

## **Additional File 1** **Original Questionnaire Items**

### **Pre-Training Survey**

#### 1. Questions about yourself

Question 1) Please fill in your age and the year you obtained your dental hygienist license

Age: \_\_\_\_\_ years old

License obtained in: \_\_\_\_\_ year

Question 2) What is your highest level of education?

- ① Dental hygienist vocational school
  - a. 1-year program
  - b. 2-year program
  - c. 3-year program
- ② Junior college (select the applicable one)
  - a. 2-year program
  - b. 3-year program
- ③ University
- ④ Vocational school other than dental hygienist school
- ⑤ Master's degree completed
- ⑥ Doctoral degree completed
- ⑦ Other (specify: \_\_\_\_\_)

Question 3) How many years have you actually worked as a dental hygienist (years of experience)?

\_\_\_\_\_ years \_\_\_\_\_ months

Question 4) Are you currently employed as a dental hygienist?

- ① Yes
- ② No → Go to "Question 6" on page 3

Question 4-1) What is your current main employment status?

- ① Full-time (regular employment) → Proceed to Question 4-2
- ② Full-time (non-regular employment, fixed-term, etc.) → Proceed to Question 4-2
- ③ Part-time → Proceed to Question 5-3
- ④ Other (specify: \_\_\_\_\_)

[For those who answered "1. 2. Full-time" in Question 4-1]

Question 4-2) How many years have you been working at your current workplace?

\_\_\_\_\_ years \_\_\_\_\_ months

[For those who answered "3. Part-time" in Question 4-1]

Question 5-3) Your employment location as a dental hygienist is

- ① Working at only one location
- ② Working at multiple employment locations

Question 4-4) How many employment locations did you have as a dental hygienist in the most recent month?

\_\_\_\_\_ locations

Question 5) Which of the following best describes your current workplace?

If you have two or more workplaces, please answer for the one where you primarily work

- ① Clinic
- ② Hospital/University hospital
- ③ Dental clinic for people with disabilities (including oral health centers that provide dental care for people with disabilities)
- ④ Government (public health centers, municipalities, etc.)
- ⑤ Dental hygienist educational institution
- ⑥ Company/business (non-dental care services)
- ⑦ Company/office (non-dental care services)
- ⑧ Dental health examination/health promotion organization
- ⑨ Social welfare facility
- ⑩ Long-term care insurance facility, etc. (select the applicable facility)
  - a. Long-term care health facility
  - b. Special nursing home for the elderly
  - c. Long-term care medical facility
  - d. Home care support office, etc.
- ⑪ Community comprehensive support center, etc. (select the applicable facility)
  - a. Community comprehensive support center
  - b. Home dental care coordination office
  - c. Oral health center
- ⑫ Other (specify: \_\_\_\_\_)

2. Please write your learning objectives for this training, divided into "Knowledge" and "Skills".

(For items that do not apply, please write "Not applicable")

【Knowledge】

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【Skills】

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1) If the above learning objective level is set as 10, what level do you think you are currently at? Please select the number that you think is closest for "Knowledge" and "Skills" respectively, and select it.

## 【Knowledge】

A horizontal scale with numerical labels 1 through 10. Below the scale, the word "Low" is positioned at the left end, and the word "High" is positioned at the right end, indicating a range from low to high.

## 【Skills】

A horizontal scale with 10 numerical points from 1 to 10. Below the scale, the word "Low" is aligned with the first point, and the word "High" is aligned with the last point. The scale is evenly spaced with 9 tick marks between the numbers.

2) How motivated are you currently about working as a dental hygienist?

Please select the number that you think is closest on a 10-point scale and select it.

A horizontal scale with numerical labels 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. Below the scale, the word "Low" is positioned at the left end, and the word "High" is positioned at the right end.

3) Regarding your self-improvement ability (the ability to train and refine your own skills and abilities), please select the number that you think is closest on a 10-point scale and select it.

## **Post-Training Survey • 3-Month Follow-up Survey • 1-Year Follow-up Survey**

1) If the learning objective level at the start of training is set as 10, what level do you think you are currently at? Please select the number that you think is closest for "Knowledge" and "Skills" respectively, and select it.

(For items that do not apply, please write "x")

## 【Knowledge】

A 5x10 grid of 50 empty cells for rating a statement. The grid is composed of 5 rows and 10 columns of small squares.

## 【Skills】

A horizontal scale with numerical labels 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. Below the scale, the word "Low" is positioned at the left end and "High" is positioned at the right end, indicating a range of values.

2) How motivated are you currently about working as a dental hygienist?

Please select the number that you think is closest on a 10-point scale and select it.

A 5x10 grid of 50 empty cells for rating a statement. The columns are numbered 1 through 10 at the top, and the rows are labeled 'Low' and 'High' on the left and right respectively. The cells are arranged in 5 rows and 10 columns.

3) Regarding your self-improvement ability (the ability to train and refine your own skills and abilities), please select the number that you think is closest on a 10-point scale and select it.

A 5x10 grid of 50 empty cells for rating a statement. The columns are numbered 1 through 10 at the top, and the rows are labeled 'Low' and 'High' on the left and right respectively. The cells are arranged in 5 rows and 10 columns.

4) Are you currently engaged in work (regardless of employment type or job content)? Please select the number that applies to you.

- ① Yes (working as a dental hygienist)
  - ② Yes (working in a job other than dental hygienist)
  - ③ No