

Preventive Care Hesitancy Survey

Please complete the survey below. Thank you!

What is your phone number?

What is your email?

UNIVERSITY OF WASHINGTON
CONSENT FORM
PREVENTIVE CARE HESITANCY STUDY

Principal Investigator: Dr. Donald Chi, Professor of Oral Health Sciences, 206-616-4332

Researchers' statement

We are asking you to be in a research study. The purpose of this online consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. If you decide to take part, the instructions at the end of the document will tell you what to do next.

Who is conducting this research study?

You are being asked to take part in research conducted by Dr. Donald Chi who is a researcher at the University of Washington School of Dentistry.

What is this research study about?

The purpose of this study is to better understand why some parents and caregivers of children are concerned about preventive care (like topical fluoride, dental x-rays, and vaccines) for their children. Topical fluoride (also known as tooth vitamin, fluoride varnish, etc.) is the sticky stuff painted onto teeth at visits to the dentist or doctor. It is used to prevent cavities. Dental x-rays are taken to help dentists see cavities between the teeth and other potential problems. Vaccines help prevent diseases like HPV (human papillomavirus).

What will I be asked to do if I take part?

The online survey will take 10-15 minutes to complete. The survey will have questions about preventive care and your child, as well as questions asking for other information about your health. The questions are not personal in nature. The most sensitive questions will be about your health and dental insurance status.

Your participation is voluntary. You can refuse to participate or withdraw your participation at any time with no penalty or loss of benefits to which you are otherwise entitled.

What are the risks and/or discomforts I might experience if I take part in the study?

While we do not anticipate any risks from taking part in the study, it is possible some questions may cause slight stress or discomfort. Breach of confidentiality is a risk, but there is a data security plan in place to minimize this risk. There is a low likelihood of these risks. If you feel uncomfortable with a question, you can refuse to answer that question or quit the study altogether. If you decide to quit the study before you have finished the survey, your answers will NOT be recorded.

Are there any benefits to me if I choose to take part in this study?

There are no direct benefits to you for taking part in this research. We hope that the information you provide will help researchers develop interventions to improve communication between health providers and caregivers of children about preventing cavities.

Will I be paid to take part in this study?

You will have the option to enter a drawing for one of five prizes: 1) an Apple iPad Air 5th Generation (1 available), 2) an electric toothbrush (2 available), 3) a \$150 US Bank VISA gift card (2 available), 4) a \$75 US Bank VISA gift card (4 available), or 5) a \$50 US Bank VISA gift card (6 available). After you complete the survey, you will be asked to click a link that will launch a separate survey where you can enter your email address. The randomized drawing will take place in September 2025. We will contact winners via email no later than September 30th, 2025. Your email will NOT be linked with any data collected and will not be shared with anyone outside the research team.

How will information about me be kept private or confidential?

All efforts will be made to keep your data confidential. The link between any personal identifiers and the research data will be destroyed after the records retention period required by state and/or federal law. The National Institute for Dental and Craniofacial Research (NIDCR), the funding agency for this research, will have access to identifiable data. At the end of the survey, you will have the option to provide your email address to enter a drawing. This information will NOT be stored with your responses and will NOT be linked with any data collected.

We have a Certificate of Confidentiality from the United States National Institutes of Health. These protections only apply to data held in the United States. This helps us protect your privacy. The certificate means that we do not have to give out information, documents, or samples that could identify you even if we are asked to by a court of law in the United States. We will use the Certificate to resist any demands for identifying information.

We cannot use the Certificate to withhold your research information if you give your written consent to give it to an insurer, employer, or other person. Also, you or a member of your family can share information about yourself or your part in this research if you wish.

There are some limits to this protection. We will voluntarily provide the information to:

- members of the United States government who need it in order to audit or evaluate the research;
- individuals at the University of Washington, the funding agency, and other groups involved in the research, if they need the information to make sure the research is being done correctly;
- individuals who want to conduct secondary research if allowed by federal regulations and according to your consent for future research use as described in this form;
- to relevant authorities as required by other Federal, State, or local laws.

The Certificate expires on 08/31/2025. Any data collected after expiration is not protected as described above. Data collected prior to expiration will continue to be protected.

Who is funding this research study?

The study team and the University of Washington are receiving financial support from the National Institute for Dental and Craniofacial Research (NIDCR) to conduct this research.

Who can I call if I have questions?

If you have questions about this study, or feel you have been harmed by participating, you can contact the Principal Investigator: Dr. Donald Chi at the University of Washington School of Dentistry, at (206)616-4332 or email dchi@uw.edu.

If you have questions about your rights as a research participant, you can call the University of Washington IRB Human Subject Division at (206)543-0098 or call collect at (206)221-5940 or hsdinfo@uw.edu

First, we are interested in your thoughts about topical fluoride for your child. Topical fluoride is sometimes called fluoride varnish or tooth vitamins. Your child's dentist or doctor may offer topical fluoride during check-ups to help prevent cavities. The first set of questions are about you and your household

How many children under the age of 18 years live in your household? _____

What is the age of the youngest child in your household? _____ years

The next questions are about topical fluoride.

As a reminder topical fluoride is sometimes called fluoride varnish or tooth vitamins. Your child's dentist or doctor may offer topical fluoride during check-ups to help prevent cavities.

Have you ever been offered topical fluoride for any of your children?

- Yes
 No

Have you ever been offered topical fluoride for your child?

- Yes
 No

Have any of your children ever received topical fluoride?

- Yes
 No

Has your child ever received topical fluoride?

- Yes
 No

On a scale of 0 to 10 with "0" being "not at all opposed" and "10" being "totally opposed", how opposed are you to topical fluoride for your children? _____

On a scale of 0 to 10 with "0" being "not at all opposed" and "10" being "totally opposed", how opposed are you to topical fluoride for your child? _____

On a scale of 0 to 10 with "0" being "not at all concerned" and "10" being "extremely concerned", how concerned are you about topical fluoride for your children? _____

On a scale of 0 to 10 with "0" being "not at all concerned" and "10" being "extremely concerned", how concerned are you about topical fluoride for your child? _____

Regarding topical fluoride in general for your children, which statement below best describes you?

- I always say no
 Most of the time I say no
 Sometimes I say no
 I say yes, but I have thoughts about saying no
 I always say yes

Regarding topical fluoride in general for your child, which statement below best describes you?

- I always say no
 Most of the time I say no
 Sometimes I say no
 I say yes, but I have thoughts about saying no
 I always say yes

I say no or have thought about saying no to topical fluoride because one or more of my children don't like getting it.

- Agree
 Disagree

I say no or have thought about saying no to topical fluoride because my child doesn't like getting it.

- Agree
- Disagree

I say no or have thought about saying no to topical fluoride because there was an out-of-pocket cost.

- Agree
- Disagree

If it were free or completely covered by insurance, would you still say no or think about saying no to topical fluoride?

- Yes
- No

Do you make choices about topical fluoride differently for each child?

- Yes
- No

The next questions are about the youngest child in your household.

Please tell us the age of your youngest child again: _____ years

What is your relationship to this child?

- Mother
 Father
 Other: _____
-

What is your child gender?

- Boy
 Girl
-

What is your child's race? Please select all that applies:

- American Indian or Alaskan Native
 Asian
 Black
 Hawaiian or Pacific Islander
 White or Caucasian
 Other: _____
-

Is your child of Hispanic, Latin, or Spanish origin?

- Yes
 No
-

What type of dental insurance does your child have?

- Private insurance
 Medicaid, public assistance
 My child does not have dental insurance
 Other: _____
-

Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- Yes
 No

Caregivers have different thoughts about topical fluoride for their children. For each statement below, indicate how much you agree or disagree.

Please base your responses on your youngest child.

If my child's teeth are brushed regularly, they do not need topical fluoride.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child has a healthy diet, they do not need topical fluoride.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child goes to the dentist regularly, they do not need topical fluoride.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child gets fluoride from toothpaste, they do not need topical fluoride.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I trust what my child's dentist says about topical fluoride.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Caregivers may have concerns about topical fluoride. Some of these concerns are listed below. These may or may not apply to you. For each statement, please indicate your degree of concern.

As a reminder, please base your responses on your youngest child.

I am concerned about topical fluoride because my child already gets too much.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about topical fluoride because my child might swallow it.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about topical fluoride because it is not natural.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned topical fluoride may cause my child unknown harm in the future.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned topical fluoride may cause learning problems for my child.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned topical fluoride may cause my child to have autism.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned that topical fluoride is mostly a way for my child's dentist to make money.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about topical fluoride because I am not given enough information about it.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned topical fluoride may cause my child to get cancer.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned topical fluoride may build up in my child's body.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned that I am not being told the whole truth about topical fluoride.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned that I will feel pressured at my child's dentist to say yes to topical fluoride.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned topical fluoride may hurt my child's IQ.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about topical fluoride because some research says it is not safe.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about topical fluoride because some doctors do not approve of it.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Now we have some additional background questions about your youngest child.

Has your child ever had a cavity?

- Yes
- No

How likely is your child to get a cavity?

- Extremely likely
- Likely
- Unlikely
- Extremely unlikely

How bad would it be for your child to get a cavity?

- Extremely bad
- Somewhat bad
- Not that bad

What do you think about your child getting fluoride in their drinking water?

- Strongly oppose
- Somewhat oppose
- Somewhat favor
- Strongly favor

What do you think about your child using fluoride toothpaste?

- Strongly oppose
- Somewhat oppose
- Somewhat favor
- Strongly favor

Next, we are interested in your thoughts about dental x-rays for your child(ren). X-rays are also called radiographs. Your child's dentist may offer to take x-rays of your child's teeth during check-ups.

Have you ever been offered dental x-rays for any of your children?

- Yes
 No

Have you ever been offered dental x-rays for your child?

- Yes
 No

Have any of your children received dental x-ray?

- Yes
 No

On a scale of 0 to 10 with "0" being "not at all opposed" and "10" being "totally opposed", how opposed are you to dental x-rays for your children? _____

Has your child ever received dental x-rays?

- Yes
 No

On a scale of 0 to 10 with "0" being "not at all opposed" and "10" being "totally opposed", how opposed are you to dental x-rays for your children? _____

On a scale of 0 to 10 with "0" being "not at all concerned" and "10" being "extremely concerned", how concerned are you about dental x-rays for your children? _____

On a scale of 0 to 10 with "0" being "not at all concerned" and "10" being "extremely concerned", how concerned are you about dental x-rays for your child? _____

Regarding dental x-rays for your children, which statement below best describes you?

- I always say no
 Most of the time I say no
 Sometimes I say no
 I say yes, but I have thoughts about saying no
 I always say yes

Regarding dental x-rays for your child, which statement below best describes you?

- I always say no
 Most of the time I say no
 Sometimes I say no
 I say yes, but I have thoughts about saying no
 I always say yes

I say no or have thought about saying no to dental x-rays because one or more of my children don't like getting it.

- Agree
- Disagree

I say no or have thought about saying no to dental x-rays because my child doesn't like getting it.

- Agree
- Disagree

Caregivers have different thoughts about dental x-rays for their children. For each statement below, indicate how much you agree or disagree.

Please base your responses on your youngest child.

I trust what my child's dentist says about dental x-rays.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about dental x-rays because my child already gets too many.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about dental x-rays because they are not natural.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned dental x-rays may cause my child unknown harm in the future.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned dental x-rays may cause learning problems for my child.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned dental x-rays may cause my child to have autism.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned that dental x-rays are mostly a way for my child's dentist to make money.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about dental x-rays because I am not given enough information about them.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned dental x-rays may cause my child to get cancer.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned the radiation from dental x-rays may build up in my child's body.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned that I am not being told the whole truth about dental x-rays.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned that I will feel pressured at my child's dentist to say yes to dental x-rays.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned dental x-rays may hurt my child's IQ.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about dental x-rays because some research says they are not safe.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I am concerned about dental x-rays because some doctors do not approve of them.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child has no visible cavities, they do not need dental x-rays.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child has cavities that are causing pain, they need dental x-rays.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child has crowded teeth, dental x-rays are necessary.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If dental x-rays are needed for my child, I prefer that a lead apron be used.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child's dentist recommends dental x-rays, I think they are okay.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child's dentist recommends dental x-rays for baby teeth, I think they are okay.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If my child's dentist recommends dental x-rays for permanent teeth, I think they are okay.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If dental x-rays help my child's dentist make treatment decisions, I think dental x-rays are okay.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Finally, we are interested in your thoughts about vaccines for your child. Vaccines are also sometimes called shots. Vaccines can help prevent diseases. Your child's physician or doctor may offer vaccines during medical check-ups. We are specifically interested in your thoughts about the HPV (human papillomavirus) vaccine if you have a child or children between ages 9 and 17 years.

Do you have a child or children at least 9 years old but younger than 18 years old?

- Yes
 No

How old is your child? If you have multiple children of this age range, please indicate the age of your oldest child.
_____ years

Please base your responses on your oldest child.

What is this child's gender?

- Boy
- Girl

Has your child received at least one shot of the human papillomavirus (HPV) vaccine?

- Yes
- No
- Unsure

Some types of human papillomavirus (HPV) can cause mouth and throat cancers. The HPV vaccine can protect against some of these types of cancer. Based on this information, please answer the following questions.

Has a doctor or healthcare provider ever told you that your child should get the HPV vaccine?

- Yes
- No

Dentists can help patients prevent HPV-related mouth and throat cancers.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I would expect my child's dentist to talk to me about the relationship between HPV and mouth and throat cancer.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

How comfortable would you be with your child's dentist talking to you about the HPV vaccine for your child?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

How comfortable would you be with receiving written information about the HPV vaccine from your child's dentist?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

How comfortable would you be with your child's dentist recommending that your child gets the HPV vaccine?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

In some states, dentists can administer the HPV vaccine after receiving training. How comfortable would you be with your child receiving the HPV vaccine from a dentist during a routine dental check-up appointment?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

If the HPV vaccine were free or completely covered by insurance, would you get it for your child from a dentist office?

- Yes
- No

We have a few final background questions about you and your household.

In what U.S. state or territory do you currently live in?

- I do not live in a U.S. state or territory
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- U.S. Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

What is your zipcode?

What is your age in years?

What is your gender?

- Woman
- Man
- Non-binary or third gender
- Prefer to self-identify: _____

What is the highest degree or level of school you have completed?

- Less than high school diploma
- High school diploma or equivalent (e.g., GED)
- Some college or 2-year college degree
- 4-year college degree
- More than 4-year degree

What is your race? Please select all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other: _____

Do you consider yourself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

What is your annual household income?

- Less than \$15,000
- \$15,000 but less than \$25,000
- \$25,000 but less than \$50,000
- \$50,000 but less than \$75,000
- \$75,000 but less than \$100,000
- \$100,000 but less than \$150,000
- \$150,000 or more

Please respond to the following statement about the food eaten in your household in the past 12 months: We worried whether our food would run out before we got money to buy more.

- Often true
- Sometimes true
- Never true
- Don't know

Please respond to the following statement about the food eaten in your household in the past 12 months: The food we bought just didn't last and we didn't have money to get more.

- Often true
- Sometimes true
- Never true
- Don't know

What type of dental insurance do you have?

- Private insurance
- Medicaid, public assistance
- I do not have dental insurance
- Other: _____

When schools are running normally, is any child in your household homeschooled?

- Yes
- No
- Not applicable - I do not have school-aged children

Is any child in your household eligible for free or reduced-cost breakfasts or lunches at school?

- Yes
- No
- Not applicable - I do not have school-aged children

Thank you for taking our survey. We have a few final questions for you.

Would you like to take part in future research?

- Yes
 No

If you would like to take part in future research, please enter your email address: _____

Your email address will not be linked to your survey responses.

At the end of the study, would you like an emailed summary of what we have learned?

- Yes
 No

At the end of the study, would you like to receive information about the preventive care measures mentioned in this survey?

- Yes
 No

Which preventive care measures do you want to receive more information on? Please select all that applies:

- Topical Fluoride
 Dental X-ray
 HPV Vaccine

Please enter your email address: _____

Your email address will not be linked to your survey responses.

Is there anything else you would like to tell us?

After you submit the survey you will be taken to a new page to enter a drawing. Entry is optional.