

Supplementary Information

Knowledge and attitudes towards periodontal health among Australians diagnosed with diabetes

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Appendix S1. Survey Questions

1. Which gender do you identify with: (Male/Female/Other)
2. What is your age? _____ (years)
3. What is your employment status?
 - Full time
 - Part time
 - Unemployed
 - Student
 - Retired
4. What is your race/ethnicity?
 - Caucasian
 - Middle Eastern
 - Asian
 - Indian
 - African
 - Hispanic
 - Aboriginal or Torres Strait Islander
 - Other _____
5. Were you born in Australia? Y/N
6. If not, how long have you lived in Australia? _____ (years)
7. In which area do you live?
 - Metro
 - Regional
 - Rural
8. What is the highest level of education you have completed?
 - Lower than secondary school
 - Secondary school
 - University or college degree
 - Post-graduate degree
9. Which type of diabetes do you have? Type 1/ Type 2

10. How long have you had diabetes? _____ (years)
11. Do any of your family members or relatives have diabetes? Y/N
12. Would you consider your diabetes well managed? Y/N
13. How do you manage your diabetes? (Select all that apply)
- Diet
 - Exercise
 - Insulin
 - Medication (please list) _____
 - Other _____
 - I do not do any of these
14. Do you check your blood glucose levels? Y/N
15. If so, how and how frequently?
- Check at home _____
 - Check when visit doctor _____
 - Other _____
16. What is your average blood glucose level?
17. Do you see any health practitioners? Y/N
18. If so, who do you see?
19. And how regularly? (Select all that apply)
- General practitioner (GP)
 - Nurse
 - Diabetes educator
 - Other _____
20. Do you have a diabetes management plan or a diabetes care plan? Y/N
21. What is your medical history? (eg. Hypertension, eye problems, kidney problems)
- Medical conditions _____
 - Medications _____
 - If you smoke, on average how many per day and since how long? _____

22. Do you currently suffer from any of the following? (Select all that apply)

- Mouth dryness
- Delayed healing in mouth
- Gums bleeding on brushing and/or flossing
- Pus / infection in gums
- Mouth ulcers
- Bad breath
- Burning mouth sensation
- Changes in taste
- Tooth decay
- Fungal mouth infections
- Swollen or tender gum
- Loose/shaky teeth
- Gum disease
- Ketoacidosis (Very high blood glucose levels)
- None of these

23. Do you currently have gum disease? Y/N

24. Or family history of it? Y/N

25. Are you aware of any complications of diabetes associated with your mouth? Y/N

26. Which, if any, of the following do you believe are associated with diabetes? (Select all that apply)

- Mouth dryness
- Delayed healing in mouth
- Gums bleeding on brushing and/or flossing
- Pus / infection in gums
- Mouth ulcers
- Bad breath
- Burning mouth sensation
- Changes in taste
- Tooth decay
- Fungal mouth infections
- Swollen or tender gum
- Loose/shaky teeth
- Gum disease
- Ketoacidosis (Very high blood glucose levels)
- None of these

27. Do you think people with diabetes have a greater risk of gum disease than people without diabetes?
Y/N

28. Do you think treatment of gum disease can improve your glycemic management? Y/N

29. Do you believe that your oral health would be better if you did not have diabetes? Y/N

30. Have you ever been told by a health professional to take extra care to: (Select all that apply)

Brush teeth

Floss teeth

See dentist regularly

Check gums

See dental hygienist regularly

None of the above

31. Do you attend the dentist?

On a regular basis

Only when you have a problem

32. Do you talk to your dentist about diabetes? Y/N

33. How frequently do you have a check-up? _____

34. Do you attend a gum specialist? Y/N

35. If so, how frequently? _____

36. What do you use to clean your teeth?

37. And how often? (Select all that apply and indicate frequency for those selected)

Brushing _____

Regular interdental flossing _____

Superfloss _____

Loop flossing around implant _____

Interdental brush e.g. Pikster _____

Mouthwash _____

Irrigation device (e.g. Waterpik or AirFlosser) _____

Other (specify) _____

38. Where do you get your information about diabetes from? (Select all that apply)

General practitioner (GP)

Nurse

Diabetes educator

Dentist

Dental hygienist

Pharmacist

Family / friends

Printed material

School

Television

Internet

Other _____

39. Would you like to know more about the effects of diabetes on gum disease? Y/N

40. If so, who would you like to hear this information from? (select all that apply)

General practitioner (GP)

Nurse

Diabetes educator

Dentist

Pharmacist

Other _____

41. Would you like to go into the draw to win an iPad?

42. If you would like to enter the draw to win an iPad, please enter your contact details below. This survey is anonymous and your contact details will only be used to notify you if you are the winner of the prize.