

4.3 Factors associated with awareness of oral cancer

There were significant differences between awareness of oral cancer, gender, age, level of qualification and smoking among participants ($p < .05$) (Table 4.2). There was a non-significant association between alcohol consumption and awareness of oral cancer ($p > .05$). However, the frequency results in the same table revealed that the majority of participants (98; 92 %), who reported to have heard about oral cancer were females, while almost quarter of participants (18; 21%) who had never heard about it, were males. Most participants (110; 94%), who declared hearing about oral cancer, were highly educationally qualified whereas a quarter of them who declared they had never heard about it, had lower educational qualifications. Most (90%) of the participants who had heard about oral cancer were over 40 years old while 40% of them who had no knowledge of oral cancer were less than 40 years. A quick perusal of Table 4.2 shows that the majority of participants (125; 92%), who never smoked cigarettes declared they had heard about oral cancer, and almost a quarter of them (6; 21%), who smoked had not heard about it.

Table 4.2: Factors associated with awareness of oral cancer

Factors	Have you ever heard of oral cancer?		<i>p</i> -value	
	Yes (N, %)	No (N, %)		
Gender	Male	68 (79)	18 (21)	0.013
	Female	98 (92)	9 (8)	
Educational qualification	Higher	110 (94)	7 (6)	0.000
	Lower	56 (74)	20(26)	
Age	<40	151 (90)	17 (10)	0.000
	>40	15 (60)	10 (40)	
Current smoking status	Yes	22 (79)	6 (21)	0.039
	No	9 (75)	3 (25)	
	Never	125 (92)	11 (8)	
Alcohol consumption	Yes	8 (100)	0 (0.0)	0.261
	No	151 (86)	24 (14)	

4.4 Awareness that dentists are trained to check for signs of oral cancer

There were statistically significant associations between the awareness that dentists are trained to check the signs of oral cancer and gender, age, and level of qualification among participants ($p < 0.05$) (Table 4.3). Alcohol consumption and current smoking status were not significantly associated with the awareness that dentists are trained to check for oral cancer signs ($p > 0.05$). Seventy-three per cent (73%) of the participants, who reported that they were aware that dentist was trained to check for the signs of oral cancer were females, while only 17% were males. Almost 79% of participants who had some awareness of the dentist's training to check for the signs of oral cancer had higher educational qualifications, while 21% of them had no awareness had lower educational qualifications. Twenty-eight per cent (28%) of the respondents indicated that they were not sure.

Table 4.3: results of awareness that dentists are trained to check for signs of oral cancer

Factors	Aware that Dentists are trained to check for signs of oral cancer			<i>p-value</i>	
	Yes (N, %)	No (N, %)	Not Sure (N, %)		
Gender	Male	53(63)	10(12)	23(27)	0.010
	Female	78(73)	18(17)	11(10)	
Educational qualification	Higher	92(79)	12(10)	13(11)	0.000
	Lower	39(51)	16(21)	21(28)	
Age	<40	120(72)	21(13)	27(16)	0.020
	>40	11(44.0)	7(28)	7(28)	
Current smoking status	Yes	17(61)	5(18)	6(22)	0.182
	No	6(50)	4(33)	2(17)	
	Never	100(74)	15(11)	21(15)	
Alcohol consumption	Yes	6(75)	1(13)	1(13)	0.909
	No	119(68)	25(14)	31(18)	

The results further indicated that 72% of participants claim to know that dentists were trained to detect signs of oral cancers with their ages ranged up to 40 years old. The 28 % of the respondents who acknowledged that they were not sure about it, were less than 40 years old. This finding suggests that older patients were more informed about the dentist's ability to check for the oral cancer's signs than the younger ones.

4.5 Results of having information about oral cancer

Most of the subjects reported that they have no knowledge about oral cancer (Table 4.4). There were significant differences conversely between having information about oral cancer, and gender, age and level of qualifications among participants ($p < .05$). The current smoking status and alcohol consumption of respondents were insignificant in relation to respondents' knowledge about oral cancer ($p > .05$) (Table 4.4). Both the 32% of the participants, who stated having a lot of information about oral cancer, and 51% that claimed to have little knowledge about oral cancer were females, whereas the 37% who indicated that they had knowledge of oral cancer were males. The frequency results in the same table further showed that 32% of participants acknowledged having a lot of information about oral cancer, and 58% of them indicated that they have little, were those with higher educational qualifications. Fifty-one per cent (51%) of participants who reported having any information about oral cancer, were those with lower educational qualifications. The results depicted in Table 4. 4 showed that the majority of participants for both having a lot (45; 27%) and little (87; 52%) information about oral cancer, were more than 40 years old, while 64% of them declared not having any information about oral cancer.

Results presented in Table 4.4. below, shows that that there were statistically significant differences between awareness of screening routinely by dentists and gender, age, and level of qualification ($p < .05$) (Table 4.5). The current smoking status and alcohol consumption of respondents were however insignificant to the respondents' awareness of screening routinely done by their dentist ($p > .05$). The frequency results reported Table 4.4 revealed that 53% of the participants claim that they have knowledge of screening routinely carried out by Dentist, and 30% of them have not awareness were females.

Table 4.4: Results of having any information about oral cancer

Factors	have any information about oral cancer			<i>p-value</i>	
	Yes a lot (N, %)	Yes a little (N, %)	No (N, %)		
Gender	Male	12 (14)	41(49)	31(37)	0.001
	Female	34 (32)	54 (51)	19(18)	
Educational qualifications	Higher	37(32)	67(58)	11(10)	0.000
	Lower	9(12)	28(37)	39(51)	
Age	<40	45(27)	87(52)	34(21)	0.000
	>40	1(4)	8(32)	16(64)	
Current smoking status	Yes	4(14)	15(54)	9(32)	0.412
	No	3(25)	5(42)	4(33)	
Alcohol consumption	Never	34(25)	74(55)	26(19)	0.177
	Yes	4(50)	3(38)	1(13)	
	No	38(22)	89(51)	46(27)	

4.6 Results for awareness of screening routinely by their dentist

While 38% of participants, who have not sure for the awareness of screening routinely by their dentist were males. 61% of the participants, who declared having some awareness of screening routinely by their dentist were highly qualified, while 36% of them stated do not having and not sure having awareness of screening routinely by their dentist were lower qualified (Table 4.5).

Finally, the descriptive results showed that 52% of participants, who are aware of routine screening by their dentist were aged of up to 40 years old, while both have not (44%) and not sure (32%) about the awareness of screening routinely by their dentist were under aged of 40 years old.

Table 4.5: results for the awareness of screening routinely by their Dentist

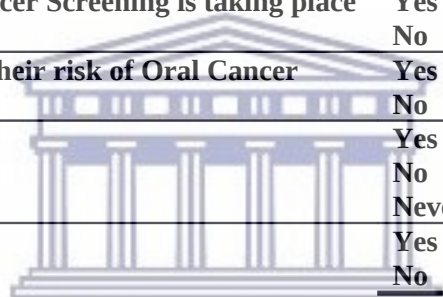
Factors	Awareness of screening routinely by their dentist			<i>p-value</i>	
	Yes (N, %)	No (N, %)	Not Sure (N, %)		
Gender	Male	37 (43)	16 (19)	33 (38)	0.002
	Female	56 (53)	32 (30)	18 (17)	
Educational qualification	Higher	71 (61)	21 (18)	24 (21)	0.000
	Lower	22 (29)	27 (36)	27 (36)	
Age	>40	87 (52)	37 (22)	43 (26)	0.018
	<40	6 (24)	11 (44)	8 (32)	
Current smoking status	Yes	10 (36)	9 (32)	9 (32)	0.168
	No	4 (33)	5 (42)	3 (25)	
Alcohol consumption	Yes	6 (75)	1 (13)	1 (13)	0.335
	No	84 (48)	44 (25)	46 (26)	



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Table 4.6: Factors associated with awareness and knowledge of oral cancer

Items	Responses	N (%)
Would you say you know a lot, some, a little, or nothing at all about mouth cancer?	A lot	38 (20)
	Some	72 (38)
	A little	56 (30)
	Nothing at all	11 (6)
	Never	12 (6)
If you have any information, where did you get it?	Media	30 (18)
	Friends	13 (8)
	Environment, etc.	24 (14)
	Internet	13 (8)
	Dentist	88 (52)
Most recent screening for signs of oral cancer. Today (Current Visit)?	1-2	31 (17)
	2-3	9 (5)
	3 and more	13 (7)
	Not Sure	46 (25)
	Never	84 (46)
Patients want to be told Oral Cancer Screening is taking place	Yes	79 (43)
	No	104 (57)
Patients want support to reduce their risk of Oral Cancer	Yes	109 (64)
	No	62 (36)
Current Smoking Status	Yes	28 (16)
	No	12 (7)
	Never	136 (77)
Alcohol consumption	Yes	8 (4)
	No	175 (96)



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4.7 Factors associated with awareness and knowledge of oral cancer

The results revealed that 38% of participants knew about oral cancer. The results showed almost half of participants (52%) have information about the month cancer from dentists, followed by 46% of participants who have never been screened for signs of oral cancer. The descriptive results demonstrated that the majority of the participants (57%) do not want to be told about oral cancer screening, while 64% of participants want to be assisted in order to reduce their risk of oral cancer. The majority of participants (136, 77%) never had currently smoking status, while almost fifth of participants (28, 16%) were currently smoking. The vast majority of the participants (175, 96%) were never been alcohol consumption, as only 4% of them were alcohol consumption.



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5. Discussion and Conclusion

5.1 Introduction

This final chapter discusses the results of the study and aligns it with findings from previous studies. As stated from the outset, this study set out to assess the awareness and knowledge of oral cancer among dental patients in Khartoum Dental Teaching Hospital. It sought to specifically determine the correlation between: (a) oral cancer awareness and age, gender, level of educational qualification and smoking status and to (b) evaluate the level of awareness and knowledge of oral examination, screening of oral cancer and risk factors of oral cancer.

5.2 Factors associated with awareness of oral cancer

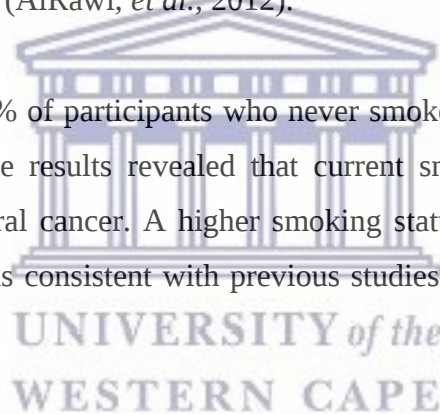
The results have shown there was no significant association between alcohol consumption and awareness of oral cancer. Furthermore, it has been shown that a significant difference exists between awareness on oral cancer and gender, age, level of qualification and smoking status among participants. Over 92% of the female participants claimed to have heard about oral cancer (section 4.2; Table 4.2). These results suggested that gender differences were associated with awareness of oral cancer, even though female patients were more aware of oral cancer than males. Previous studies conducted from various countries, have interestingly revealed consistent results on awareness about oral cancer and gender differences in the United States of America (Rice, 2006; Ek, 2013), in India (Gopal, & Duraiselvi, 2014), in a Malaysian population (Ghani, Doss, Jamaluddin, Kamaruzaman, & Zain, 2013), in Trinidad (Prayman, Yang, & Warnakulasuriya, 2009) and in the United Arab Emirates (UAE) (AlRawi, AlKawas, & Imad, 2012).

The results further indicated that 90% of the participants aged up to 40 years old were aware of oral cancer. This finding suggests that age difference is positively associated with awareness of oral cancer. It can be concluded from the above that older patients were more aware than the younger one. These results are consistent with that reported in Agrawal, Pandey, Jain, and Maitin's 2012 study, where it was found out that age group differences have positive relationship with awareness of oral cancer in the Indian population. The findings also agree with the results reported

in Ghani, *et al.*, (2013) in Malaysia, Prayman, *et al.*, (2009) in Trinidad and the study by AlRawi, *et al.*, (2012) which was conducted in UAE.

Approximately 94% of the more highly educationally qualified participants declared hearing about oral cancer. These results suggest that educational qualification differences do affected the awareness of oral cancer. Previous research evidence suggested that the level of educational qualification has a positive effect on oral cancer awareness in India (Elango, Sundaram, Gangadharan, Subhas, Peter, Pulayath, & Kuriakose, 2009; Agrawal, *et al*, 2012), and in Malaysia (Ghani, *et al.*, 2013). Similarly, it was found out that there is a lack of oral cancer awareness for participants with lower levels of education. This finding is consistent with that repoted in previous research that education is a factor in creating awareness on how to prevent oral cancer in the Oporto city, Portugal (Monteiro, Warnakulasuriya, Cadilhe, Sousa, Trancoso, Antunes, & Pacheco, 2016), and in the UAE (AlRawi, *et al.*, 2012).

The data indicated that over 92% of participants who never smoked cigarettes, declared that they were aware of oral cancer. The results revealed that current smoking status differences were associated with awareness of oral cancer. A higher smoking status was associated with a lower awareness of oral cancer. This is consistent with previous studies conducted in Malaysia (Ghani, *et al.*, 2013).



5.3 Awareness that dentists are trained to check for signs of oral cancer

The results revealed that there was significant difference between awareness that dentists are trained to detect signs of oral cancer, and gender, age and level of qualification. Alcohol consumption and current smoking status were found to be not significantly associated with the awareness that dentists are trained to check for the signs of oral cancer.

Almost 73% of female participants reported that they were aware that dentists were trained to diagnose oral cancer. The result further indicated that gender differences was positively associated with awareness about dentist trainings to detect the oral cancer. This finding suggests that, female patients were more aware about dentists being trained to check for oral cancer, than males.

The results also revealed that 72% of participants with ages within the range of up to 40 years old are aware of dentists training to check for the signs of oral cancer. This finding implies that age has an influence on participants' awareness about dentist training on oral cancer detection. It can therefore be concluded that the older patients were more aware about dentists training to check the oral cancer's signs than the younger one.

The results further indicated that over 79% of the higher educational qualification participants had an awareness of dentists' training to check for the signs of oral cancer. This suggests that the level of educational qualification also impacted the awareness of dentist training to check for the signs of oral cancer. It can also be concluded that the higher the level of educational qualification the lower the awareness level of participants on knowledge of dentists' training to check for the signs of oral cancer. In India, the role of dentists has been extended to educate and train the patient or population about oral cancer and its risk factors, and to perform oral self-examination (Elango, *et al.*, 2009).

5.4 Participants' access to information about oral cancer

There were significant differences between having information about oral cancer and gender, age and level of educational qualification. In addition, the current smoking status and alcohol consumption were had no significant association with having information about oral cancer.

In the current study, almost 51% of female participants stated that they have little information about oral cancer. This revealed that gender a predictor of a person's information about oral cancer. It can be concluded that female patients were more knowledgeable about oral cancer than males. This result is consistent with the findings reported in previous empirical studies (Muscat, Richie, Thompson, & Wynder, 1996; Ek, 2013), and in the Mersey region (Rogers, Hunter, & Lowe, 2011).

Over 64% of the participants who were less than 40 years old indicated that they have no information about oral cancer. This implies that age is correlated with access to information about oral cancer. It is therefore safe to conclude that younger patients had less information about oral cancer than older ones. This finding is consistent with a number of findings reported on the risk

factors associated with oral cancer among young people (Llewellyn, Linklater, Bell, Johnson, & Warnakulasuriya, 2004).

The results further show that 58% of participants who had lower educational qualification, acknowledged having no information about oral cancer. This implies that the level of educational qualification of participants has a relationship with participant's knowledge about oral cancer. It can be concluded that the higher the level of educational qualification, the higher the access to information about oral cancer. This finding replicates the results of a study conducted in Britain which revealed that patients with low educational qualification are at a higher risk of developing oral cancer (West, Alkhatib, McNeill, & Bedi, 2006). Therefore, there is a need to create greater awareness of oral cancer among the less-educated patients, However, Petti and Scully (2007) suggested that the information must be well presented and easily understandable at the lower level of educational qualification to increase awareness about oral cancer, and should embrace various media, including TV and radio broadcasts, newspaper articles, advertisements and billboards.

5.5 Awareness of screening routinely by their dentist

Results reported on the awareness on routine dental screening indicates that there were significant differences between awareness of dental screening from time to time, and gender, age and level of qualification. However, the current smoking status and alcohol consumption were not significantly associated with having an awareness of screening routinely by their dentist.

The results further reported that 53% of female participants claim that they were not aware of routine dental screening. This means that females were more aware of routine dental screening than their male counterparts. These results are in accordance with the findings of a number of empirical studies which suggests that, a greater proportion of women (60%) are familiar with routine dental screening for oral cancer, in the City of Valongo, Portugal (Monteiro, *et al.*, 2012).

The results showed that 52% of participants aged up to 40 years old, are aware of the need for routine dental checkups. In other words, age difference has an influence on routine dental screening. It can therefore be safe to conclude that older patients were more aware s of screening routinely by their dentist than the younger ones. The results indicated that 61% of more highly

educationally qualified participants declared having an awareness of screening done routinely by their dentist. This demonstrated that the level of educational qualification is associated with an increased awareness of the routine dental checkup.

5.6 Factors associated with awareness and knowledge of oral cancer

This study revealed that participants knew about oral cancer (38 %), the majority of them (52%) had some information about it from dentists, and 46% never have had a routine checkup for signs of oral cancer. This finding is consistent with previous studies which reports that 90% of patients had some awareness about oral cancer, in Sri Lanka (Ariyawardana, & Vithanaarachchi, 2005) and the United Kingdom (Warnakulasuriya, Harris, Scarrott, 1999). The majority of the participants (57 %) do not want to be told about oral cancer, while 64 % of participants want be supported in order to reduce their risk of oral cancer. Almost 77 % of participants do not currently smoke, while the majority have never been alcohol consumers.

5.7 Conclusion

The awareness level and knowledge of risk factors and early signs of oral cancer in Khartoum dental teaching hospital were less than satisfactory. Therefore, there must be a great concern on implementing oral cancer preventive programs using mass media. Dental professionals also have a great role in early diagnosis therefore reducing the high morbidity and mortality rates associated with oral cancer.

General comments

Put page numbers on the entire thesis

Add on table of contents

Add a page on;

List of Abbreviations and Acronyms

Literature review and Methodology

Guidelines on writing literature review were not followed. Rewriting of this section is recommended

Questions on the questionnaire does not address the objectives of the study. For an example there is no question on family history (any members of family who has or died due to oral cancer). Have the patient seen pictures at the hospital, have they received education on OC. The patient cannot know what is extra oral or intra oral examination

However, seeing is it not possible to go back and collect data, re-organize your questionnaire so that awareness questions are grouped together and knowledge questions are grouped together.

Results and Discussion

Since less than 40 and above 40 is wide. I am recommending additional categories and re-analyses I did not review the rest of the results and discussion section since reanalyses will change reporting of the findings

Limitation section

The way the questionnaire was constructed, it falls under limitation



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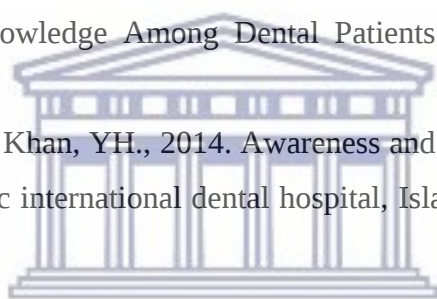
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7. Questionnaire

Age

Record no.....

Gender

Male	Female
------	--------

3. Marital Status

Single, never married	Married and living with spouse	Married but separated from spouse
Divorced	Widowed	Other

4. Educational Qualification

Degree or Degree Equivalent	Higher Educational Qualification (below degree)	A Levels, Vocational Level 3 & Equivalents	Trade Apprenticeships
Qualifications at Level 1 or below	Other Qualification: Level Unknown	No Qualifications	

5. Have you ever heard of mouth cancer?

Yes	No	Don't Know/Not Sure
-----	----	---------------------

6. Would you say you know a lot, some, a little, or nothing at all about mouth cancer?

A lot	Some	A little	Nothing at all	Never heard of mouth cancer
-------	------	----------	----------------	-----------------------------

7. Do you have any information about mouth, tongue, or lip cancer?

Yes, a lot	Yes, a little	No
------------	---------------	----

8. If you have any information, where did you get it?

TV, radio, or newspaper	Friends	Environment, etc.	Internet	Dentist
-------------------------	---------	-------------------	----------	---------

9. Aware that Dentists are trained to check for signs of oral cancer

Yes	No	Don't Know/Not Sure
-----	----	---------------------

10. Awareness of screening routinely by their Dentist

Yes	No	Don't Know/Not Sure
-----	----	---------------------

11. Awareness of ever being screened by any Dentist

Yes	No	Don't Know/Not Sure
-----	----	---------------------

12. Most recent screening for signs of oral cancer. Today (Current Visit)?

1-2 years ago	2-3 years ago	Over 3 years ago	Don't know/Not Sure	My mouth has never been checked
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13. Awareness of extra oral examination

Yes	No	Don't Know/Not Sure
-----	----	---------------------

14. Received an explanation for extra oral examination

Yes	No	Don't Know/Not Sure
-----	----	---------------------

15. Patients want to be told Oral Cancer Screening is taking place

Yes	No	Don't Know/Not Sure
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16. Patients want support to reduce their risk of Oral Cancer

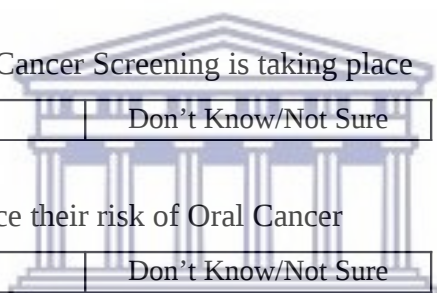
Yes	No	Don't Know/Not Sure
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17. Current Smoking Status:

Yes, I smoke cigarettes	No, but I used to smoke cigarettes	No I have never smoked cigarettes
-------------------------	------------------------------------	-----------------------------------

18. Alcohol consumption:

Yes	No
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8. Consent Form

Title of Research Project: *Awareness and knowledge of oral cancer among dental patients
in Khartoum Dental Teaching Hospital.*

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name.....

Participant's signature.....

Date.....