

Appendix 1: Self reporting questionnaires

Part 1

1. **Age:**
 - 23 - < 30
 - 30- < 40
 - 40 - < 50
 - 50 - < 60
 - More than 60
2. **Gender:**
 - Male
 - Female
3. **Nationality:**
 - Saudi
 - Non-Saudi:
4. **What is your specialty?**
 - General Practitioner
 - Restorative Specialist (SBARD/AEGD)
 - Endodontist
 - Other (Please specify):
5. **How long have you been practicing your specialty?**
 - 5 years or less
 - 6-10 years
 - 11-20 years
 - 21-30 years
 - More than 20 years
6. **Where do you primarily work?**
 - Governmental institution
 - Academic institution
 - Private Practice
 - Other (Please specify):
7. **How many RCT cases do you treat in a month?**
 - Less than 5 cases.
 - 5-10 cases.
 - 11-20 cases.
 - More than 20 cases

Part 2: NaOCl irrigation methods:

1. **What is the concentration of NaOCl that you regularly use?**
 - Less than 1%
 - 1 - < 2.5%
 - 2.5 - 5%
 - More than 5%
 - I don't know
2. **What is the average volume of irrigant you usually use per canal?**
 - Less than 5 ml
 - 5-10 ml
 - 11-20 ml
 - More than 20 ml
 - I don't know

3. **What is the total average duration of time you spend irrigating each canal?**
 - Less than 1 minute
 - 1- 5 minutes
 - 6-10 minutes
 - More than 10 minutes
 - I don't know
4. **When is the sodium hypochlorite / irrigant mixed and prepared?**
 - Just before treatment
 - Every 24 hours
 - Once a week.
 - I don't know
 - Other (Please specify):
5. **Who mixes or prepares the irrigant?**
 - Yourself.
 - It is readily mixed
 - The assistant
 - I don't know.
 - Other (Please specify):
6. **In which conditions is the solution stored?**

Container Material	Container Transparency	Temperature
<input type="checkbox"/> Glass	<input type="checkbox"/> Clear	<input type="checkbox"/> In refrigerator
<input type="checkbox"/> Plastic	<input type="checkbox"/> Opaque	<input type="checkbox"/> Room temperature.
<input type="checkbox"/> I don't know.	<input type="checkbox"/> I don't know.	<input type="checkbox"/> I don't know
<input type="checkbox"/> Other	<input type="checkbox"/> Other.....	<input type="checkbox"/> Other.....

7. **Which irrigation delivery system do you use? (More than one choice can be selected)**
 - Stainless steel needle syringe
 - NiTi needle syringe
 - Ultrasonic irrigation
 - Sonic irrigation
 - Pressure alternating devices
 - Other (Please specify):
8. **If you use needle irrigation, what is the needle gauge that you usually use?**
 - 25 gauge or less
 - 27 gauge
 - 30 gauge
 - I don't know

Thank You