

Tiny Tooth Survey

Parent Oral Health Survey
Rocky Mountain Network of Oral Health

Date _____

What is your preferred language?

- English
 Spanish

¿Cual es su idioma preferido?

Thank you for answering these questions. It is part of an evaluation of a project that brings preventive dental services into medical visits. The project is funded by the United States Health Resource and Services Administration. You can learn more about the project here. We will send you a \$40 gift card for completing this 10-15 minute survey.

You are being asked to be part of this evaluation because you are a parent or caregiver of a child. You have a choice in completing this survey. You do not have to complete this survey if you don't want to. Every effort will be made to protect your privacy and confidentiality. All of your answers will be kept confidential and no responses will be linked to your name or your child's name.

If you have any questions about this evaluation, call the University of Colorado at 303-724-1055.

Your honest answers will help us better understand how to keep children's teeth healthy. For each question, please pick the one best answer for each question.-----

Select the name of the clinic where your child is receiving care.

- Sunset Health North Yuma
 Sunset Health San Luis
 North Country HealthCare Show Low
 North Country HealthCare Round Valley
 El Rio Health Congress
 El Rio Health El Pueblo
 Valley-Wide Cesar Chavez
 Valley-Wide Sierra Blanca
 Valley-Wide La Junta
 Valley-Wide Las Animas
 Tepeyac Community Health Center
 Denver Health Pena
 Denver Health Westside
 Denver Health Webb
 Eastside Family Health Center
 Community Health Center of Central Wyoming
 Healthworks
 RiverStone Health Clinic
 Southwest Montana Community Health Center Butte
 Southwest Montana Community Health Center Dillon

Welcome to the TINY TOOTH survey. The first question is just to get you started.

If you had to choose, what is your favorite season?

- Summer
- Fall
- Winter
- Spring

Is your child's date of birth between 03/01/2018 and 2/29/2024?

- Yes
- No

Thank you for your time. This survey is intended for parents with children younger than 6 years of age and birth date between 03/01/2018 and 02/29/2024. Please click the 'End Survey' button.

What is the date of birth of your child who had a health visit today? _____

Please enter the date of birth in the following format: MM/DD/YYYY. For example, to enter June 3, 2022 you would enter 06/03/2022.

Thank you for your time. This survey is intended for parents with children younger than 6 years of age and birth date between 03/01/2018 and 02/29/2024. Please click the 'Next Page' button and then the 'End Survey' button.

We would like you to answer these questions about your child who is here today for a medical visit. We are going to ask about fluoride varnish. Fluoride varnish is a sticky substance painted onto teeth that contains fluoride, a mineral that makes teeth strong.

Does your child have teeth yet?

- Yes
 No
 Don't know

As part of your child's medical visits, has your child ever received a fluoride varnish application either from a member of the medical team or from a dental hygienist?

- Yes
 No
 Don't know/Not sure

As part of your child's medical visits, has your child ever seen a dental hygienist as part of the visit?

- Yes
 No
 Don't know/Not sure

As part of your child's medical visits, has your medical provider ever talked with you about how to keep your child's mouth and teeth healthy?

- Yes
 No
 Don't know/Not sure

As part of your child's medical visits, has either your medical provider or dental hygienist ever found a problem with your child's teeth or gums, such as cavity?

- Yes
 No
 Don't know/Not sure

As part of your child's medical visit, has your medical provider or a dental hygienist ever helped you make a goal to help keep your child's mouth and teeth healthy?

- Yes
 No
 Don't know/Not sure

Has your child ever seen a dentist or other dental provider for any dental check-ups at a dentist office?

- Yes
 No
 Don't know/Not sure

How old was your child when he/she first saw a dental provider at a dentist's office?

- My child hasn't seen any dental provider
 Less than 1 year old
 Between 1 and 2 years old
 Between 2 and 3 years old
 Older than 3 years old
 I don't know

Has there been a time when you have tried to get dental care for your child but could not get it?

- Yes
 No
 Don't know/Not sure

Survey progress: .

**How strongly do you agree or disagree with the following statements about your child's dental care?
(Please pick the one best answer for each question.)**

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Having my child get his/her dental care at the same time that they get their medical care makes sense to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There's no need to go to a dental provider before 3 years of age unless a child has a problem with his/her teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be convenient for my child to get his/her dental care from a dental hygienist as part of their medical visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be convenient for my child to get his/her dental care from a dental provider located in my child's medical's office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be more likely to take my child to a dental provider located in my child's doctor's office than one located out in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is better for my child to receive his/her medical care at a different office than his/her dental care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving the oral health of my child will also improve his/her overall health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have enough time for my child to see both a medical and dental provider at the same visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because they do not stay in a child's mouth very long, baby teeth are not that important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most children eventually get cavities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will probably get cavities in the next few years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dental problems are not as important as other health problems for my child.

-
-
-
-

At what age did you or someone else start brushing your child's teeth?

- Before 1 year of age
- Between 1 and 2 years of age
- After 2 years of age
- I/we don't brush my child's teeth yet

At what age did your child stop sleeping with a bottle in bed?
Do not include bottles with plain water.

- My child sleeps with a bottle in bed
- By 12 months old
- After 12 months but before 18 months
- After 18 months but before 2 years
- After 2 years but before 3 years
- My child never slept with a bottle in bed

To the best of your knowledge, are the following statements True or False?

	True	False	Don't know
Only bottle-fed children get cavities (baby bottle tooth decay).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toothpaste with fluoride should be used to brush the teeth of all children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cavities are caused by germs in the mouth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cavities can be prevented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having cavities in baby teeth (primary dentition) is not associated with having cavities in the adult teeth (permanent dentition).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey progress: .

In the past year, did your child receive care at a dental office or clinic because of a cavity or toothache? Yes {y_dental_cavity_care} No Don't know

In the past year, did your child receive care at a hospital emergency room because of a cavity or toothache? Yes {y_er_cavity_care} No Don't know

In the past year, did your child receive care at a hospital operating room where your child was put to sleep for a cavity or toothache? Yes {y_or_cavity_care} No Don't know

In the past year, did your child have a tooth pulled due to a cavity or toothache? (Do not include removal of loose teeth that are about to come out naturally.) Yes {y_teeth_pulled} No Don't know

Some parents find it difficult to take their child to a dental provider. How much are the following a problem for you to take your child to a dental provider? (Please pick the one best answer for each question.)

	A big problem	Somewhat of a problem	A little problem	Not a problem
The cost for my child to see the dental provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a dental provider who takes my child's dental insurance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a dental provider close to my house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being too busy to take my child to the dental provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child being afraid to visit the dental provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next questions help us understand what you must do to get your child dental care at a dental clinic.

How do you usually take your child to his/her dental provider?

- Drive
- Are driven by someone else
- By bus, train, other public transportation
- By taxi
- Walk
- Don't know

How much time does it take to travel to your child's dentist?

- 0-15 minutes
- 16-30 minutes
- 31-60 minutes
- 61-90 minutes (>1-1 1/2 hours)
- 91-120 (>1 1/2 - 2 hours)
- More than 120 minutes (>2 hours)
- Don't know

How long does your child's dental visit usually take from the time you arrive until the time you leave?

- 0-15 minutes
- 16-30 minutes
- 31-60 minutes
- 61-90 minutes (>1-1 hours)
- More than 120 minutes (>2 hrs)
- Don't know

During the past year, how many times did you (or someone) miss work to take your child for dental care?

- Select this choice to enter in a number{no_miss_work}
- I didn't work the past year
- I don't know

Survey progress: .

These last few questions include background information that we will use to describe people who participated in this survey. This information is confidential - we will never link it to your name.

Have you had a cavity in the past 2 years?

- Yes
- No
- Don't know/Not sure

In general, how would you describe the health of your teeth and mouth?

- Excellent
- Very good
- Good
- Fair
- Poor
- I don't know

What is your age in years?

What is your gender?

- Male
- Female
- Other
- Prefer not to answer

In what state did your child have their health visit today?

- Arizona
- Colorado
- Montana
- Wyoming

What kind of medical insurance does your child have today?

- Medicaid
- State Child Health Insurance Plan (SCHIP or CHP+)
- Private medical insurance
- My child does not have any medical insurance
- I don't know
- Prefer not to answer

What is the highest grade or year of school you completed?

- Elementary school
- Some middle or junior high school
- Some high school
- Graduated from high school
- GED (general education diploma)
- Some college or technical school
- Graduated from college
- Graduate or professional school
- I don't know

How many children do you have?

- 1
- 2
- 3
- 4
- 5
- More than 5
- I have no children of my own

Do you consider yourself to be Hispanic or Latino?

- Yes
- No
- I don't know

What country's or countries' culture do you most identify yourself with? Check all that apply

- Mexican
- Puerto Rican
- Cuban
- Dominican
- Salvadoran
- Guatemalan
- Honduran
- Nicaraguan
- Costa Rican
- Panamanian
- Colombian
- Venezuelan
- Peruvian
- Ecuadorian
- Bolivian
- Paraguayan
- Uruguayan
- Argentinian
- Chilean
- Spanish
- Mestizo
- Afro-Latinx
- Indigenous
- White Latinx
- Asian-Latinx
- Arab-Latinx
- Other {other_hispanic_latino}

What is your race?
(You may choose more than one.)

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Biracial or multiple races
- Other
- I don't know

What tribe do you most identify yourself with? Check all that apply.

- Navajo
- Hopi
- Cherokee
- Sioux (Dakota, Lakota, Nakota)
- Chippewa
- Choctaw
- Apache
- Pueblo
- Iroquois (Haudenosaunee)
- Other {other_indian_native}
- Prefer not to answer

Thank you very much for completing this survey. We would like to send you a \$40 gift card for completing this survey. Please fill out the information below.

Would you like to receive a \$40 electronic gift card? Yes No

How would you like to receive your gift card? Email Text

First Name _____

Last Name _____

Enter the email address where you would like the gift card link to be sent: _____

Re-enter your email _____

Emails do not match. Please ensure they match

Emails match

Enter the telephone number where you would like the gift card link to be sent. _____

Re-enter your phone number _____

Phone numbers match

Phone numbers do not match. Please ensure they match

Enter the unique code of the TINY TOOTH flier here _____

Please re-enter the unique code of the TINY TOOTH flier here _____

It could take up to 72 hours to receive your gift card link. If you do not receive your gift card, email tinyteeth@dhha.org or call 303-602-6429.

Unique code does not match

Unique code matches

Reward amount: (This is a hidden field used for the Gift Card Administration. Please do NOT alter this field). _____