



SPECIAL CARE

An Oral Health Professional's Guide to Serving Children with Special Health Care Needs

Family Satisfaction Questionnaire

We would like to know how satisfied you were with your child's appointment today. Please answer the following questions to help us provide the best care that we can. You do not need to give us your name. Thank you.

1. What did you expect for your child's appointment today and what was actually done?

	Expected		Actually done	
An examination	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
X-rays	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Teeth cleaning	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other preventive procedures	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dental fillings	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Extractions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Counseling about home oral hygiene care	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Referral to a specialist	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Don't know	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Comments:

2. How satisfied were you with each of the following?

Scheduling the appointment at a convenient time for us	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Amount of time between making the appointment and the appointment itself	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Amount of time spent waiting in the reception area or exam room	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Amount of time spent with our child during appointment	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Amount of time spent discussing care with us	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Explanation of office policies and procedures	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Payment policies and arrangements	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Explanation of exam or oral health procedures	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Interactions with front office staff	<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied

Comments:

3. How would you rate the oral health professionals who provided care for your child?

Made us feel welcome	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Encouraged us to ask questions	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Listened to us	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Asked enough questions to understand our child's abilities and needs	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Explained things clearly	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Showed a caring attitude	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Gave us information to take home	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Obtained consent for behavior management techniques and oral care using words that we understood	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Told us about the importance of preventing oral diseases, not just treating them	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Involved us in making oral care decisions	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Used up-to-date techniques	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Respected our values and beliefs	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Talked to us about need for follow-up and recall appointments	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Spoke our language or had an interpreter	<input type="checkbox"/> Poor	<input type="checkbox"/> Okay	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Comments:				

