**Additional file 1**

**Part 1:** Questionnaire on background information

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **Question** | **Coding** | **Skip** |
| 101 | Age | \_\_\_\_\_\_\_\_ |  |
| 102 | Sex | 1. Male 2. Female
 |  |
| 103 | What is your highest level of education? | 1. Health assistant
2. Diploma nurse
 |  |
| 104 | The ward within which you are working | 1. Medical Ward
2. Surgical Ward
3. Emergency Ward
4. ICU ward
5. Recovery Ward
 |  |
| 105 | What is your work experience in Orotta national referral hospital? | 1. <1year
2. 1-5year
3. 6-10year
4. >10year
 |  |

**Part 2:** Questions on attitude

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **Question** | **Coding** | **Skip** |
| 201 | It is nurses’ responsibility to assess the oral status of the patients. | 1. strongly agree
2. somewhat agree
3. neutral
4. somewhat disagree
5. strongly disagree
 |  |
| 202 | Oral care is high priority.  | 1. strongly agree
2. somewhat agree
3. neutral
4. somewhat disagree
5. strongly disagree
 |  |
| 203 | Cleaning the oral cavity is an unpleasant task. | 1. strongly agree
2. somewhat agree
3. neutral
4. somewhat disagree
5. strongly disagree
 |  |
| 204 | The mouth of critically ill patients gets worse no matter what I do. | 1. strongly agree
2. somewhat agree
3. neutral
4. somewhat disagree
5. strongly disagree
 |  |
| 205 | I need additional training to provide oral care.  | 1. strongly agree
2. somewhat agree
3. neutral
4. somewhat disagree
5. strongly disagree
 |  |
| 206 | The oral cavity is difficult to clean. | 1. strongly agree
2. somewhat agree
3. neutral
4. somewhat disagree
5. strongly disagree
 |  |
| 207 | Ventilated or comatose patients should be given special attention in doing oral care. | 1. strongly agree
2. somewhat agree
3. neutral
4. somewhat disagree
5. strongly disagree
 |  |
| 208 | I need an oral care guideline to provide quality oral care. | 1. strongly agree
2. somewhat agree
3. neutral
4. Somewhat disagree
5. Strongly disagree
 |  |
| 209 | I have enough supplies and equipment’s to provide oral care.  | 1. strongly agree
2. somewhat agree
3. neutral
4. somewhat disagree
5. strongly disagree
 |  |

**Part 3: questions on oral care practice**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **Question** | **Coding** | **Skip** |
| 301 | Do you have a tool to assess the oral cavity of a patient? | 1. Yes
2. No
3. I don’t know
 |  |
| 302 | Do you assess the oral health of a patient routinely?  | 1. Yes
2. No
3. I don’t know
 | **→** 407 |
| 303 | If your answer to question number “401’’ is “YES”, on what proportion of your patients do you carry out oral cavity assessment? | 1. To all patients
2. To ventilated patients
3. To unconscious patients only
 |  |
| 304 | Do you assess for dental plaque, dry mouth, bleeding gums, reddened gums, mouth ulcer during your assessment? | 1. Yes
2. No
 |  |
| 305 | Do you conduct an initial admission assessment on patient’s oral health? | 1. Yes
2. No
 |  |
| 306 | Do you discuss the oral health status and management for oral care deficits during the nurses’ rounds? | 1. Always
2. Sometimes
3. Never
 |  |
| 307 | Do you give oral care to your patients? | 1. Yes
2. No
 | **→** 420 |
| 308 | On what basis do you give oral care to your patients  | 1. Routinely
2. Sometimes
3. Rarely
 |  |
| 309 | Do you have oral care guideline or protocol in your ward? | 1. Yes
2. No
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 310 | How often per day do you perform oral care for non-intubated patient? | 1. Once a day
2. Twice a day
3. Three times a day
4. greater than 3/day
 |  |
| 311 | How often per day do you perform oral care for intubated patient? | 1. Once a day
2. Twice a day
3. Three times a day
4. greater than 3/day
 | **Not relevant** |
| 312 | Which part of the oral cavity do you clean?  | 1. Tooth
2. Gums
3. Tongue
4. All
 |  |
| 313 | How long does it take you to perform oral care for a patient? | 1. 1min
2. 2 - 4min
3. 5-10 min
4. >10min
 |  |
| 314 | How do you perform the oral care to hospitalized patients? | 1. Adult tooth brush
2. Pediatric tooth brush
3. Electric Tooth Brush
4. Gauze with normal saline
5. Suctioning only
 |  |
| 315 | Do you raise the head of the bed while giving oral care?  | 1. Yes
2. No
 | **→** 417 |
| 316 | If your answer to question number **415** is **Yes** to what degree? | 1. 15 degrees
2. 30-45 degrees
3. 60 degrees
4. 90 degrees
 |  |
| 317 | Do you use suction machine when providing oral care, if the patient is unable to spit out secretions? | 1. Yes
2. No
 |  |
| 318 | Have you ever used Chlorohexidine mouth wash for oral care?  | 1. Yes
2. No
3. Don’t know
4. If other, please specify\_\_\_\_\_\_\_\_
 |  |
| 319 | Do you apply moisturizer (like Vaseline) on the lips after oral care? | 1. Yes
2. No
 | **Finnish** |