist without having finished caring for your teeth? For example, were they treating you with tooth decay and you wanted to leave before they finished treating you?**

- Never \_\_\_\_\_
- Sometimes \_\_\_\_\_
- Often \_\_\_\_\_

**16. Have you ever asked the dentist to visit you at home or anywhere other than his or her dental office?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**17. If you answered yes to question 16, did the dentist visit you anywhere other than his or her dental office?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**18. Do you have difficulties on treating your teeth at the dentist? (answer by putting an x to say if you often have difficulty, sometimes you have difficulty or you never have difficulty)**

	Often	Sometimes	Never
Do you have difficulties because in the office there are no spaces or tools suitable for you?			
Are you having difficulties because the dentist was not able to cure you?			
Are you having difficulties because the dentist tells you that he cannot treat people with disabilities?			
Do you have difficulties because you have economic problems, or money problems?			
Do you have difficulties because you can't lie on the dentist's chair?			
do you have difficulties on going to the dentist's office?			

Do you have difficulties because you are afraid of the dentist?			
Do you have difficulties because you don't have time?			
Do you have difficulties because you have other health problems that need to be treated?			

**19. Do you think that the care of your teeth is important for your health?**

Very important \_\_\_\_\_

Quite important \_\_\_\_\_

Not very important \_\_\_\_\_

Not at all important \_\_\_\_\_

**20. Can you brush your teeth yourself?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**21. If you answered NO to question number 20, what difficulties do you have when brushing your teeth?**

I can't keep the toothbrush the right way \_\_\_\_\_

I move the toothbrush the wrong way \_\_\_\_\_

I don't understand if I brushed my teeth well \_\_\_\_\_

Other, that is, if none of the answers are correct, you write what difficulty you have

\_\_\_\_\_

**22. If you answered no to question number 20, who helps you brush your teeth?**

One of my family members \_\_\_\_\_

More people within my family / facility \_\_\_\_\_

I can not answer \_\_\_\_\_

**23. How many times a day do you brush your teeth?**

Once a day \_\_\_\_\_

Twice daily \_\_\_\_\_

Three times a day \_\_\_\_\_

Other, that is, if none of the answers are correct; You write how many times you brush your teeth in one day \_\_\_\_\_

**24. What do you use to brush your teeth?(you can put multiple crosses on this question)**

Manual toothbrush \_\_\_\_\_

Electric toothbrush \_\_\_\_\_

Dental floss \_\_\_\_\_

Mouthwash \_\_\_\_\_

Other, if none of the answers are correct: Write what you use to brush your teeth

\_\_\_\_\_

**25. Do you think you have a lot of tooth decay?**

Yes

\_\_\_\_\_

No

\_\_\_\_\_

I do not know

\_\_\_\_\_

**26. Do your gums bleed, ie do you see blood when you brush your teeth or do you feel a strange taste of blood in your mouth?**

Never

\_\_\_\_\_

Sometimes

\_\_\_\_\_

Often

\_\_\_\_\_

I do not know

\_\_\_\_\_

**27. Did you remove many teeth?**

No, none

\_\_\_\_\_

Yes, Someone

\_\_\_\_\_

Yes, many

\_\_\_\_\_

I do not know

\_\_\_\_\_

**28. Are you thinking of tighten your teeth when you sleep, or while moving your teeth here and there with your mouth closed?**

Yes

\_\_\_\_\_

No

\_\_\_\_\_

I do not know

\_\_\_\_\_

**Thanks for completing this questionnaire**