

If you are pregnant, please answer Questions 12 and 13. If you are not, please skip to Question 14

11. Thinking about this pregnancy, how many weeks pregnant were you when you went to your first prenatal dental visit?
- I haven't been to the dentist during this pregnancy
 - 13 weeks or less
 - 14-27 weeks
 - More than 27 weeks
 - Don't know/Don't remember

12. Have you completed all treatment recommended by your dentist during this pregnancy?
- Yes No

13. I can afford to buy toothpaste and toothbrushes for my family.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Thinking about your last health appointment, your provider explained things in a way that was easy to understand

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Thinking about your last health appointment, your provider spent enough time with you

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. I am comfortable asking my health provider if I have concerns about my teeth or gums.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How sure are you that you can follow the written instructions on a bottle of Tylenol or Aspirin?

Not Sure at all	A little Sure	Somewhat Sure	Quite Sure	Extremely Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How often do you have someone help you read printed materials that your health care provider gave you?

Never	Sometimes	Occasionally	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What is your most important source of dental health information? (Choose one answer)

- Internet/ Social media
- Library
- Doctor
- Dentist
- Family/Friends
- TV/Radio
- Other (please explain) _____

20. How old are you? _____

21. What is your highest grade you completed in school?

- Less than High School
- High School Graduate
- Technical School
- Some College
- Graduated College
- Graduate School

22. Are you Hispanic/Latino?

- Yes No

23. What is your race? (Choose all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Race/ethnicity unknown

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Survey of Dental Caries Prevention: Patients Scoring Rubric

This document describes how to score the Dental Survey.

- The survey has 22 questions.
- The demographic and informational questions are not scored.
 - Demographic and informational questions: 6, 11, 19-22
- The scoring for each question is explained below the question.
- The correct answer for each question is high-lighted in yellow.

Survey of Dental Caries Prevention: Patients

Thank you for taking time to complete this survey. HealthEfficient is doing this project to improve the oral/dental care and information we provide our patients. You are invited to take part in this project because you are a pregnant woman or have young children. The purpose of the project is to get your opinions about oral/dental health and how your health providers communicate with you. You can choose to take part in this project or you can choose not to. All information you give us will remain private and anonymous, meaning your name cannot not be linked to your answers. If you decide to take part in this project, you may stop at any time. If you do not take part in this project or if you stop, it will not affect current or future services. If we write a report or article about this project, we will not use your name.

1. In your opinion, what is the best way to prevent tooth decay? (Choose one answer)

- Going to a dentist
- Brushing teeth
- Cleaning infant's gums
- Brushing teeth with fluoride toothpaste
- Flossing teeth
- Using fluoridated water (*drinking tap water*)
- Using fluorides (*fluoride varnish/supplement*)
- Don't know
- Other (please explain) _____

SCORE: Using fluoridated water = 1; all other items = 0

2. In your opinion, what is one early sign of tooth decay? (Choose one answer)

- White spots on child's front teeth
- Black/brown spots on child's front teeth
- Black/brown spots on back teeth
- Cavity/hole in back teeth
- Plaque buildup Pain in mouth
- Don't know/Not sure
- Other (please explain) _____

SCORE: White spots on child's front teeth = 1; all other items = 0

3. In your opinion, how important are baby teeth? Would you say they are:

Very Important	Somewhat Important	Not Important	No Opinion	Don't know/Not sure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE: Very Important = 1; all other items = 0

4. Many mothers/caregivers believe they can do what is necessary to prevent tooth decay in their children's teeth, others are not sure. How sure are you that you can prevent your child's teeth from getting cavities?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	No Opinion	Don't Know
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE: Very Sure = 1; all other items = 0

5. Do you drink tap water? (water from a faucet)

- Yes No

SCORE: Yes = 1; No = 0

6. If you don't drink tap water, why not? (Choose one answer)

- Tastes terrible
- Unsafe
- My family drinks bottled water
- All my friends drink bottled water
- We drink well water
- Other (please explain) _____

NOT Scored (informational)

7. What do you think fluoride is used for? (Choose one answer)

- Used to clean teeth
- Used to prevent tooth decay
- Used to purify water
- Used to whiten teeth
- Used to prevent plaque
- Don't know/Not sure
- Other (please explain) _____

SCORE: Used to prevent tooth decay = 1; all other items = 0

8. When did you last brush your teeth?

- This morning
- Last night
- Don't know/Don't remember
- Other (please explain) _____

SCORE: This morning = 1; all other items = 0

9. When you brush your teeth what do you put on your toothbrush?

- Toothpaste
- Baking soda
- Nothing
- Other (please explain) _____

SCORE: Toothpaste = 1; all other items = 0

10. Do you think that when you grow older you will lose all or most of your teeth?

Yes	Probably Yes	No	Probably No	No Opinion	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE: Yes = 1; all other items = 0

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- 13 weeks or less
- 14-27 weeks
- More than 27 weeks
- Don't know/Don't remember

NOT Scored (informational)

12. Have you completed all treatment recommended by your dentist during this pregnancy?

- Yes
- No

SCORE: Yes = 1; No = 0

13. I can afford to buy toothpaste and toothbrushes for my family.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCORE: Always = 1; all other items = 0

14. Thinking about your last health appointment, your provider explained things in a way that was easy to understand

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCORE: Always = 1; all other items = 0

15. Thinking about your last health appointment, your provider spent enough time with you

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCORE: Always = 1; all other items = 0

16. I am comfortable asking my health provider if I have concerns about my teeth or gums.

Never	Sometimes	Usually	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCORE: Always = 1; all other items = 0

17. How sure are you that you can follow the written instructions on a bottle of Tylenol or Aspirin?

Not Sure at all	A little Sure	Somewhat Sure	Quite Sure	Extremely Sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCORE: Extremely Sure = 1; all other items = 0

18. How often do you have someone help you read printed materials that your health care provider gave you?

Never	Sometimes	Occasionally	Often	Always
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE: Never = 1; all other items = 0

What is your most important source of dental health information? (Choose one answer)

- Internet/ Social media
- Library
- Doctor
- Dentist
- Family/Friends
- TV/Radio
- Other (please explain) _____

SCORE: Dentist or Doctor = 1; all other items = 0

These demographic questions are not scored.

19. How old are you? _____

20. What is your highest grade you completed in school?

- Less than High School
- High School Graduate
- Technical School
- Some College
- Graduated College
- Graduate School

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