

## APPENDIX B.—QUESTIONNAIRE USED TO COLLECT DATA

Dentist \_\_\_\_\_ Age \_\_\_\_\_ Years in Practice \_\_\_\_\_

1. Approximate length of time you have been using the Keyes technique:  
\_\_\_\_\_ Years
2. For approximately how many patients have you used the Keyes technique?  
\_\_\_\_\_ Patients
3. Do you use the Keyes technique as a preventive method as well as a treatment method?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
4. Approximately what percentage of the patients with whom you have been using the Keyes technique also require some form of periodontal surgery?  
\_\_\_\_\_ 0-5% \_\_\_\_\_ 5-10% \_\_\_\_\_ 10-20% \_\_\_\_\_ 20-30%
5. How much do you refer patients to periodontists now as compared to before you began to use the Keyes technique?  
\_\_\_\_\_ More \_\_\_\_\_ Less \_\_\_\_\_ Same
6. Considering all of your patients that have been treated by the Keyes technique, approximately what percentage do you consider to have been treated:  
\_\_\_\_\_ % Successfully \_\_\_\_\_ % Unsuccessfully
7. What do you believe are the principal reasons for lack of success?  
(Use the back of this page if necessary.)
  
  
  
  
  
  
  
  
  
  
8. Would you be willing to allow me to ask the patients on whom you have completed a questionnaire to answer a few questions about their feelings?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
9. **If yes, please** sign your name:  
  
\_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ sex \_\_\_\_\_

Address \_\_\_\_\_

Date patient began treatment with Keyes technique \_\_\_\_\_ Today's Date \_\_\_\_\_

Total number of visits for the Keyes technique made by patient to date \_\_\_\_\_

Total number of maintenance visits to date \_\_\_\_\_

PERIODONTAL STATUS

(Please check where appropriate)

At Initial Visit

At This Time

_____	Healthy, on maintenance care only	_____
_____	Gingival inflammation only	_____
_____	Bleeding on probing	_____
_____	Suppuration	_____
_____	Radiographic evidence of bone loss	_____
_____	Number of mobile teeth	_____
_____	Number of quadrants of involvement	_____
_____	Microscopic - many WBC's	_____
_____	Microscopic - many motile forms	_____

ASSESSMENT OF PATIENT'S PLAQUE CONTROL

_____	Above average (doing well on own)	_____
_____	Average (needs some professional instruction)	_____
_____	Below Average (needs a great deal of professional instruction)	_____

Approximate total number of hours of plaque control instruction given \_\_\_\_\_

By whom: Dentist \_\_\_\_\_

Hygienist \_\_\_\_\_

Dental Assistant \_\_\_\_\_

Frequency of prophylaxis \_\_\_\_\_ times per year

USE OF ANTIBIOTICS TO TREAT THE PATIENT

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long was each course? \_\_\_\_\_ weeks. How many courses? \_\_\_\_\_

PATIENT USES:

(please check correct response)

Baking soda and peroxide	Yes _____	No _____
Fluoride	Yes _____	No _____
Irrigation	Yes _____	No _____
Other, please indicate	Yes _____	No _____

Has **this patient** been treated for periodontal disease prior to seeing you?

Yes\_\_\_ No\_\_\_

If yes, was it by a general dentist\_\_\_ or a periodontist\_\_\_?

PLEASE CHECK WHICH PROCEDURES ARE DONE AT EACH VISIT FOR THIS PATIENT  
USING THE KEYES TECHNIQUE

	VISITS						
	1st	2nd	3rd	4th	5th	6th	Maintenance
Dental history	___	___	___	___	___	___	___
Medical history	___	___	___	___	___	___	___
Radiographs	___	___	___	___	___	___	___
Visual assessment	___	___	___	___	___	___	___
Periodontal probing	___	___	___	___	___	___	___
Pocket measurement	___	___	___	___	___	___	___
Microscopic examination	___	___	___	___	___	___	___
Scaling	___	___	___	___	___	___	___
Root planing	___	___	___	___	___	___	___
Plaque control instruction	___	___	___	___	___	___	___
Other _____ (list)	___	___	___	___	___	___	___
Other _____ (list)	___	___	___	___	___	___	___

PLEASE ANSWER THE FOLLOWING FOR THIS PATIENT USING THE KEYES TECHNIQUE

- Average chair time per patient visit (minutes)  

___	___	___	___	___	___	___
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- How many minutes of this time was with:  

Dentist	___	___	___	___	___	___
Hygienist	___	___	___	___	___	___
Dental Assistant	___	___	___	___	___	___
Other (specify)	___	___	___	___	___	___
- Approximate cost to patient per visit  

\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
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- If cost **was** on the basis of a total case, what was the cost per case? \$ \_\_\_
- What was the average charge to patient for maintenance visit? \$ \_\_\_

COMMENTS

If you feel that these questions will not show the correct information about either effectiveness or cost using the Keyes technique for this patient, please supply the information you believe will help on the back of this page.