Oral Pathology Asynchronous Tele-mentoring Pilot Study
Patient Exit Survey

Thank you for your participation in this study. You are being asked to complete this brief patient exit survey because you have recently participated in an oral cancer prevention and screening intervention led by your dentist during your dental appointment. Please answer the questions based on your own experience and your own opinion. There are no right or wrong answers.

For each of the following statements, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

1. Dentists should discuss with me ways to prevent and screen for oral cancer.
   □ – Strongly disagree
   □ – Disagree
   □ – Neutral
   □ – Agree
   □ – Strongly agree

2. The use of an intra-oral camera by my dentist helped me to better understand oral cancer screening.
   □ – Strongly disagree
   □ – Disagree
   □ – Neutral
   □ – Agree
   □ – Strongly agree

3. The content of the educational material I received from my dentist was useful/helpful.
   □ – Strongly disagree
   □ – Disagree
   □ – Neutral
   □ – Agree
   □ – Strongly agree

4. My dentist was able to answer my questions about oral cancer and was able to provide me with resources during our conversation.
   □ – Strongly disagree
   □ – Disagree
   □ – Neutral
   □ – Agree
   □ – Strongly agree
5. After the conversation with my dentist about oral cancer prevention and screening, I would feel comfortable to reach out to my dentist/dental office if I had more questions about oral cancer.

□ – Strongly disagree
□ – Disagree
□ – Neutral
□ – Agree
□ – Strongly agree