

Clinical Measurements 6 week Follow up

6 Week: Clinical Measures

Date of Assessment

Heart rate

Systolic blood pressure

Diastolic blood pressure

API %

SBI %

Smoking status

- ☐ Current smoker cigarettes
- ☐ Current smoker e-cigarettes/vaping
- ☐ Ex-smoker
- ☐ Non-smoker
- ☐ In the process of quitting

Are you interested in quitting?

- ☐ Yes
- ☐ No

Would you like a referral to the Quitline?

- ☐ Yes
- ☐ No

6 week Follow Up Questionnaire

Date of Follow-up

Follow-up Oral Hygiene Habits

Since last visit, have you changed any mouth care habits?

- ☐ Yes
☐ No

Changes:

How often do you brush your teeth and/or dentures?

- ☐ Never
☐ A few times a week
☐ 1 x daily
☐ 2 x daily
☐ More than twice a day

What type of tooth brush do you use?

- ☐ None
☐ Soft bristle manual
☐ Medium bristle manual
☐ Electric toothbrush with oscillating head
☐ Electric toothbrush non-oscillating head

Do you clean in between your teeth?

- ☐ No
☐ Yes with floss/flossettes
☐ Yes with an interdental Brush
☐ Yes with a water Flosser
☐ Yes with a tooth pick

When do you clean in between your teeth?

- ☐ After every meal
☐ 2 x daily
☐ 1 x daily
☐ Irregular
☐ When food is stuck in between teeth
☐ Never

Do you use mouthwash or rinse with water?

- ☐ Never
☐ After brushing
☐ After meals
☐ After a cigarette/e-cigarette

Oral Health Perceptions and Knowledge

I am motivated to improve my mouth health

- ☐ Yes
☐ No,
☐ Unsure

I am motivated to visit an dentist regularly

- ☐ Yes - I have made an appointment since the last visit
☐ Yes - I have not yet made an appointment
☐ No
☐ Unsure
☐ I already see a regular dental practitioner

Why?

- ☐ Cost
☐ Can't get to the dentist easily
☐ It is not a priority
☐ Too busy to see a dentist
☐ Public dentistry wait times
☐ Dental anxiety
☐ Other (please specify): _____

Teeth and gum health important are important to me.

- ☐ Yes
☐ No

Why?

Have you noticed an improvement of your gum health since last visit?

- ☐ Yes
☐ No

How would you now describe the health of your teeth and gums?

- ☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

Confidence

Strongly Agree Agree Neutral Disagree Strongly Disagree

I am confident that I am able to look after my teeth:

☐ ☐ ☐ ☐ ☐

I am confident that I know when I have a dental problem:

☐ ☐ ☐ ☐ ☐

I am confident that I know when to seek dental treatment:

☐ ☐ ☐ ☐ ☐

Oral Health and CVD Knowledge

Yes No Unsure

People with heart problems should avoid dental treatment

☐ ☐ ☐

People with existing heart problems should visit a dentist regularly for a check up

☐ ☐ ☐

People with heart problems should only see a dentist when there is an emergency

☐ ☐ ☐

Poor mouth health may affect an existing heart condition

☐ ☐ ☐

Some medications for high blood pressure can cause people to experience dry mouth	☐	☐	☐
Dry mouth does not increase the risk of dental decay	☐	☐	☐
Some medications for high blood pressure can affect the sense of taste	☐	☐	☐
Some heart medications can cause swelling or overgrowth (thickening) of the gums	☐	☐	☐
The overgrowth of gums can lead to poor mouth health	☐	☐	☐
Bad breath is a sign of gum disease	☐	☐	☐
Loose teeth is a sign of severe gum disease	☐	☐	☐
Flossing or using interdental brushes should be done daily to clean in between teeth	☐	☐	☐

A dentist should assess a patient's mouth health before or during a hospital stay?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

A dentist should assess a patient's mouth health as part of the cardiac rehab assessment?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Oral hygiene instruction

Give oral hygiene instruction as per SOP.

☐ Yes
☐ No
(Only to be answered by researcher/assistant)

Videos

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Clinical Measurements 12 week Follow Up

12 Week: Clinical Measures

Date of Assessment

Heart rate

Systolic blood pressure mmHg

Diastolic blood pressure mmHg

API %

SBI %

Smoking status

- ☐ Current smoker cigarettes
- ☐ Current smoker e-cigarettes/vaping
- ☐ Ex-smoker
- ☐ Non-smoker
- ☐ In the process of quitting

Are you interested in quitting?

- ☐ Yes
- ☐ No

Would you like a referral to the Quitline?

- ☐ Yes
- ☐ No

12 week Follow Up Questionnaire

Date of Follow-up

Follow-up Oral Hygiene Habits

Have you changed any mouth care habits since last visit?

- ☐ Yes
☐ No

Changes:

How often do you brush your teeth and/or dentures?

- ☐ Never
☐ A few times a week
☐ 1 x daily
☐ 2 x daily
☐ More than twice a day

What type of tooth brush do you use?

- ☐ None
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Do you clean in between your teeth?

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☐ Yes with a water Flosser
☐ Yes with a tooth pick

When do you clean between your teeth?

- ☐ After every meal
☐ 2 x daily
☐ 1 x daily
☐ Irregular
☐ When food is stuck in between teeth
☐ Never

Do you use mouthwash or rinse with water?

- ☐ Never
☐ After brushing
☐ After meals
☐ After a cigarette/e-cigarette

Oral Health Perceptions and Knowledge

I am motivated to improve my mouth health

- ☐ Yes ☐ No, ☐ Unsure

I am motivated to visit an dentist regularly

- ☐ Yes - I have made an appointment since the last visit
☐ Yes - I have not yet made an appointment
☐ No
☐ Unsure
☐ I already see a regular dental practitioner

Why?	☐ Cost ☐ Can't get to the dentist easily ☐ It is not a priority ☐ Too busy to see a dentist ☐ Public dentistry wait times ☐ Dental anxiety ☐ Other (please specify): {attendance_2other}
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Teeth and gum health important are important to me.	☐ Yes ☐ No
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Why?	
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Have you noticed an improvement to your gums since last visit?	☐ Yes ☐ No
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How would you now describe the health of your teeth and gums?	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
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Confidence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am confident that I am able to look after my teeth:	☐	☐	☐	☐	☐
I am confident that I know when I have a dental problem:	☐	☐	☐	☐	☐
I am confident that I know when to seek dental treatment:	☐	☐	☐	☐	☐

Oral Health and CVD Knowledge	Yes	No	Unsure
People with heart problems should avoid dental treatment	☐	☐	☐
People with existing heart problems should visit a dentist regularly for a check up	☐	☐	☐
People with heart problems should only see a dentist when there is an emergency	☐	☐	☐
Poor mouth health may affect an existing heart condition	☐	☐	☐

Some medications for high blood pressure can cause people to experience dry mouth	☐	☐	☐
Dry mouth does not increase the risk of dental decay	☐	☐	☐
Some medications for high blood pressure can affect the sense of taste	☐	☐	☐
Some heart medications can cause swelling or overgrowth (thickening) of the gums	☐	☐	☐
The overgrowth of gums can lead to poor mouth health	☐	☐	☐
Bad breath is a sign of gum disease	☐	☐	☐
Loose teeth is a sign of severe gum disease	☐	☐	☐
Flossing or using interdental brushes should be done daily to clean in between teeth	☐	☐	☐

A dentist should assess a patient's mouth health before or during a hospital stay?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

A dentist should assess a patient's mouth health as part of the cardiac rehab assessment?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Give oral hygiene instruction as per SOP

☐ Yes
☐ No
(Only to be answered by researcher/assistant)

Video Package for Group CPlease watch and give your opinion on the following videos.

Video 1

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Video 2

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Video 3

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Video 4

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Video 5

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Video 6

I understood this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I learned something from this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

I liked this video

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree