COVID-19 SURVEY FOR DENTIST

We are inviting you to participate in a survey regarding COVID-19 related experience, knowledge, attitude and behavior of dentist practicing in Lahore. The study protocol has been approved with Ethical Committee number xxxx/00517/20

The submission of this questionnaire will be regarded as your consent to participate. This survey is anonymous and takes about 5 minutes to complete.

Regards

\* Required

# Age:

*Check all that apply.*

30-40 years

40-50 years

50-60 years

60-70 years Other:

# Gender \*

## Mark only one oval.

* 1. Male
  2. Female

# What is your Clinical practice setting? \*

*Check all that apply.*

Public Sector Private Institution Private Practice

Mixed (a combination of University/Hospital and/or private setting)

# Location of your workplace: \*

1. Highest academic degree \*

*Check all that apply.*

PhD FCPS MDS M.Sc MCPS BDS

Other:

# Profession \*

*Check all that apply.*

General Dentist Postgraduate Trainee Specialist/consultant

Other:

# Years of dental practice (including postgraduate education period) \*

## Mark only one oval.

* 1. ≤ 5 years
  2. 5 to 10 years
  3. 10 to 15 years
  4. > 20 years

# Who do you share your living space with? (Multiple choices are allowed) \*

*Check all that apply.*

* 1. Parents
  2. Children
  3. Spouse
  4. Friends
  5. Fellow students
  6. Colleagues

h) None (live alone) Other:

# What was the status of the dental services in your workplace during epidemic? \*

## Mark only one oval.

* 1. Complete suspension
  2. Partial suspension
  3. No suspension

# Did your workplace provide online consultation during epidemic? \*

## Mark only one oval.

* 1. No
  2. Provided, only to existing patients
  3. Provided, to both existing and potential new patients

# What is the current status of the dental services in your workplace (hospital/college)? \*

## Mark only one oval.

* 1. Not resumed yet
  2. Partially resumed
  3. Completely resumed
  4. No suspension

# What is the current status of the dental services at your personal practice? \*

## Mark only one oval.

* 1. Not resumed yet
  2. Resumed, less than 2 weeks ago
  3. Resumed, 2 to 4 weeks ago
  4. Resumed, more than 4 weeks ago
  5. No suspension
  6. Not applicable

# Which anti-epidemic activity did you participate in during this pandemic? \*

*Check all that apply.*

* 1. None
  2. Support fever clinic
  3. Support designated hospital for COVID-19
  4. Community volunteer

# How many patients per week have you medicated on phone during this pandemic? \*

## Mark only one oval.

<5

<10

<20

none

# Did you or your dental assistant acquire prior information on phone if a patient experienced symptoms of Covid-19 or had a history of travel to affected areas \*

## Mark only one oval.

Yes No Maybe

# The most common procedure conducted during the Covid-19 epidemic \*

*Check all that apply.*

Scaling and polishing Extractions

Root canal treatment Orthodontic activation Prosthetic work

No treatment, only medication

# The sources of your knowledge about COVID-19 include: (multiple choices are allowed) \*

*Check all that apply.*

* 1. Television
  2. Newspaper
  3. Internet
  4. Medical journals
  5. Hospital training program
  6. Other (please specify )

# Do you understand the relevant knowledge of COVID-19. \*

## Mark only one oval.

* 1. Completely agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Completely disagree

# Have you completed the training program about COVID-19? \*

## Mark only one oval.

* 1. Yes
  2. No

# You are confident that you understand the risks of COVID-19 epidemic for patients and health care workers. \*

## Mark only one oval.

* 1. Completely agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Completely disagree

# Have you had the experience of treating or caring for patients confirmed or suspected with COVID-19? \*

## Mark only one oval.

* 1. Yes
  2. No

# Are you willing to treat or care for patients confirmed or suspected with COVID- 19 if you have the opportunity? \*

## Mark only one oval.

* 1. Yes
  2. No

# If you choose “no” to the above question, what is the major reason? (multiple choices are allowed)

*Check all that apply.*

* 1. Concern about the possible infection of yourself
  2. Concern about the possible infection of your family members Other:

# COVID-19? \*

## Mark only one oval.

Yes No

# If not, what do you do if such a patient requires urgent treatment

## Mark only one oval.

I know clinics that are eligible to treat such patients

I do not know where such clinics are, but I know where to find the information on how to find them

I do not know where such clinics are and where to find the information on how to find them

Other:

# You are confident that you understand how to protect yourself and your patients during COVID-19 epidemic. \*

## Mark only one oval.

* 1. Completely agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Completely disagree

# allowed) \*

*Check all that apply.*

1. Surgical mask
2. N95 mask
3. Isolation gown
4. Protective clothing
5. Gloves
6. Goggles
7. Face shield
8. Hand hygiene

# Hand hygiene includes either washing hands with soap and water, or the use of an alcohol-based hand rub. \*

## Mark only one oval.

* 1. True
  2. False

# It is adequate to use an alcohol-based hand rub if the hands are visibly soiled. \*

## Mark only one oval.

* 1. True
  2. False

# Use of correct PPE eliminates the need for hand hygiene. \*

## Mark only one oval.

* 1. True
  2. False

# treatment? (multiple choices are allowed) \*

*Check all that apply.*

1. Precheck triage / dental radiology
2. Oral examination / low risk procedures
3. Aerosol generating procedures
4. Suspected or confirmed COVID-19 patients
5. Waste transportation / apparatus cleaning

# When could you only wear a surgical mask during treatment? (multiple choices are allowed) \*

*Check all that apply.*

* 1. Precheck triage / dental radiology
  2. Oral examination / low risk procedures
  3. Aerosol generating procedures
  4. Suspected or confirmed COVID-19 patients
  5. Waste transportation / apparatus cleaning

# Use of PPE will keep dental staffs from getting COVID-19. \*

## Mark only one oval.

* 1. Completely agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Completely disagree

1. Completely agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Completely disagree

# All recommended PPE is readily available in your hospital or clinic. \*

## Mark only one oval.

* 1. Completely agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Completely disagree

# Your head nurse or attending doctor would reprimand you if you did not use PPE when treating or caring for patients. \*

## Mark only one oval.

* 1. Completely agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Completely disagree

1. Completely agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Completely disagree

# You often forget to change PPE between patients. \*

## Mark only one oval.

* 1. Completely agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Completely disagree

# You believe that you can improve the compliance to recommended PPE. \*

## Mark only one oval.

* 1. Completely agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Completely disagree

# The estimated compliance to recommended PPE during treatment or care of patients after work resumption is: \*

## Mark only one oval.

* 1. 0%

b) 10%

c) 20%

d) 30%

e) 40%

f) 50%

g) 60%

h) 70%

i) 80%

j) 90%

k) 100%

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