**APPENDICES**

**A. Questionnaire**

Introduction

MRONJ is an adverse drug reaction consisting of progressive bone destruction in the maxillofacial region due to exposure to anti-resorptive and/or anti-angiogenic medications.

Patient’s information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Patient’s RN: | Age: | | Gender: | | | Date: |
| Cancer information: (organ/stage) |  | | | | | |
| Cancer treatment |  | Radiation | |  | Target/Immuno therapy | |
|  |  | Chemotherapy | |  | Antiresorptive drug | |

1. Are you aware that you are going to receive zoledronate/denosumab?

* Yes
* No

1. Does your doctor mention about the risks of taking this drug?

* Yes, please explain in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* No

1. Are you aware that you need to visit a dentist before the drug therapy?

* Yes
* No

1. Does your doctor suggest or refer you to receive a dental assessment prior to starting one of these drugs?

* Yes
* No

1. How frequent do you visit your dentist?

* Regular attendee (how frequent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Symptomatic attendee

1. When was your last visit to dental clinic and what was the procedure done?

* Less 6 months ago, specify procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Less than 1 year ago, specify procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* More than 1 year ago, specify procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think it is important to do a dental check-up before starting one of these drugs?

* Yes
* No

1. From Q7, if you answered yes, what is your attitude towards receiving a dental check-up before starting one of these drugs? (choose 1 answer)
   * I already went for dental check-up prior starting bisphosphonates.

* I will go for dental check-up soon.
* I am ok either to go for dental check-up or not.
* I want to go for dental check-up but I am unable to do so due to some reasons.
* I feel there is no need for me to go for dental check-up.
  + Others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you haven’t gone to dental check-up, what is the reason? (more than 1 answer is allowed)

* I feel that my cancer matters more than my oral health.
* My doctor didn’t mention about this to me.
* I don’t think dental check-up is necessary.
* I am lazy to go for dental check-up.
  + Dental care is too expensive.
  + No transport to dental clinics.
  + Dental treatments are painful.
* My family doesn’t support me to go for dental check-up.
* Others, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If we are able to arrange for a free dental screening, will you be interested to attend?

* Yes
* No

**B. Sample size calculation**

