

## Questionnaire

Questionnaire supplied to the study participants (general practitioners)

“This questionnaire is designed to gather information about how dentists care for children with special needs. Completion of this survey is voluntary and is completely confidential. The information you provide to us is kept secure and confidential. We assign all respondents a random identification so that we do not have to share any of the information collected from you under your name or any other self-identifying information. Reports will not include any information that will make it possible to identify a participant.”

1. How long have you been practicing as a dentist?
2. On an average, how many children with special needs visit you for treatment in a month?
  - a. More than 3
  - b. Less than 3
  - c. None
3. How well did your undergraduate dental education prepare you for managing patients with special needs?
  - a. Excellent
  - b. Good
  - c. Fair
  - d. Poor
4. Are you confident of treating special needs patients?
  - a. Yes
  - b. No
5. Is your supporting staff comfortable treating special needs patients in your clinic?
  - a. Yes
  - b. No
6. Is your clinic
  - a. Accessible to special needs patients? (ground floor; lift/ramp facilities for wheelchair etc.)
    - Yes
    - No
  - b. Equipped with suitable equipment for these patients
    - Yes
    - No
7. Do you feel the need of reducing disparities between special needs patients and patients without special needs' oral health and access to care
  - Yes
  - No
8. What according to you is the greatest barrier and challenge in a practitioner's willingness to treat disabled children
  - a. Patient's behavior
  - b. Lack of communication
  - c. The dentist' level of training
  - d. Inadequately motivated parents/caretakers
  - e. Time constraint
  - f. Dental treatment relapse

9. Are you aware of Persons with Disabilities Act, 1995, and Right of Persons with Disabilities Bill, 2014
  - Yes
  - No
10. Types of disabilities of special needs patients that mostly visit your clinic:
  - a. Physical disabilities
  - b. Mental health disabilities
  - c. Medically impaired
11. Your preferred way of treatment of children with special healthcare need would be:
  - a. Using behavior management techniques
  - b. Conscious sedation
  - c. Under general anesthesia
12. Treatment rendered by you to your patients with special needs include:
  - a. Emergency treatment
  - b. Extraction
  - c. Restorative treatment
  - d. Dentures and other multi-visit treatment
  - e. Periodontal treatment
  - f. Oral hygiene instructions and preventive measures
13. Which category of special children do you prefer treating better?
  - a. With hearing impairments
  - b. With vision impairments
  - c. Mentally challenged
  - d. Autistic
  - e. Physically disabled
  - f. Cerebral palsy
14. To improve the quality of care to children with special needs, do you think Special Care Dentistry should be part of the undergraduate curriculum? If you, to what level
  - a. Theoretical training
  - b. Clinical observation
  - c. Various levels of treatment and assistance in Special Care Dentistry
15. Are you interested in pursuing further training in managing patients with special needs
  - a. Yes
  - b. No
16. How frequently do you update your knowledge through continuing dental educations, conferences, etc.?
  - a. Twice a year
  - b. Once a year
  - c. Once in 2 years