

ID#: _____

Date: _____

Thank you for agreeing to participate! This is a follow up survey regarding your use of the dental preparatory aids discussed at your previous visit. There are 9 total questions, please answer them as best you are able.

1. In total, how many times did you use the dental preparatory aid?

2. When did you use the dental preparation aid? (Check all apply)

- Day of the appointment
- Day before the appointment
- Week before
- More than 1 week before the appointment
- Other _____

3. Did you use the dental preparatory aid with your child?: (Check all that apply)

- I (or another caregiver) used the aid with my child
- My child used the aid on their own
- Can't Remember

4. In your opinion, was the preparatory aid valuable for your child?:

- Yes
- No
- Don't Know

5. Was the preparatory aid valuable for you?:

- Yes
- No
- Don't Know

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6. If you felt that the dental preparatory aid was helpful please describe why:

7. If you felt that the dental preparatory aid was *not* helpful please describe why:

8. Would you use the dental preparatory aid again for other dental visits?:

- Yes
- No
- Don't Know

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9. Is there anything else you think the dentist could have done to help you and your child prepare for the dental visit?:
