Supplemental Material 1.
Dental Health Support Survey - English
Oral Health Behavior Social Support-Short Form (OHBSS-SF) Scales

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INSTRUCTIONS:

This survey asks about help or social support **you might get from 3 different groups of other people** for different dental health behaviors. Please rate each statement **3 times** - once for each of these groups of people:

1) **Family**: includes your significant other, and any immediate and extended family members you may or may not live with
2) **Health providers**: includes medical providers, dentists and dental specialists
3) **Friends and other people**: includes friends, neighbors, co-workers etc.

Please think about and answer questions based on your current dental experiences and behaviors you do now, as an adult. There are no right or wrong answers. We are interested in who supports you now. Please select the best answers for each question, and do not leave anything blank.

Please look at the example below. Remember to rate each statement 3 times (from left to right →), and make sure each group of people has a rating. If the statement does not apply to any of the groups for you, then please check "Never."

For each statement, how often do you get support from each group of people?	**1. FAMILY (includes your significant other, and any immediate and extended family members you may or may not live with)**					**2. HEALTH PROVIDERS (includes medical providers, dentists and dental specialists)**					**3. FRIENDS/OTHER PEOPLE (includes friends, neighbors, co-workers etc. anyone that is not family or health providers)**				
	Never 0	**Rarely 1**	**Sometimes 2**	**Often 3**	**Always 4**	**Never 0**	**Rarely 1**	**Sometimes 2**	**Often 3**	**Always 4**	**Never 0**	**Rarely 1**	**Sometimes 2**	**Often 3**	**Always 4**
EXAMPLE: They make sure I get my flu shot.				X			X				X				

BRUSHING YOUR TEETH

In this section, think about help or support you get with brushing your teeth (cleaning them, using either a manual or electric toothbrush, or other similar tool).

Remember to rate each statement 3 times (from left to right →). Make sure each group has a rating.
If the statement does not apply to any of the groups for you, then please check "Never."

For each statement, how often do you get support from each group of people for BRUSHING YOUR TEETH?	**1. FAMILY** (includes your significant other, and any immediate and extended family members you may or may not live with)					**2. HEALTH PROVIDERS** (includes medical providers, dentists and dental specialists)					**3. FRIENDS/OTHER PEOPLE** (includes friends, neighbors, co-workers; anyone that is not family or health providers)				
	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
Ba) They show me how to brush my teeth.															
Bb) They remind me to get more dental supplies (for example, toothbrush, toothpaste, floss, etc.).															
Bc) They tell me that brushing my teeth is important to my health.															
Bd) They tell me to brush my teeth regularly (at least twice a day).															
Be) They explain to me why my gums might bleed during or after brushing my teeth.															
Bf) They encourage me to brush my teeth.															

FLOSSING

In this section, think about help or support you get with flossing, (cleaning in between your teeth, using other tools like toothpicks, soft picks, waterpik, etc.).

Remember to rate each question 3 times (from left to right →). Make sure each group has a rating.
If the statement does not apply to any of the groups for you, then please check "Never."

For each statement, how often do you get support from each group of people for FLOSSING?	**1. FAMILY** (includes your significant other, and any immediate and extended family members you may or may not live with)					**2. HEALTH PROVIDERS** (includes medical providers, dentists and dental specialists)					**3. FRIENDS/OTHER PEOPLE** (includes friends, neighbors, co-workers; anyone that is not family or health providers)				
	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
Fa) They show me how to floss my teeth.															
Fb) They remind me to get more dental supplies (for example, toothbrush, toothpaste, floss, etc.).															
Fc) They tell me that flossing my teeth is important to my health.															
Fd) They tell me to floss my teeth regularly (at least once a day).															
Fe) They explain to me why my gums might bleed during or after I use floss.															
Ff) They encourage me to floss my teeth.															

GETTING DENTAL CARE

In this section, think about help or support you get for getting dental care. This can include finding dentists, making and getting to your dental appointments, and deciding to get dental care or treatments. We are interested in all dental care you get, so think about all types of dental services, including dental exams, check-ups, cleanings, and any other type of dental treatments (fillings, extractions, braces, crowns, bridges, implants, etc.). Please answer about support you get for dental care now, as an adult.

Remember to rate each question 3 times (from left to right →). Make sure each group has a rating.
If the statement does not apply to any of the groups for you, then please check "Never."

For each statement, how often do you get support from each group of people for GETTING DENTAL CARE?	**1. FAMILY** (includes your significant other, and any immediate and extended family members you may or may not live with)					**2. HEALTH PROVIDERS** (includes medical providers, dentists and dental specialists)					**3. FRIENDS/OTHER PEOPLE** (includes friends, neighbors, co-workers; anyone that is not family or health providers)				
	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
Da) They help me change how I take care of my teeth.															
Db) They remind me about my dental appointment.															
Dc) They tell me that going to the dentist is important to my health.															
Dd) They tell me to go to the dentist regularly.															
De) They tell me what will happen during my dental treatment.															
Df) They tell me to go to the dentist for my dental problems or discomfort.															

OPTIONAL SUBSCALES – IF APPLY – up to 7 items

Please answer this last set of questions about getting dental care, if they apply to you.

Language Help

Do you need help from an interpreter/translator when getting dental care? Select one: Yes or No.
If yes, then rate:

	1. FAMILY (includes your significant other, and any immediate and extended family members you may or may not live with)					2. HEALTH PROVIDERS (includes medical providers, dentists and dental specialists)					3. FRIENDS/OTHER PEOPLE (includes friends, neighbors, co-workers; anyone that is not family or health providers)				
	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
They interpret (translate) or get an interpreter (translator) for me.															

Transportation Help

Do you need help getting to or from dental appointments? Select one: Yes or No.

If yes, then rate:

	1. FAMILY (includes your significant other, and any immediate and extended family members you may or may not live with)					2. HEALTH PROVIDERS (includes medical providers, dentists and dental specialists)					3. FRIENDS/OTHER PEOPLE (includes friends, neighbors, co-workers; anyone that is not family or health providers)				
	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
They help me get to/from the dentist (for example, give me a ride, or arrange a ride).															

Help Paying

Do you need help paying for anything related to dental care? Select one: Yes or No.

If yes, then rate:

	1. FAMILY (includes your significant other, and any immediate and extended family members you may or may not live with)					2. HEALTH PROVIDERS (includes medical providers, dentists and dental specialists)					3. FRIENDS/OTHER PEOPLE (includes friends, neighbors, co-workers; anyone that is not family or health providers)				
	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
They give me information on dental insurance.															
They explain what my dental insurance covers.															
They help me pay for dental care (for example, pay for me, offer me a payment plan, lend me the money).															

Dental Fears/Worries

Do you have any dental fears or worries? Select one: Yes or No.

If yes, then rate:

	1. FAMILY (includes your significant other, and any immediate and extended family members you may or may not live with)					2. HEALTH PROVIDERS (includes medical providers, dentists and dental specialists)					3. FRIENDS/OTHER PEOPLE (includes friends, neighbors, co-workers; anyone that is not family or health providers)				
	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
They listen to any worries about going to the dentist.															
They ease my worries about dental treatments.															