

Probiotic use in Otolaryngology

Record ID _____

Probiotic use in Otolaryngology

Please fill out the form as completely as possible. Any questions or concern please email dgkenn@bu.edu. Thank you for your participation.

Gender? Man
 Woman
 Non-Binary
 Gender identity not listed
 Prefer not to say

Race/Ethnicity? White
 Hispanic or Latino or Spanish Origin of any race
 Black or African American
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander
 Two or more races

Practice Environment Urban (city/town with a population of >100,000 people)
 Suburban (city/town with a population of between 50,000 and 100,000 people)
 Rural (city/town with a population of < 50,000 people)

Fellowship Training? No
 Yes, Head and Neck Cancer
 Yes, Laryngology
 Yes, Otology
 Yes, Pediatric
 Yes, Rhinology
 Yes, Other

Level of Training/Time in Practice PGY-1
 PGY-2
 PGY-3
 PGY-4
 PGY-5
 PGY-6+
 Attending with 1-5 years in practice
 Attending with 6-10 years in practice
 Attending with 11-20 years in practice
 Attending with 21+ years in practice

Type of Practice? Private Practice
 Academic
 Government-Employed
 Hospital-Employed
 Other

State of practice (please use two letter postal abbreviation, ex. "NH" for "New Hampshire")

Have you ever recommended probiotic agents (including food) in your practice as an otolaryngologist?

- Yes
 No

Section 2

If you do NOT recommend probiotics what is your reasoning?

- Lack of knowledge or familiarity
 Feeling that it is out of scope
 Do not believe it is effective
 Do not believe it is safe
 Patients decline treatment
 Other

Section 3

Do you recommend a specific probiotic species, strain or agent?

- I recommend probiotics in general but do not specify a particular product, species or strain
 I recommend a specific product, species or strain of probiotics
 I am not sure

Section 4

Why do you NOT recommend a specific species/strain or product? check all that apply

- I don't have enough knowledge about specific species, strains or products to make a recommendation
 I don't think there is enough medical evidence of support recommending a specific species, strain or product
 I am not familiar enough with the available species, strains or products to make a specific recommendation
 I avoid recommending specific commercial products in my practice
 I defer the specific recommendation to another provider, like a pharmacist or dietician
 I'm not sure
 Other

Section 5

When you recommend probiotics, which types of probiotics do you recommend? Select all that apply.

- Probiotic Foods (ex., Yogurt, Milk, Formula, Juice, etc.)
 Probiotic Tablets/Pills/Capsules
 Probiotic Topical Agents (Gels, Creams, etc.)
 Probiotic Lozenges/Gum/Oral Rinse/Toothpaste
 Probiotic Topical Powder
 Probiotic-Infused Bandage
 Probiotic Nasal Spray
 Probiotic Nasal-Douche
 Probiotic Periodontal Dressings
 I do not recommend a specific product

What are indications for which you recommend a probiotic agent?

- Prophylaxis with Antibiotics
- Acute OM
- Secretory OM
- Oral Candidiasis
- Recurrent aphthous stomatitis
- Radiation-Induced Oral Mucositis
- Voice Prosthesis
- Adenoiditis
- Tonsillitis
- Allergic or Chronic Rhinitis
- Gingivitis
- Periodontitis
- Dental Caries
- Halitosis
- Allergies
- Not Sure
- Other condition not listed
- I don't have a common condition for which I recommend probiotics

Is there a specific species or strain that you recommend for the indication(s) listed in the previous question?

- S. salivarius*
- S. sanguinis*
- Other Streptococcus Strain
- Unknown streptococcus species
- L. salivarius*
- L. rhamnosus*
- L. reuteri*
- L. brevis*
- Other Lactobacillus Strain
- Unknown Lactobacillus Strain
- C. albicans*
- Other Candida Strain
- Unknown Candida Strain
- E. faecium*
- E. faecalis*
- Other Enterococcus Strain
- Unknown Enterococcus Strain
- Bifidobacterium
- Other strain not listed
- Not Sure

If you selected multiple products, indications, species or strains in the previous three questions, please match which products/species/strains are used for which indications. Please be as specific as possible. This will aid in cleaning the data.

(ex. Probiotic food for antibiotic prophylaxis using *S. salivarius*

Probiotic Tablets for Acute OM using *L. reuteri*)

Section 6

How frequently do you treat patients with probiotics?

- >3 patients a day
- 1-2 patients a day
- 1 patient a week
- 1 patient a month
- 1 patient a year
- < 1 patient a year

What initially caused you to be interested in using probiotics in your practice?

- Word of mouth from peers
- Study published in literature
- Data presented at conference
- Literature from professional organization
- Presentation from sales representative

Thank you for participating! Please hit "submit" at the bottom to ensure your answers are recorded. Any questions or concerns? please answer here or email dgkenn@bu.edu

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