

## Supplementary Materials

**Table S1.** Sample questionnaire

1. Does your practice currently employ an electronic dental record keep system of any type?		6. What is the size of this practice? (1)	
Yes	<input type="checkbox"/>	1 Dentist	<input type="checkbox"/>
No	<input type="checkbox"/>	$\geq 2$ Dentists	<input type="checkbox"/>
2. If the answer to the previous was “No”, is your practice predominantly paper based?		7. What is the size of this practice? (2)	
Yes	<input type="checkbox"/>	Up to 50/day	<input type="checkbox"/>
No	<input type="checkbox"/>	$\geq 50$ /day	<input type="checkbox"/>
3. Where is your dental clinic located?		8. Do you receive patient with insurance?	
North	<input type="checkbox"/>	Yes	<input type="checkbox"/>
South	<input type="checkbox"/>	No	<input type="checkbox"/>
East	<input type="checkbox"/>		
West	<input type="checkbox"/>		
4. What type of practice is this? (1)		9. Additional comments	
Private	<input type="checkbox"/>		
Public (Government)	<input type="checkbox"/>		
5. What type of practice is this? (2)			
General	<input type="checkbox"/>		
Specialty	<input type="checkbox"/>		
Both	<input type="checkbox"/>		