

TINY TEETH Baseline Survey

This is part of the evaluation of the Rocky Mountain Network for Oral Health Integration Program funded by the United States Maternal and Child Health Bureau Health Resources and Services Administration. We will send you a gift card of \$20 for completing this 5-10 minute survey.

You have a choice about completing this survey. You do not have to complete it if you do not 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 by name to any respondents. We are collecting your name as part of this survey to document who receives gift cards. If you do not want a gift card, you don't need to write in your name. Possible discomforts or risks include being asked sensitive questions that might make you feel uncomfortable. If you have questions, you can call 303-724-1055, the COMIRB (Expedited Institutional Review Board).

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

Thank you for taking part in this project. We are grateful for your time and your answers.

ETID (this is a hidden field used for Gift Card Administration)

What is your preferred language?

- English
- Spanish

UTID (This is a hidden field used for the GC Administration)

Your Name

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 Williams
- 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
- University of Wyoming Family Practice Cheyenne
- University of Wyoming Family Medicine Casper
- Community Health Center of Central Wyoming
- Healthworks
- RiverStone Health Clinic
- Southwest Montana Community Health Center Butte
- Southwest Montana Community Health Center Dillon

Enter the unique code of the TINY TEETH flier here

Please re-enter the unique code of the TINY TEETH flier here

Unique code do not match

- incorrect

Correct

- correct

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

Does your child have any teeth yet?

- Yes
- No
- Don't know

As part of your child's health visit today, did your provider talk with you about how to keep your child's mouth and teeth healthy?

- Yes
- No
- I can't remember

As part of your child's health visit today, did you make a goal to keep your child's mouth and teeth healthy?

- Yes
- No
- I can't remember

What goal did you make? (pick all that apply)

- Take my child to a dental provider for regular dental care.
- Feed my child more fruits, vegetables, milk and cheese.
- Brush my child's teeth more often.
- Brush my child's teeth with fluoride toothpaste.
- Give my child tap water with fluoride.
- Keep my mouth germs to myself.
- Stop putting my child to bed with a bottle.
- Wean my child off a bottle.
- Only give my child water in their bottle or sippy cup.
- Give my child fewer sugary drinks.
- I set a different goal.
- I can't remember my goal.

On a scale from 1 to 10 where 1 is not at all likely and 10 is definitely likely, how likely are you to accomplish this goal in the next few weeks?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Not sure

Survey progress: .

Great. These next questions are general questions about your child.

In general, how would you describe the health of your child's teeth and gums?

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

Has your child ever had a cavity?

- Yes
- No
- I don't know

Has your child seen a dental provider in the past 12 months for either a routine visit or dental problem?

- Yes
- No
- Don't know or can't remember

These next questions are about how you care for your child. Thinking back to the past week , choose the best answer that you can remember.

In the past week, how many nights did your child sleep with a bottle?

- My child doesn't use a bottle.
- 1-3 times
- 4-6 times
- Everyday
- None
- I don't know/can't remember?

In the past week, how many days did your child nap with a bottle?

- My child doesn't use a bottle.
- 1-3 times
- 4-6 times
- Everyday
- None
- I don't know/can't remember?

In the past week, how many days did your child drink sweet or sugary drinks in a bottle or sippy cup (for example, juice, soda, pop, chocolate milk, lemonade, Gatorade, Pediasure)?

- My child doesn't use a bottle or sippy cup
- 1-3 times
- 4-6 times
- Everyday
- None
- I don't know/can't remember?

In the past week, how many days did your child eat sweet or sugary foods (for example, cookies, candy, donuts, cake)?

- 1-3 times
- 4-6 times
- Everyday
- None
- I don't know/can't remember?

In the past week, how many days did your child drink tap (faucet) water with fluoride?

- My child does not drink water.
- 1-3 times
- 4-6 times
- Everyday
- None
- Don't know/can't remember

In the past week, how often did you or someone else brush your child's teeth at least once a day?

- My child doesn't have teeth yet.
- 1-3 times.
- 4-6 times
- Every day
- None
- Don't know/can't remember

In the past week, how often did you or someone else brush your child's teeth at least twice a day?

- My child doesn't have teeth yet.
- 1-3 times.
- 4-6 times
- Every day
- None
- Don't know/can't remember

In the past week, how often were your child's teeth brushed with fluoride toothpaste?

- My child doesn't have teeth yet.
- 1-3 times.
- 4-6 times
- Every day
- None
- Don't know/can't remember

In the past week, how often did you put something in your mouth and then into your child's mouth?

- My child doesn't have teeth yet.
- 1-3 times.
- 4-6 times
- Every day
- None
- Don't know/can't remember

Survey progress: .

About Your Health and Experiences

The last questions ask about your personal health and experiences.

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

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

In the past 2 years, have you had a cavity?

- Yes
- No
- I don't know

To better understand how parents care for their children's teeth and gums, we would like to survey you again in 1-2 weeks. We would like to send you a \$20 gift card for completing this survey. We will send you another \$20 survey for completing the second follow up survey in 1-2 weeks. Your participation is completely voluntary.

Reward amount

Would you like to receive a \$20 electronic gift card for completing this survey?

- Yes
 - No
- (Your electronic gift card will be sent to you within 72 hours. If you are having problems receiving your gift card contact TANGO or TinyTeeth@dhha.org. If you are using email, check your spam folder first.)

How would you like to receive your gift card?

- Email
- Text

Enter the email address.

Please re-enter your email

Emails do not match

- not equal

Correct

- Correct

Enter the telephone number.

Please re-enter your phone number

Phone numbers do not match

- not equal

Correct

- Correct

How can we send you the follow up survey?

- Email
- Text
- No, I do not want to receive a follow-up survey.

Survey progress: .

You are almost done. These last questions are about you.

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 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

This is the end of the survey. Thank you very much for taking the time to complete this survey. We are grateful for your time and your answers.

date record _____

The Rocky Mountain Network of Oral Health is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, or endorsement by, HRSA, HHS, or the U.S. government. For more information, please visit www.HRSA.gov.

TINY TEETH Follow Up Survey

Please complete the survey below.

Thank you!

date record _____

ETID for Follow Up Survey (this is a hidden field used for Gift Card Administration) _____

You have received this survey as part of your participation in the evaluation of the Rocky Mountain Network for Oral Health Integration Program funded by the United States Maternal and Child Health Bureau Health Resources and Services Administration. You completed a similar survey 1-2 weeks ago as part of your child's medical visit. This is a follow up survey.

We will send you a gift card of \$20 for completing this 5-10 minute survey.

You have a choice about completing this survey. You do not have to complete it if you do not 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 by name to any respondents. We are collecting your name as part of this survey to document who receives gift cards. If you do not want a gift card, you don't need to write in your name. Possible discomforts or risks include being asked sensitive questions that might make you feel uncomfortable. If you have questions, you can call 303-724-1055, the COMIRB (Expedited Institutional Review Board).

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

Thank you for taking part in this project. We are grateful for your time and your answers.

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 _____

As part of your child's health visit 1-2 weeks ago, did you make a goal to keep your child's mouth and teeth healthy?

- Yes
 No
 I can't remember

What goal did you make? (pick all that apply)

- I didn't make a goal.
- Take my child to a dental provider for regular dental care.
- Feed my child more fruits, vegetables, milk and cheese.
- Brush my child's teeth more often.
- Brush my child's teeth with fluoride toothpaste.
- Give my child tap water with fluoride.
- Keep my mouth germs to myself.
- Stop putting my child to bed with a bottle.
- Wean my child off a bottle.
- Only give my child water in their bottle or sippy cup.
- Give my child fewer sugary drinks.
- I set a different goal.
- I can't remember my goal.

In your opinion, on a scale from 1 to 5 where 1 is not at all successful and 5 is completely successful, how successful were you at reaching your goal?

- 1
- 2
- 3
- 4
- 5
- Don't know

Great. These next questions are general questions about your child.

In the past 1-2 weeks, did your child see a dental provider for either a routine visit or dental problem?

- Yes
- No
- Don't know or can't remember

In the past 1-2 weeks, have you scheduled your child for a future dental visit?

- Yes
- No
- I don't know or can't remember

Has your child seen a dental provider in the past 12 months for either a routine visit or dental problem?

- Yes
- No
- Don't know or can't remember

Survey progress: .

These next questions are about how you care for your child. Thinking back to the past week, choose the best answer that you can remember.

In the past week, how many nights did your child sleep with a bottle?

- My child doesn't use a bottle.
- 1-3 times
- 4-6 times
- Everyday
- None
- I don't know/can't remember?

In the past week, how many days did your child nap with a bottle?

- My child doesn't use a bottle.
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- 4-6 times
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- My child does not drink water.
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- 4-6 times
- Everyday
- None
- I don't know/can't remember

In the past week, how often did you or someone else brush your child's teeth at least once a day?

- My child doesn't have teeth yet.
- 1-3 times.
- 4-6 times
- Every day
- None
- Don't know/can't remember

In the past week, how often did you or someone else brush your child's teeth at least twice a day?

- My child doesn't have teeth yet.
- 1-3 times.
- 4-6 times
- Every day
- None
- Don't know/can't remember

In the past week, how often were your child's teeth brushed with fluoride toothpaste?

- My child doesn't have teeth yet.
- 1-3 times.
- 4-6 times
- Every day
- None
- Don't know/can't remember

In the past week, how often did you put something in your mouth and then into your child's mouth?

- My child doesn't have teeth yet.
- 1-3 times.
- 4-6 times
- Every day
- None
- Don't know/can't remember

Survey progress: .

Thank you very much for completing this survey. We would like to send you a \$20 gift card for completing this survey.

Would you like to receive a \$20 electronic gift card for completing this survey? Yes No
(Your electronic gift card will be sent to you within 72 hours. If you are having problems receiving your gift card contact TANGO or TinyTeeth@dhha.org. If you are using email, check your spam folder first.)

What is your preferred language for receiving gift card instructions? English Spanish

UTID (Required) U579023 U055538

[email] [phone], Would you like to receive your gift card the same way as last time? Yes Send it to a different Email address Send it to a different Phone number

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

Please re-enter your email _____

Emails are not equal not equal

Correct Correct

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

Please re-enter your phone number _____

Phone numbers don't match not equal

Correct Correct

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The Rocky Mountain Network of Oral Health is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, or endorsement by, HRSA, HHS, or the U.S. government. For more information, please visit www.HRSA.gov.