



ORAL CANCER KNOWLEDGE, ATTITUDES AND PRACTICES AMONG PRIMARY HEALTH CARE WORKERS OF NELLORE DISTRICT- A CROSS SECTIONAL STUDY

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KEYWORDS :

KNOWLEDGE:

- According to you what are the risk factors of oral cancer?
a) Tobacco b) Alcohol c) Sun exposure d) Age e) All of the above
- According to you what are the Signs and symptoms of oral cancer?
a) Redness b) Swelling c) Ulcer/Sore d) Pain e) All of the above
- Is oral cancer common in your community?
a) Yes b) No
- Have you come across any patients with oral cancer in your practice?
a) Yes b) No
- How many cases you have seen?
- Do you know that oral cancer can be prevented?
a) Yes b) No
- Do you agree that early detection of oral cancer can be treated successfully?
a) Yes b) No
- Do you feel that implementation of laws against tobacco is not strict in our country?
a) Yes b) No
- Do you feel additional equipment is needed for detection of oral cancer in your regular practice?
a) Yes b) No
- Do you use any chair side screening procedures for oral cancer in your practice?
a) Yes b) No
- Which screening test do you regularly in your practice?
a) Toluidine blue b) Pap smear c) Biopsy According to you what is the best procedure to screen oral cancer?

ATTITUDE

- Do you take history of alcohol and tobacco usage from your patients?
a) Yes b) No
- Do you advice your patients on the adverse effects of alcohol and tobacco usage?
a) Yes b) No
- Have you undergone any tobacco cessation training?
a) Yes b) No
- Do you provide any assistance in tobacco usage cessation or alcohol de addiction?
a) Yes b) No
- Do you agree that all the tobacco users should be provided oral examinations annually regardless of age?
a) Yes b) No
- Annual oral cancer examinations should be provided for those 40 years of age and above?
a) Yes b) No
- Have you referred any patients to dental surgeon or oncologist or high referral centers?
a) Yes b) No
- How many cases you followed up after referral?

SCREENING:

- Do you perform screening to all patients who came to you with an oral cavity problem?
a) Yes b) No
- Do you feel lack of time is barrier to mucosal screening?
a) Yes b) No
- Do you feel lack of training is a barrier to mucosal screening?
a) Yes b) No
- Do you feel health care providers need more education about oral cancer screening?
a) Yes b) No
- Are you willing to participate in educational course for screening of oral cancer?
a) Yes b) No